

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>12025</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/14/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ISELIN ADULT DAY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>477 LINCOLN HIGHWAY 27<br/>ISELIN, NJ 08830</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| M 000                                                                   | Initial Comments<br><br>Type of Survey: Relocation Inspection<br><br>Census: 83 participants first shift, 30 participants<br>second shift<br><br>Sample Size: 113<br><br>The facility was not in substantial compliance with<br>all of the standards in the New Jersey<br>Administrative Code, Chapter 8:43F, Standards<br>for Licensure of Adult Day Health Services. The<br>facility must submit a plan of correction, including<br>a completion date, for each deficiency and ensure<br>that the plan is implemented. Failure to correct<br>deficiencies may result in enforcement action in<br>accordance with the provisions of New Jersey<br>Administrative Code, Title 8, Chapter 43E,<br>Enforcement of Licensure Regulations.                                                                                                                                                                                                                                       | M 000                                                                                       |                                                                                                                          |                                                        |
| M 001                                                                   | 8:43F-1.1 Scope and purpose<br><br>The rules in this chapter pertain to all facilities<br>that provide adult day health services, regardless<br>of the source of payment. These rules constitute<br>the basis for the licensure of adult day health<br>services facilities by the New Jersey Department<br>of Health and Senior Services. The Medicaid<br>rules for adult day health services are contained<br>in N.J.A.C. 8:86 Adult day health services<br>facilities provide specialized, integrated care to<br>participants in order to assist them in reaching<br>the functional levels of which they are capable, as<br>well as to protect their health and safety. The<br>purpose of this chapter is to establish minimum<br>rules to which an adult day health service facility<br>must adhere to be licensed to operate in New<br>Jersey. An adult day health services facility that is<br>a Medicaid provider shall also comply with the<br>rules at N.J.A.C. 8:86 | M 001                                                                                       |                                                                                                                          |                                                        |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

New Jersey Department of Health

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| M 001                                                                   | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation and interview, it was determined that the facility relocated 113 participants to an uninspected building that was not approved by the New Jersey Department of Health (NJDOH) for licensure to operate program and care services, which placed all 113 participants safety at risk. This deficient practice was evidenced by the following:</p> <p>On 10/14/25, at 1:40 p.m., the surveyor toured the uninspected building and observed that the following were not available or in good repair:</p> <p>1. The surveyor observed that there were no emergency oxygen tanks, <span style="background-color: black; color: black;">[REDACTED]</span> bags, or tubing for oxygen administration. In addition, the surveyor observed that there were no postings for resident rights or evacuation diagrams to direct participants to exits during an emergency. The surveyor also observed that an emergency exit door was bolt locked with a turn knob, which was not in compliance with New Jersey Fire Safety regulations.</p> <p>2. The surveyor observed that all participant medical records were not available onsite at the facility. However, the surveyor did observe a participant care record which revealed documentation of vital signs and participant glucose checks.</p> | M 001                                                                                       |                                                                                                                          |                                                        |

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| M 001                                                                   | <p>Continued From page 2</p> <p>3. During tour of the kitchen, the surveyor observed that staff prepared meals and there were no menus or participant diet records for reference observed on site. In addition, the surveyor observed that there was no refrigerator in the kitchen to store cold food and beverages.</p> <p>4. The surveyor also observed that the hot water temperature was 135 degrees Fahrenheit in the men's and women's bathroom, which was 15 degrees Fahrenheit above the regulated temperature of 120 degrees Fahrenheit. In addition, during tour of the participant men's bathroom, the surveyor observed water leakage at the base of a toilet.</p> <p>At 1:49 p.m., the surveyor interviewed the Director of Nursing (DON) and the Registered Nurse (RN) regarding medical records, emergency equipment, and participant care. The DON and RN both stated that all supplies and medical records were in the process of being relocated to the uninspected building.</p> <p>At 2:00 p.m., the surveyor interviewed the Kitchen/Activity Aide (KA) regarding the participants, diets and menu for meals that were served on 10/14/25. The KA stated that the meals were catered and that she did not have the menu or the participants' diets available on site.</p> <p>At 3:00 p.m., the surveyor interviewed the Administrator, who confirmed that there were no facility documents, policy and procedures, or participant medical records available at the uninspected building site.</p> <p>During interview with the Administrator, the Administrator stated that the building was Unit 2</p> | M 001                                                                                       |                                                                                                                          |                                                        |

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| M 001                                                                   | Continued From page 3<br><br>and that an application was in process for a participant slot increase at the uninspected program site. In addition, the Administrator stated that she thought the building was okay to relocate the participants temporarily, since there was a certificate of occupancy.<br><br>References: M0805, 8:43-16.5(a)(b)(c), M0815, 8:43-16.7 (a)(24), M0179, 8:43-2.5(a)(1-3) & (b-d), M0197, 8:43-2.6(d), "Chapter N.J.A.C. 8:43F" M0685, 8:43F-14.17(d), M0305, 8:43F-4.1(a), M0679, 8:43F-14.17(b), M0693, 8:43F-15.1(a), M0543, 8:43F-10.5(c)(3), M0559, 8:43F-10.5(c)(13), M0539, 8:43-10.5(a).                                                                                                                                                                                                                                 | M 001                                                                                       |                                                                                                                          |                                                        |
| M 179                                                                   | 8:43F-2.5(a)(1-3) & (b-d) Licensure Procedures<br><br>(a) When the written application for licensure is approved and the building is ready for occupancy, a survey of the facility by representatives of the Department shall be conducted at the Department's discretion to determine if the facility adheres to the rules in this chapter.<br><br>1. The facility shall be notified in writing of the findings of the survey, including any deficiencies found.<br><br>2. The facility shall notify the Office of Certificate of Need and Healthcare Facility Licensure of the Department when the deficiencies, if any, have been corrected, and the Assessment and Survey Program shall schedule one or more resurveys of the facility prior to occupancy.<br><br>3. Professional personnel shall be employed in accordance with the staffing requirements | M 179                                                                                       |                                                                                                                          |                                                        |

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| M 179                                                                   | <p>Continued From page 4<br/>in this chapter.</p> <p>(b) No facility shall admit participants to the facility until the Office of Certificate of Need and Healthcare Facility Licensure of the Department issues a license to operate the facility.</p> <p>(c) Survey visits may be made to a facility at any time by authorized representatives of the Department. Such visits may include, but not be limited to, the review of all facility documents and participants' records and conferences with participants and staff.</p> <p>(d) The Department shall conduct an on-going evaluation of the day health services facility by on-site visits. The Department shall inform the facility, in writing, of the results of the on-site evaluation.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review, it was determined that the facility failed to ensure that participant program services were conducted in a building that was inspected and approved for operation by licensure for 113 participants that were in attendance. This deficient practice was evidenced by the following:</p> <p>On 10/14/25 at 10:14 a.m., the surveyor interviewed the Administrator regarding</p> | M 179                                                                                       |                                                                                                                          |                                                        |

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| M 179                                                                   | Continued From page 5<br><br>authorization to operate program services. The Administrator stated that the building was a new program site that was pending approval for licensure for 170 slots. In addition, the Administrator stated that it was her understanding that the building was okay to temporarily occupy, since there was a Certificate of Occupancy (COO).<br><br>The surveyor reviewed the COO dated 12/11/19, which revealed a maximum capacity of 121.<br><br>During interview with the Administrator, the Administrator stated that the program times were from 8:00 a.m., to 1:00 p.m., and 1:30 p.m., to 6:30 p.m. The Administrator confirmed that on 10/14/25, the morning census was 83 participants, and the afternoon census was 30 participants, which was a total of 113 participants that were provided program services at the unlicensed building.<br><br>At 1:40 p.m., the surveyor toured the building and observed that participants were served meals, provided with nursing care services, activities, and transportation services at the unlicensed building. | M 179                                                                                       |                                                                                                                          |                                                        |
| M 197                                                                   | 8:43F-2.6(d) Licensure Procedures<br><br>The license shall not be assignable or transferable and shall be immediately void if the facility ceases to operate, if the facility's ownership changes, or if the facility is relocated to a different site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M 197                                                                                       |                                                                                                                          |                                                        |

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| M 197                                                                   | <p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation and interview, it was determined that the facility relocated from its licensed to operate address to an unlicensed address to perform program services for 113 participants that were in attendance. This deficient practice was evidenced by the following:</p> <p>On 10/14/25 at 1:10 p.m., the surveyor observed transportation vehicles loading participants and departing from the building parking lot. In addition, the surveyor observed participants being dropped off and entering the building.</p> <p>At 1:15 p.m., the surveyor entered the building and introduced self to the Administrator, who escorted the surveyor to an office area. While being escorted by the Administrator, the surveyor observed participants seated at tables.</p> <p>At 1:18 p.m., the surveyor interviewed the Administrator regarding the relocation of participants from the building address that was licensed to operate program services to an unlicensed building address. The Administrator stated that on 10/14/25, at approximately 6:36 a.m., a hot water tank broke and flooded parts of the licensed building address.</p> <p>In addition, the Administrator explained that she received instructions from the Owner of the program to temporarily relocate the participants and program services to the unlicensed building address until 10/16/25.</p> | M 197                                                                                       |                                                                                                                          |                                                        |
| M 805                                                                   | 8:43F-16.5(a)(b)(c) Infection Control, Santation, Housekeeping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | M 805                                                                                       |                                                                                                                          |                                                        |

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| M 805                                                                   | <p>Continued From page 7</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for participants.</p> <p>(b) The facility shall provide housekeeping and pest control services.</p> <p>(c) Written objectives, policies, a procedure manual, an organizational plan, and a quality improvement program for housekeeping, sanitation, and safety services shall be developed and implemented.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation and interview, it was determined that the facility failed to provide and maintain a safe environment for participants. This deficient practice was evidenced by the following:</p> <p>On 10/14/25 at 1:43 p.m., during the tour of the facility with the Executive Director (ED), the surveyor observed that 1 of 8 toilets in the men's bathroom had a water leakage at the base of the toilet.</p> <p>At 2:01 p.m., the surveyor observed that an emergency egress door in the rear of the building did not meet the New Jersey Fire Code regulation. The emergency egress door had a dead bolt lock.</p> <p>The surveyor interviewed the ED regarding the above mentioned concerns. The ED</p> | M 805                                                                                       |                                                                                                                          |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>12025</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/14/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ISELIN ADULT DAY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>477 LINCOLN HIGHWAY 27<br/>ISELIN, NJ 08830</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| M 805                                                                   | Continued From page 8<br><br>acknowledged the concerns and stated that she<br>was unaware that the emergency egress door<br>had a dead bolt lock.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M 805                                                                                       |                                                                                                                          |                                                        |
| M 815                                                                   | 8:43F-16.7(a)(24) Infection Control, Santation,<br>Housekeeping<br><br>(a) The following housekeeping, sanitation, and<br>safety conditions shall be met:<br><br>24. The temperature of the hot water used for<br>bathing and handwashing shall not exceed<br>120 degrees Fahrenheit.<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observation and interview, it was<br>determined that the facility did not meet the hot<br>water temperature requirement for handwashing.<br>This deficient practice was evidenced by the<br>following:<br><br>On 10/14/25 at 1:43 p.m., during tour of the<br>facility with the Executive Director (ED), the<br>surveyor recorded the domestic hot water (DHW)<br>temperature in the men's and women's<br>bathrooms. The surveyor observed that the DHW<br>was 135 degrees Farheitheit (F) in both men's<br>and women's bathroom.<br><br>At 1:50 p.m., the surveyor interviewed the ED<br>regarding the above mentioned concern. The ED<br>stated she did not know the DHW was an issue. | M 815                                                                                       |                                                                                                                          |                                                        |



## Iselin Adult Day Care Center

477 LINCOLN HWY-27, ISELIN, NJ 08830  
info@iadc.com, www.iselinadultdaycare.com  
PH: (732) 283-1373

Doc#4 Rcd 12/22/25  
accepted 12/22/25  
WM

Type of Survey: Relocation Inspection

### M001:

(As clarification, the Administrator had been told by the owners that the relocated building (36 Meridian Road, Unit 2, Edison, NJ 08820) had been inspected and approved by DOH prior to the temporary emergency relocation. The original licensed daycare site (477 Lincoln Hwy, 27, Iselin, NJ 08830) had a boiler burst in the early hours of October 14, 25 and a decision was made by the owners to temporarily relocate to a newly constructed daycare site of 36 Meridian Road, Unit 2, Edison, NJ 08820. Iselin Adult Day Care returned to its original location on October 15, 25 following the repair of the boiler).

1. As this was an emergency relocation, the oxygen tanks, <sup>NJ Exec Order 26.48</sup> bags and tubing were at the original daycare location of 477 Lincoln Hwy, 27, Iselin, NJ 08830, as were resident rights and evacuation diagrams pertaining to the original daycare as above. However, three (3) RN's, all CPR certified, were present on-site throughout both shifts at the new emergency relocation site and emergency compressions would have been initiated along with prompt activation of EMS services, if warranted. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation.
- b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation with all emergency equipment, resident rights, and evacuation diagrams in place at the original daycare location.
- c. The owners will ensure that DOH has inspected and approved a newly constructed building for occupancy and licensure to operate program and care services, and all emergency equipment, resident rights and evacuation diagrams will be posted at the newly licensed site.

Staff are in-serviced on hire and annually by the Administrator on emergency plans and procedures. This was last done on October 23, 2025. The emergency plan will be followed in event of an equipment breakdown where all clients would be transported home or the center closed for the day depending on the time of the emergency. The Department of Health (DOH) will be notified of the unanticipated interruption or cessation of program services for three (3) hours or more (excluding closure for inclement weather).

- d. The Administrator will monitor the implementation of the emergency plan on a quarterly basis beginning November 1, 2025. The owners will also provide a license and approval to operate program and care services at any newly constructed site.
- 
2. All participant medical records were housed in the original daycare location (as this was a temporary emergency relocation for the day) with only a few medical records available at the emergency site. All vital signs, blood glucose checks, and ADL assistance logs were taken to the emergency site and administered for the day. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation.
  - b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation with all participant records available at the original daycare location.
  - c. The owners will ensure that DOH has inspected and approved a newly constructed building for occupancy and licensure to operate program and care services. All participant medical records will be available at a DOH approved licensed site.
  - d. The owners will provide a license and approval to operate program and care services at a new site.

3. All menus and participant diets were posted at the original daycare location of 477 Lincoln Hwy, 27, Iselin, NJ as this was a temporary emergency relocation to 36 Meridian Rd, Unit 2, Edison, NJ. All meals (breakfast, lunch, and a PM snack) were served for the day at the emergency site, based on the house diet for the day. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation.
  - b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation with all participant records available at the original daycare location.
  - c. The owners will ensure that DOH has inspected and approved a newly constructed building for occupancy and licensure to operate program and care services. All kitchen equipment will be in place and all menus posted prior to occupancy.
  - d. The owners will provide a license and approval to operate program and care services at a new site.
4. The Administrator was unaware of the hot water temperatures as this was a temporary emergency relocation and had been told that the emergency site had been prior approved by DOH. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation. All hot water temperatures at the original daycare location do not exceed 120 degrees Fahrenheit.
  - b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation.
  - c. The owners will ensure that DOH has inspected and approved a newly constructed building for occupancy and licensure to operate program and care services. All approvals will be obtained prior to occupancy, and all menus, participant diet records, facility documents, policy and procedures, and participant medical records will be available at a DOH approved licensed site.
  - d. The owners will provide a license and approval to operate program and care services at a new site.

To clarify, the Administrator told the surveyor that the owners were seeking to expand and increase the number of slots at the original daycare site of 477 Lincoln Hwy, 27, Iselin, NJ. The Administrator had been told that the newly constructed daycare by the owners, at 36 Meridian Rd, Unit 2, Edison, NJ at a significantly higher slot, had been prior approved by DOH and was ready for occupancy. The decision had been made by the owners to temporarily relocate for the day due to the emergency.

Completion Date: October 15, 2025 (Relocation) & October 23, 2025 (In-services review)

**M179:**

1. The Administrator had been told by the owners on the morning of October 14, 25, that the new daycare site (36 Meridian Rd, Unit 2, Edison, NJ 08820) had been approved by DOH for occupancy. The owners have since been informed that both DCA and DOH approvals must be obtained for any newly constructed facilities outside the original daycare site. This deficiency was addressed and corrected by relocating the 113 participants to the original location within a day (October 15, 25) of the emergency relocation.
- b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation with all participant records available at the original daycare location.
- c. The owners will ensure that DOH has inspected and approved a newly constructed building for occupancy and licensure to operate program and care services. The owners have independently reviewed the state licensing/inspection procedures on October 15, 2025.
- d. The owners will provide a license and approval to operate program and care services at a new site when approved by DOH. The owners have stated that an application has been made to DOH for their newly constructed site and that they will monitor all licensing procedures and obtain inspection prior to the occupancy of any newly constructed site.

Completion Date: October 15, 2025

*accepted 12/22/25*

*accepted 10/22/25*

**M197:**

1. The Administrator had been told by the owners, on the morning of October 14, 25, that the new daycare site (36 Meridian Rd, Unit 2, Edison, NJ 08820) had been approved by DOH and this was a temporary emergency relocation of 113 participants due to a boiler break at the original daycare site of 477 Lincoln Hwy, 27, Iselin, NJ 08830. This deficiency was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation.
- b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation with all program services conducted at the original daycare location.
- c. The owners will ensure that DOH has inspected and approved a newly constructed building for occupancy and licensure to operate program and care services. The owners have independently reviewed the state licensing/inspection procedures on October 15, 2025.
- d. The owners will provide a license and approval to operate program and care services at a new site. The owners have stated that an application has been made to DOH for their newly constructed site and that they will monitor all licensing procedures and obtain inspection prior to the occupancy of any newly constructed site.

Completion Date: October 15, 2025

*accepted  
12/22/25*

**M805:**

1. The facility has fully developed infection control, sanitation, and housekeeping policies housed at the original daycare site of 477 Lincoln Highway, 27, Iselin NJ 08830. Housekeeping and janitorial services were relocated for the day to the emergency location (36 Meridian Rd, Unit 2, Edison, NJ 08820) and provided throughout both shifts. The owners have stated that an application has been made to DOH for their newly constructed site (36 Meridian Road, Unit 2, Edison, NJ 08820) and that they will monitor all licensing procedures and obtain inspection prior to the occupancy of any newly constructed site. This includes correcting any emergency egress, leaking toilet, and/or water temperatures prior to DOH inspection and occupancy.
- b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation with all housekeeping and pest control services available along with all concomitant policies and procedures at the original daycare location.
- c. The owners will ensure that DOH has inspected and approved a newly constructed building for occupancy and licensure to safely operate program and care services.
- d. The owners will provide a license and approval to safely operate program and care services at a new site.

Completion Date: October 15, 2025

*accepted  
12/22/25  
in*

**M815:**

1. The Administrator had been told that the emergency location had been inspected and approved by DOH and was unaware of any physical plant issues post-inspection. All hot water temperatures at the original daycare location do not exceed 120 degrees Fahrenheit. The services at 36 Meridian Rd, Unit 2, Edison, NJ 08820 were discontinued the same day, October 14, 25 at 6:30 pm. Clients were relocated back to the original daycare site of 477 Lincoln Highway, 27, Iselin NJ 08830 on October 15, 25.
- b. All participants were affected by the emergency relocation. This was addressed and corrected by relocating to the original location within a day (October 15, 25) of the emergency relocation with all physical plant approvals granted at the original daycare location.
- c. The owners will ensure that written approvals are obtained from DOH for any newly constructed facility. The

owners have stated that an application has been made to DOH for their newly constructed site (36 Meridian Road, Unit 2, Edison, NJ 08820) and that they will monitor all licensing procedures and obtain inspection prior to the occupancy of any newly constructed site.

- d. The owners will provide a license and approval to operate program and care services at a new site. This was corrected on October 15, 25. The owners will continuously monitor their licensing procedures for any newly constructed site and obtain approval prior to occupancy.

Completion Date: October 15, 2025

accepted  
12/22/25  
NJ Exec Order 26

New Jersey Department of Health

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                          |                                                                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>12025</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/14/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ISELIN ADULT DAY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>477 LINCOLN HIGHWAY 27</b><br><b>ISELIN, NJ 08830</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {M 000}                                                                 | <p>Initial Comments</p> <p>Type of Survey: Relocation Inspection</p> <p>Census: 83 participants first shift, 30 participants second shift</p> <p>Sample Size: 113</p> <p>The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p> | {M 000}                                                                                           |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/17/25

# STATE FORM: REVISIT REPORT

|                                                             |                                                                                     |                               |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>12025 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | DATE OF REVISIT<br>10/14/2025 |
| NAME OF FACILITY<br>ISELIN ADULT DAY CARE CENTER            | STREET ADDRESS, CITY, STATE, ZIP CODE<br>477 LINCOLN HIGHWAY 27<br>ISELIN, NJ 08830 |                               |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM<br>Y4                 | DATE<br>Y5 | ITEM<br>Y4                       | DATE<br>Y5 | ITEM<br>Y4          | DATE<br>Y5 |
|----------------------------|------------|----------------------------------|------------|---------------------|------------|
| ID Prefix M0001            | Correction | ID Prefix M0179                  | Correction | ID Prefix M0197     | Correction |
| Reg. # 8:43F-1.1           | Completed  | Reg. # 8:43F-2.5(a)(1-3) & (b-d) | Completed  | Reg. # 8:43F-2.6(d) | Completed  |
| LSC                        | 10/23/2025 | LSC                              | 10/15/2025 | LSC                 | 10/15/2025 |
| ID Prefix M0805            | Correction | ID Prefix M0815                  | Correction | ID Prefix           | Correction |
| Reg. # 8:43F-16.5(a)(b)(c) | Completed  | Reg. # 8:43F-16.7(a)(24)         | Completed  | Reg. #              | Completed  |
| LSC                        | 10/15/2025 | LSC                              | 10/15/2025 | LSC                 |            |
| ID Prefix                  | Correction | ID Prefix                        | Correction | ID Prefix           | Correction |
| Reg. #                     | Completed  | Reg. #                           | Completed  | Reg. #              | Completed  |
| LSC                        |            | LSC                              |            | LSC                 |            |
| ID Prefix                  | Correction | ID Prefix                        | Correction | ID Prefix           | Correction |
| Reg. #                     | Completed  | Reg. #                           | Completed  | Reg. #              | Completed  |
| LSC                        |            | LSC                              |            | LSC                 |            |
| ID Prefix                  | Correction | ID Prefix                        | Correction | ID Prefix           | Correction |
| Reg. #                     | Completed  | Reg. #                           | Completed  | Reg. #              | Completed  |
| LSC                        |            | LSC                              |            | LSC                 |            |

|                                                      |                           |      |                       |      |
|------------------------------------------------------|---------------------------|------|-----------------------|------|
| REVIEWED BY<br>STATE AGENCY <input type="checkbox"/> | REVIEWED BY<br>(INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY<br>CMS RO <input type="checkbox"/>       | REVIEWED BY<br>(INITIALS) | DATE | TITLE                 | DATE |

|                                               |                                                                                                                                                                                                      |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FOLLOWUP TO SURVEY COMPLETED ON<br>10/14/2025 | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|