

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 080670	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/03/2025
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NAME OF PROVIDER OR SUPPLIER ACTIVE DAY OF VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2695 SOUTH LINCOLN AVENUE VINELAND, NJ 08361
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	<p>Initial Comments</p> <p>Type of Survey: Complaint</p> <p>Complaint #: NJ 00189408</p> <p>Census: 61</p> <p>Sample Size: 3</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		
M 377	<p>8:43F-5.4(b) Participant Assessment and Plan of Care</p> <p>The interdisciplinary plan of care shall be based on the comprehensive assessments provided by nursing, dietary, activities, and social work staff; and when ordered by the physician, advanced practice or physician assistant, other health professionals, including pharmacy consultation, shall also provide assessments. The plan of care shall include measurable objectives with interventions based on the participant's care needs and means of achieving each goal. The complete plan of care shall include, if appropriate, rehabilitative/restorative measures, preventive intervention, and training and teaching of self-care.</p>	M 377		

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

TITLE

(X6) DATE

New Jersey Department of Health

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M 377	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189408</p> <p>Based on interview and record review, it was determined that the Program Registered Nurse (RN) failed to include intervention(s) on the "Individual Plan of Care (ICP) for NJ Exec Order 26.4b1 and frequency of participant monitoring during NJ Exec Order for 1 of 3 participants, Participant #2. This deficient practice was evidenced by the following:</p> <p>On NJ Exec Order 26.4b1 the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH.) According to the FRE, on NJ Exec Order 26.4b1 Participant #2 after eating NJ Exec Order began to NJ Exec Order and NJ Exec Order Participant #2 while being assessed by the RN became NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 was called.</p> <p>On 12/3/25 at 10:54 a.m., the surveyor reviewed Participant #2's medical record (MR), which revealed that the participant was admitted to the program in NJ Exec Order 26.4b1, with diagnoses of NJ Exec Order 26.4b1 and a history of NJ Exec Order 26.4b1</p> <p>In addition, the surveyor reviewed the participant's "Medical Plan of Care (MCP-Physician orders)" dated NJ Exec Order 26.4b1 which revealed Participant #2 was ordered a "House NJ Exec Order 26.4b1 , with a "NJ Exec Order 26.4b1 " NJ Exec Order 26.4b1 (Reference: New Jersey Department of Human Services Division of Developmental Disabilities Diet</p>	M 377		
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M 377	<p>Continued From page 2</p> <p>Textures.)</p> <p>At 11:00 a.m., the surveyor reviewed the [redacted] " menu which revealed 4 ounces of pizza, and a half a cup of lettuce was documented for [redacted]</p> <p>During surveyor MR review, the surveyor reviewed the participant's ICP updated on [redacted] which revealed a "Problem" that Participant #2 presented with [redacted] in performing [redacted] " Interventions included to [redacted]</p> <p>According to the "Quarterly [redacted] Progress Note-Mini Assessment" completed by a Registered [redacted] dated [redacted], the participant's [redacted] plan included assistance with set up of [redacted] and [redacted] observation.</p> <p>Continued surveyor review of Participant #2's ICP, revealed no documentation of the participant's medical order dated [redacted] for [redacted], nor intervention(s) that addressed the participant's need to be [redacted]</p> <p>At 1:00 p.m., the surveyor interviewed the Nurse Manger (RN #2), regarding Participant #2's ICP and [redacted] plan of care. RN #2 stated that the participant could [redacted] and was [redacted] during [redacted]. Further, RN #2 stated that the participant's [redacted] was ordered by the physician yearly, which was documented on the MCP. The RN reviewed Participant #2's ICP in the presence of the surveyor and confirmed that the participant's [redacted] was not documented on the ICP.</p>	M 377		

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M 377	Continued From page 3 At 1:29 p.m., the CD confirmed that Participant #2 was served NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 The surveyor reviewed the facility policy and procedure titled, "Designation and Responsibilities of the Nurse Manager, RN," which revealed, "...The Nurse Manager shall be responsible for the direction, provision, and quality of nursing services provided to all members. ...Responsibilities of the Nurse Manager: ...Contribute to the development and implementation of the member's individual plan of care. ...Oversee all aspects of dietary functions of the center."	M 377		
M 443	8:43F-7.4(b)(2)(i-ix),(3-4) Nursing Services (b) The registered professional nurse shall be responsible for, but not limited to, the following: 2. Maintaining the standards of nursing practice including, but not limited to: i. Monitoring of identified medical conditions; ii. Administration and supervision of prescribed medications and treatments; iii. Coordination of rehabilitative services; iv. Development of a restorative nursing plan; v. Monitoring of clinical behavior and nutritional status;	M 443		

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M 443	<p>Continued From page 4</p> <ul style="list-style-type: none"> vi. Assisting with the maintenance or redevelopment of the activities of daily living skills; vii. Monitoring growth and development; viii. Implementing infection control procedures; and ix. Communicating findings to the attending physician; <p>3. Managing medical emergencies;</p> <p>4. Documenting the nursing services provided, including the initial assessment and evaluation of the participant's health care needs, development of the nursing component of the individualized plan of care, evaluation of the participant's progress in reaching established goals and defining the effectiveness of the nursing component of the individualized plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189408</p>	M 443		

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M 443	<p>Continued From page 5</p> <p>Based on interview and record review, it was determined that the Program Registered Nurse (RN) failed to perform NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1) during a medical emergency for 1 of 3 participants, Participant #2. This deficient practice was evidenced by the following:</p> <p>On 12/3/25, at 9:46 a.m., the surveyor interviewed the Center Director (CD) regarding the incident that occurred on NJ Exec Order 26.4b1, when Participant #2 became NJ Exec Order 26.4b1 during NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1</p> <p>During the interview, the CD stated that she observed Participant #2 NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 after NJ Exec Order 26.4b1 and notified the Registered Nurse (RN) #1, who was also in the dining area. The CD stated that the RN #1 then wheeled the participant to the nursing office to be evaluated. The CD also stated that RN #1, called for help and a Program Aide (PA) went to assist, NJ Exec Order 26.4b1 was started and NJ Exec Order 26.4b1 was called. The CD explained that she was not aware that the participant's NJ Exec Order 26.4b1 until EMT arrived.</p> <p>At 10:12 a.m., the surveyor interviewed the PA and inquired about the NJ Exec Order 26.4b1, incident when he assisted RN #1, with Participant #2. The PA stated that he heard RN #1, yelled for help, and when he arrived to the nursing office the participant was NJ Exec Order 26.4b1. The PA stated that he started the NJ Exec Order 26.4b1, while the RN called NJ Exec Order 26.4b1. The surveyor then asked the PA if he was NJ Exec Order 26.4b1 certified. The PA stated that he was not NJ Exec Order 26.4b1 certified.</p> <p>At 10:54 a.m., the surveyor reviewed Participant</p>	M 443		

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M 443	<p>Continued From page 6</p> <p>#2's medical record (MR), which revealed that the participant was admitted to the program in [redacted] of [redacted] with a diagnosis of [redacted] and a [redacted] NJ Exec Order 26.4b1. The surveyor reviewed the participant's "Medical Plan of Care" physician orders that revealed Participant #2 was ordered a [redacted] NJ Exec Order 26.4b1, with a [redacted] NJ Exec Order 26.4b1."</p> <p>During review of the MR, the surveyor reviewed documentation written on [redacted] NJ Exec Order 26.4b1, at 3:30 p.m., by RN #1. The documentation revealed on [redacted] NJ Exec Order 26.4b1 Participant #2 was seated in his/her wheelchair [redacted] NJ Exec Order 26.4b1 and started [redacted] NJ Exec Order 26.4b1 what appeared to be [redacted] NJ Exec Order 26.4b1." The participant was taken to the nursing office for observation. The RN also documented that the participant was [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 and then became [redacted] NJ Exec Order 26.4b1 [redacted] she then called for help.</p> <p>The RN #1 further documented that the PA arrived and assisted Participant #2 to the [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 was attempted and nothing [redacted] NJ Exec Order 26.4b1 [redacted]</p> <p>At 11:09 a.m., surveyor interviewed RN #1, via telephone and inquired about the incident that occurred on [redacted] NJ Exec Order 26.4b1 regarding Participant #2's [redacted] NJ Exec Order 26.4b1 RN #1, stated that the CD alerted her that the participant was [redacted] NJ Exec Order 26.4b1 so she wheeled the participant to the nursing office at approximately 12:05 p.m. The RN #1 also stated that she coached Participant #2 to [redacted] NJ Exec Order 26.4b1 what was in the participant's [redacted] NJ Exec Order 26.4b1 and the participant became</p>	M 443		
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M 443	<p>Continued From page 7</p> <p>NJ Exec Order 26.4b1 RN #1 stated that she then called for help, and the PA arrived and assisted the participant to the NJ Exec Order RN #1, confirmed that the PA started NJ Exec Order 26.4b1 while she called NJ Exec Order. The RN explained that she and the PA performed NJ Exec Order until NJ Exec Order arrived and took over.</p> <p>On 1/14/26, the surveyor reviewed hospital "Discharge Documentation" which revealed on NJ Exec Order 26.4b Participant #2 was admitted NJ Exec Order 26.4b Participant #2 was discharged from the hospital on NJ Exec Order 26.4b with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 placement with plans to be placed in NJ Exec Order 26.4b1</p> <p>The surveyor reviewed the facility policy and procedure titled, "Designation and Responsibilities of the Nurse Manager, RN" which revealed, "...Apply established emergency medical procedures as needed. Recognize and assess the situation, initiate appropriate interventions, notify appropriate personnel and direct others in their actions as appropriate."</p>	M 443		



The Brighter Side of Care

PO#2 Rcd 2/16/26
Accepted
2/20/26



January 29, 2026

NJ Exec Order 26.4b1

Active Day of Vineland
2695 S. Lincoln Ave.
Vineland N.J. 08361
T (856)691-3756
F (856)692-1471
12-3-2026 Survey

Deficiency M377-Participant Assessment and Plan of Care
Date of completion 2-4-2026

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

The Registered Nurse immediately completed a comprehensive audit of Participant #2 and all current members, ensuring that the member's plans of care include documentation of their current **NJ Exec Order 26.4b1** that specify the consistency for **NJ Exec Order 26.4b1**. The Registered Nurse is responsible for ensuring every member's plan of care has documentation to reflect an ordered and **NJ Exec Order 26.4b1**. The comprehensive audit included verification that **NJ Exec Order 26.4b1** match the member **NJ Exec Order 26.4b1** that is posted during mealtimes. The audit began on 12/4/25 and was completed on 12/6/25. Participant #2 was formally discharged from the program on **NJ Exec Order 26.4b1**. The Registered Nurse was re-trained on the designated policy and procedures of the Registered Nurse on 1-28-2026.

2. How will the facility identify other residents having the potential to be affected by the same deficient practice?

All members were potentially affected by this deficiency.

Rcd 2/16/26



The Brighter Side of Caring

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

- The Center Director and Registered Nurse manager will ensure that all center staff are retrained on member diets and diet textures/orders.
- Diet modification procedures will be completed as the following process:
 - Members with diet orders and therapeutic modifications must have the order from a practitioner accurately reflected in their chart and documented on their plan of care.
 - The Registered Nurse is responsible for this process upon member admission, quarterly and anytime there is a new order for the member.
 - The Registered Nurse, in coordination with the Center Director, are responsible for relaying to all center staff the member diet changes as they occur and as ordered, ensuring that staff have access to the current diet roster list immediately.
 - The diet roster will be updated by either the RN or the CD to ensure that all staff are aware of the member's dietary requirements prior to any meal service to members.
 - All center staff will be made aware of and familiar with member diets and member care plans, as part of on-boarding training upon hire and annually.
 - Diet rosters will be updated anytime there is a new or modified order to the member's diet, reflected on the plan of care.
 - The diet roster will be updated to reflect the change, and all staff will be made aware of any changes prior to member meal services. Member diet information/PHI will only be accessible to staff and posted only in an area accessible to center staff.

4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?

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856.692.1471 Web: www.ActiveDay.com



The Brighter Side of Caring

- The Registered Nurse will conduct quarterly audits of member plans of care that include a review of the members' diet and documentation of diet orders.
- The Center Director in collaboration with the Registered Nurse manager is responsible for ensuring the quarterly nursing audits are taking place and will set up Outlook calendar reminders prior to the due date for all audits to maintain consistency and documentation that the audits have been completed.
- Diet modifications will also be reviewed during routine interdisciplinary team (IDT) meetings to include a review of the following
 1. Member's plans of care include documentation of their current diet orders/ including therapeutic diets that specify the consistency for both foods and liquids.
 2. The documentation to reflect an ordered and specified member diet is provided and matches the member's plan of care, as ordered by the member's practitioner.
 3. All diet orders should be kept in the member's chart for reference.
 4. Member diet orders should always match the "member diet roster" that is posted daily, during mealtimes.
 5. The Member diet order roster should always be kept in an area that only staff have access to.
 6. The member diet roster should always be revised and updated, reflecting the current diet orders for all members

*accepted
2/14/20*
NJ Exco Order 26

Deficiency M443 Nursing Services
Date of completion 2-4-2020

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

The Center Director (CD) completed a comprehensive review of the Participant #2's medical emergency event, confirming that the member received appropriate post

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event assessment, including onsite evaluation by responding to [NJ Exec Order] personnel. All findings were accurately documented, required notifications were made, and all documentation and follow-up actions were completed. This review was completed on 12/4/25.

The Center Director (CD) completed retraining for the Registered Nurse, Program Aide, and all other center staff to ensure that all center staff are re-educated regarding the center's policy for responding to medical emergencies within the center, as well as the requirements for providing [NJ Exec Order 26.4b1]. In addition, all staff should be provided with the process and center policies during orientation and annually. This training was completed on 12/4/25.

2. How will the facility identify other residents having the potential to be affected by the same deficient practice?

All members were potentially affected by this deficiency.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

The Center Director (CD) is responsible for ensuring that all member emergency medical situations that may arise in the center are immediately addressed by the Registered Nurse (RN) and any other licensed nursing staff at the center. The RN will follow all clinical guidance as stated in the "Responding to Member Medical Emergencies Policy".

The Registered Nurse will serve as the primary and authorized responder for all basic first aid and CPR needs within the center.

- Only staff members with current, valid First Aid/CPR certifications may administer first aid or CPR.



The Brighter Side of Caring

- The Registered Nurse will complete all assessments, interventions, documentation, and notifications in accordance with center policy, state regulatory requirements, and clinical best practice.
- All center staff will be educated and made aware of the RN Manager and licensed center nurse's roles and responsibilities at the center and will never attempt to perform care or duties outside their scope of practice in which they are authorized to perform.
- Staff education will occur upon hire, annually, and at any other time training is necessary to ensure compliance with center policies. The Registered Nurse, Program Aide and center staff were educated on this policy on 12/4/26.

4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?

- The Center Director will ensure that all applicable staff members maintain their required credentials for CPR certification and Basic First Aid. All staff credentials and certifications will remain current and will not lapse or expire. The CD is responsible for ensuring staff certification records are kept current and up to date via annual audits of employee files.
- The CD will ensure that all center staff are aware of the medical emergency policy/responding to member medical emergencies via education and retraining on 2-2-2026.
- The Registered Nurse involved was given a corrective action plan to address noncompliance as well as re-education regarding the responsibilities of their job position as the licensed center nurse.

Amber
2/10/26



2695 S. Lincoln Avenue, Vineland, NJ 08361 Phone: 856.691.3756 Fax:
856.692.1471: www.ActiveDay.com

New Jersey Department of Health

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{M 000}	<p>Initial Comments</p> <p>Type of Survey: Complaint</p> <p>Complaint #: NJ 00189408</p> <p>Census: 61</p> <p>Sample Size: 3</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

01/22/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 080670	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/3/2025
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NAME OF FACILITY ACTIVE DAY OF VINELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2695 SOUTH LINCOLN AVENUE VINELAND, NJ 08361
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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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix M0377	Correction	ID Prefix M0443	Correction	ID Prefix	Correction
Reg. # 8:43F-5.4(b)	Completed	Reg. # 8:43F-7.4(b)(2)(i-ix),(3-4)	Completed	Reg. #	Completed
LSC	02/04/2026	LSC	02/04/2026	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/3/2025		<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		