

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AD01001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2025
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NAME OF PROVIDER OR SUPPLIER ACTIVE DAY OF PLEASANTVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 750 WEST DELILAH ROAD PLEASANTVILLE, NJ 08232
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M 000	<p>Initial Comments</p> <p>Type of Survey: Complaint</p> <p>Census: 2/25/25 was 60 and on 2/26/25 was 56</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 223	<p>8:43F-3.1(b)(1-7) Administration</p> <p>(b) The administrator shall be responsible for, but not limited to, the following:</p> <ol style="list-style-type: none"> 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including participant rights; 2. Planning and administering the managerial, operational, fiscal, and reporting components of the facility; 3. Participating in the quality improvement program for participant care and staff performance; 4. Ensuring that all personnel are assigned duties based upon their education, training, 	M 223		

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

TITLE

(X6) DATE

03/17/25

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M 223	<p>Continued From page 1</p> <p>competencies, and job descriptions;</p> <p>5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3;</p> <p>6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and</p> <p>7. Verifying that each Medicaid-eligible participant is eligible to receive services available at the adult day health services facility prior to the participant's entry into the program. For the purposes of this section, the administrator shall be entitled to rely on any prior authorization performed by the Department for the participant in accordance with N.J.A.C. 8:86.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility Center Director (CD) failed to implement the facility policies titled, "Job Description: Social Services Coordinator", "Member Incident Management and Reporting Policy" and failed to develop a policy and procedure to address suspected [REDACTED] of a participant which may have occurred outside the provider's domain for 1 of 3 participants reviewed</p>	M 223		

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M 223	<p>Continued From page 2</p> <p>for NJ Ex Order 26.4 Participant #1. This deficient practice was evidenced by the following:</p> <p>1. On 2/25/25 at 9:20 a.m., the surveyor interviewed the Area Director (AD) regarding the Reportable Event Record Report (RER) submitted to the DOH on 2/18/25. RER is a document used by facilities to notify the Department of Health (DOH) of incidents. The AD stated that she was auditing employee files the week of 2/10/25 and observed that the former Center Director (CD) hired a Social Service Coordinator (SSC) in NJ Ex Order 26.4B1 as a Social Worker (SW) without the proper credentials/license. The AD stated that she contacted the former CD, regarding the above hiring who then informed the AD that the employee had the qualifications of a SW.</p> <p>The surveyor reviewed the SSC's employee file which revealed that the SSC was hired at the center as a SW on NJ Ex Order 26.4B1 and was NJ Ex Order 26.4B1. The SSC had a bachelor degree of Arts in NJ Ex Order 26.4(b)(1) and was working on her master's in NJ Ex Order 26.4(b)(1). The former CD was aware of the regulation and the job qualifications needed for a SW, however, the former CD still hired the employee as a SW without the proper credentials.</p> <p>Surveyor review of the facility policy titled, "Job Description: Social Services Coordinator" which documented under, "Qualification, "Must have a degree in Social Work, a MSW degree or BS degree."</p> <p>Refer to 8:43F-12.1 (M0577)</p> <p>2. On 2/25/25 at 12:55 p.m., the surveyor interviewed the Area Director (AD) regarding</p>	M 223		

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M 223	<p>Continued From page 3</p> <p>Participant #1's <u>NJ Ex Order 26. 4B1</u> " reported to the DOH which occurred on <u>NJ Ex Order 26.4(b)</u>. The AD stated that the former Center Director (CD) who reported the incident to the department no longer was employed by the company and could not recall the incident.</p> <p>At 1:15 p.m., the surveyor interviewed a Registered Nurse (RN), who confirmed that she recalled the incident after reviewing copy of the RER. The RN stated that a Program Aide reported the <u>NJ Ex Order 26. 4B1</u> to her after the participant arrived at the center and was taken to the bathroom. The RN stated that she called the participant's group home supervisor who picked up the participant for <u>NJ Ex Order 26. 4B1</u>. The RN stated that the center was not sure where and how the participant obtained the <u>NJ Ex Order 26. 4B1</u>.</p> <p>The surveyor reviewed Participant #1's "Content" note (CN) dated <u>NJ Ex Order 26.4(b)</u> at 10:01 a.m., signed by a RN which revealed, <u>NJ Ex Order 26. 4B1</u>.</p> <p>However, the <u>NJ Ex Order 26.4(b)</u> incident was not thoroughly investigated to rule out <u>NJ Ex Order 26. 4B1</u> during programing hours or outside of the Center.</p> <p>Further surveyor review of the CN dated <u>NJ Ex Order 26.4(b)</u> at 1:06 p.m., signed by the RN revealed, <u>NJ Ex Order 26. 4B1</u>.</p>	M 223		
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M 223	<p>Continued From page 4</p> <p><i>NJ Ex Order 26. 4B1</i> ."</p> <p>The RN documented that a call was placed to the group home supervisor who stated that she was aware of the <i>NJ Ex Order 26. 4B</i>. However, the <i>NJ Ex Order 26.4B</i> incident was not investigated to rule out <i>NJ Ex Order 26</i> at the program or outside of the Center.</p> <p>The surveyor reviewed the facility's policy titled "Abuse, Neglect and Exploitation of Members" which did not address suspected abuse which occurred outside of the facility. The facility failed to develop a policy and procedure to address suspected abuse by someone other than staff to ensure participants safety and timely reporting of suspected abuse.</p> <p>Additionally, the surveyor reviewed the facility policy and procedure titled, "Member Incident Management and Reporting Policy", which revealed the following: "10. The Incident will be documented internally, using Active Day's "Incident Report" assessment and uploaded to the electronic filing cabinet system within 24-hours of the incident. The Center Director will fully investigate the incident within three business days, or 72-hours, documenting a report of findings"</p> <p>Refer to 8:43F-4.2(a)(8) (M0327)</p>	M 223		
M 327	<p>8:43F-4.2(a)(8) Participant Rights</p> <p>(a) Participant rights, policies, and procedures shall ensure that, at a minimum, each participant admitted to the facility:</p> <p>8. Is free from mental and physical abuse, free from exploitation, and free from the use of chemical and physical restraints.</p>	M 327		

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M 327	<p>Continued From page 5</p> <p>Medications shall not be used for punishment or for convenience of facility personnel.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00162868</p> <p>Based on interview and record review it was determined that the facility failed to ensure a participant was free from NJ Ex Order 26.4(b)(1) during programming hours or from outside of the facility for 1 of 3 participants, Participant #1, reviewed for abuse. The deficient practice was evidenced by the following:</p> <p>On 2/25/25, the surveyor investigated the Reportable Event Report (RER) submitted to the Department of Health (DOH) on NJ Ex Order 26.4(b) regarding the NJ Ex Order 26.4(b)(1) for Participant #1 when the participant was observed with NJ Ex Order 26.4B1."</p> <p>On 2/25/26 at 12:55 p.m., the surveyor interviewed the Area Director (AD) regarding the above incident, and she stated that the former Center Director (CD) who reported the incident to the department no longer was employed by the company and could not recall the incident.</p> <p>At 1:15 p.m., the surveyor interviewed a Registered Nurse (RN) who stated that she recalled the above incident after reviewing the RER. The RN stated that a Program Aide</p>	M 327		
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M 327	<p>Continued From page 6</p> <p>reported the NJ Ex Order 26. 4B1 to her after the participant arrived at the center and was taken to the bathroom. The RN stated that she called the participant's group home supervisor who picked up the participant to NJ Ex Order 26. 4B1 for evaluation. The RN stated that the center was not sure where and how the participant obtained the NJ Ex Order 26. 4B1.</p> <p>The surveyor reviewed the statements of the program aides and a driver, and their statements did not reveal any knowledge of the participant's NJ Ex Order 26. 4B1.</p> <p>On 2/26/25 at 9:40 a.m., the surveyor reviewed Participant #1's medical record which revealed the participant was admitted to the program NJ Ex Order 26. 4B1. The surveyor observed the participant at the program and the participant was pleasant, NJ Ex Order 26. 4B1 and NJ Ex Order 26.4(b)(1). The surveyor was not able to conduct an interview with the participant due to the participant's NJ Ex Order 26. 4B1.</p> <p>Continued surveyor review of the participant's medical record observed a "Content" note (CN) dated NJ Ex Order 26.4(b)(1) at 10:01 a.m., signed by a RN which revealed, NJ Ex Order 26. 4B1</p> <p>NJ Ex Order 26. 4B1</p> <p>"</p> <p>The CN dated NJ Ex Order 26.4(b)(1) at 9:49 a.m., signed by the same RN documented that she received report from NJ Ex Order 26. 4B1 and the participant had NJ Ex Order 26. 4B1</p>	M 327		
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M 327	<p>Continued From page 7</p> <p>NJ Ex Order 26. 4B1 and the participant needed to follow up with NJ Ex Order 26. 4B1.</p> <p>The surveyor reviewed the incident summary dated NJ Ex Order 26.4(b)(1) documented by the former CD, which concluded, NJ Ex Order 26 or NJ Ex Order 26.4(b) cannot be confirmed or ruled out at the Group Home."</p> <p>Further surveyor review of the CN dated NJ Ex Order 26.4(b) at 1:06 p.m., signed by the RN revealed, NJ Ex Order 26.</p> <p>The RN documented that a call was placed to the group home supervisor who stated that she was aware of the NJ Ex Order 26. 4B1. However, there was no documented evidence in the medical record to show that the Center thoroughly investigated the NJ Ex Order 26. 4B1; and investigated the NJ Ex Order 26. 4B1 to rule out possible NJ Ex Order 26 while at the Center or outside of the Center.</p> <p>The surveyor reviewed the policy and procedures titled, "Member Rights and Responsibilities" which revealed, "All members of the center have the right to the following: d) Be free from mental, verbal, sexual, physical abuse and neglect ..."</p>	M 327		
M 577	<p>8:43F-12.1 Social Work Services</p> <p>All social workers shall be licensed or certified by the New Jersey State Board of Social Work Examiners, pursuant to N.J.S.A. 45:15BB-1 et seq.</p>	M 577		

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M 577	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00183542</p> <p>Based on observation, interview and review of pertinent facility document provided by the Area Director (AD), it was determined that the former Center Director (CD) hired a Social Worker (SW) who was not certified or licensed by the State of New Jersey Board of Social Work Examiners (BSWE). The deficient practice was evidenced by the following:</p> <p>On 2/25/25 at 9:20 a.m., the surveyor interviewed the AD regarding the Reportable Event Record Report (RER), submitted to the DOH on 2/18/25. The AD stated that she was auditing employee files the week of 2/10/25 and observed that the CD hired a Social Service Coordinator (SSC) in NJ Ex Order 26. 4B1 as a Social Worker (SW) without the proper credentials/license.</p> <p>The AD stated that she immediately contacted the former Center Director (CD), who no longer was employed for the company regarding the above hiring. The AD stated that the CD then informed the AD that the employee had the qualifications of a SW. The AD stated that further review of the employee's credentials, she discovered that on 1/16/25, an application for certification was filed with the Board of Social Work Examiners on 1/12/24 was NJ Ex Order 26. 4B1 on 10/1/24. And an additional NJ Ex Order 26. 4B1 and they were awaiting another response.</p> <p>During the interview, the AD stated that the SSC duties as a SW were NJ Ex Order 26. 4B1,</p>	M 577		
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M 577	<p>Continued From page 9</p> <p>and the SSC was NJ Ex Order 26. 4B1</p> <p>Surveyor review of the SSC's employee file revealed that the SSC was hired as a SW on NJ Ex Order 26. 4B1. The SSC had a bachelor degree of Arts in NJ Ex Order 26.4(b)(1) and was working on her master's in NJ Ex Order 26.4(b)(1)</p> <p>The former CD was aware of the regulation and the job qualifications needed for a SW, however, the former CD still hired the employee without the proper credentials as a SW. In addition, the former Center Director failed to ensure that a qualified SW was employed at the facility from NJ Ex Order 26. 4B1 as required by the regulation; and failed to implement the facility's Job description qualifications for a SSC.</p> <p>The surveyor reviewed the facility's "Job Description: Social Services Coordinator" and under Qualification, revealed, "Must have a degree in Social Work, a MSW degree or BS degree."</p> <p>On 2/25/25 at 12:25 p.m., the surveyor informed the AD of the deficient practice and requested a removal plan to prevent future occurrence.</p> <p>On 2/27/25 a removal plan was received from the Area Director and accepted which documentd the following:</p> <ol style="list-style-type: none"> 1. The SSC was NJ Ex Order 26. 4B1, 2. Active hiring procedures for a full-times licensed SW in progress, 3. Fulfilling the Center's SW requirement by coordinating coverage with corporated/internal NJ employees licensed/certified SW and 4. All pre-employment credentialing checks/screening would be completed, double 	M 577		

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M 577	Continued From page 10 checked and maintained at the Corporated office.	M 577		
M 831	8:43F-18.1(b)(1-7) Quality Improvement (b) Quality improvement activities shall include, but not be limited to, the following: 1. At least annual review of staff qualifications and credentials; 2. At least annual review of staff orientation and staff education; 3. Evaluation of participant care services, staffing, infection prevention and control, housekeeping, sanitation, safety, maintenance of physical plant and equipment, participant care statistics, and discharge planning services; 4. Evaluation by participants and their families of care and services provided by the facility; 5. Review of medication errors and adverse medication reactions by the consultant pharmacist; 6. Audit of participant medical records (including those of both active and discharged participants) on an ongoing basis to determine if care provided conforms to criteria established by each participant care service for the maintenance of quality of care; and 7. Establishment of objective criteria for evaluation of the participant care	M 831		

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M 831	<p>Continued From page 11 provided by each service.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00183542</p> <p>Based on interview and record review it was determined that the facility failed to ensure the review of the Social Service Coordinator's (SSC) qualifications and credentials at least annually as evidenced by the following:</p> <p>On 2/25/25 at 9:20 a.m., the surveyor interviewed the Area Director (AD) regarding the qualifications of the SSC that was NJ Ex Order 26. 4B1 by the former Center Director (CD). The AD stated that she was auditing the SSC's employee file the week of 2/10/25 and observed that the SSC was hired in NJ Ex Order 26. 4B1 as a Social Worker (SW) without the proper qualifications/credentials.</p> <p>The AD stated that she spoke with the former CD who informed the AD that the SSC had the qualifications of a SW. The AD stated that upon further review, she discovered that on 1/16/25, that an application for certification was filed with the Board of Social Work Examiners on 1/12/24 was NJ Ex Order 26. 4B1</p> <p>NJ Ex Order 26. 4B1 The AD also stated that an NJ Ex Order 26. 4B1</p> <p>NJ Ex Order 26. 4B1 and an NJ Ex Order 26. 4B1 and they were awaiting</p>	M 831		

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M 831	<p>Continued From page 12</p> <p>another response.</p> <p>Additionally, the surveyor asked the AD after the CD hired a new staff if any other staff reviewed the new hire credentials and the AD responded no. The surveyor then requested the new hire policy for review and inquired how often a new hire audit should be conducted. The AD stated that she was not sure and provided the surveyor with the "Quality Improvement" policy.</p> <p>Surveyor review of the SSC's employee file revealed that the SSC was hired as the center's SW on <u>NJ Ex Order 26.4B1</u>. The SSC had a bachelor degree of Arts in <u>NJ Ex Order 26.4(b)(1)</u> and was working on her master's in <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>The file audit was not completed annually as per policy and no proper follow up was conducted to ensure that the Center or the former CD received the SW certification needed to serve in the SW role. Additionally, the employee continued to serve in the role as a SW even after receipt of the <u>NJ Ex Order 26.4B1</u>.</p> <p>Review of the policy titled, "Quality Improvement Health Care Audit/utilization Review" documented that the audit should have been done annually.</p> <p>Additionally, the surveyor reviewed the facility's "Job Description: for Social Service Coordinator" and under "Qualification" was documented, "Must have a degree in Social Work, a MSW degree or BS degree."</p> <p>Refer to 8:43F-12.1 (M0577)</p>	M 831		

M223 8:43 F-3.1(b) (1-7) Administration - Completion Date 03/16/2025

1. How corrective action will be covered for those participants found to have been affected by the deficient practice.
 - Social Worker (SW) Current non-qualified SW **NJ Ex Order 26. 4B1**. The Center Director along with the State Regional Director will ensure that each center provides a licensed/ certified SW, to carry out the provision of social work services, and the quality of social work services per the SW job description. The SW shall provide social work services in the center for at least 30 minutes per week, per member equivalent, calculated based on daily census.
 - (SW) Active Day will fulfill their SW requirement by coordinating coverage with corporate/internal Active Day NJ employees who are licensed/certified SW's.
 - (SW) Active hiring and recruiting procedures are in effect to obtain a full-time licensed/certified SW at the Pleasantville location.
 - (SW) The NJ Area Manager with support from Active Day's Home Corporate Office will be responsible for ensuring this is maintained and completed, as stated above.
 - Abuse, Neglect and Exploitation (A, N&E) To maintain an environment that is free from exploitation, abuse and/or neglect; staff, responsible parties, families, caretakers and members are informed of all member rights, annually and upon admission. Upon hire and annually, training will be conducted for all staff regarding the prevention, reporting and detection of abuse, neglect and exploitation. Active Day will adhere to all state, federal and regulatory requirements for reporting guidelines.
 - Active Day's Policy was revised 12/10/2024 and will be followed to include:
 - Any instances or suspicions of abuse, neglect and/or exploitation of members will be properly investigated, documented, and reported, adhering to all regulatory requirements. Any case will be immediately brought to the attention of the CD, the licensed center nurse, and the Active Day Incident reporting team, where the reported incident will be investigated accordingly.
 - Upon discovery or notification of any alleged or suspected abuse, neglect and/ or exploitation, the Home Office is to be notified immediately. Active Day's Incident Reporting and Notification Procedures Policy should be followed for further notification procedures.
 - In addition to reporting all abuse to the regulatory and licensing bodies, the center must also immediately report the instance of abuse to the following: the individual, the member's responsible party or legal representative, any local or state departments as noted in each state's policy, the designated managing entity, and the county government office responsible for intellectual disabilities if applicable (Adult Protective Service, Police,

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- Ombudsman etc.).
- Upon investigation, if there is substantiated proof of abuse, neglect and/or exploitation the CD will be responsible for reporting the incident/individual to the proper channels, in adherence with all regulatory and company requirements.
2. How facility will identify other residents having the potential to be affected by the same deficient practice.
 - (SW and A&N) All members have the potential to be affected by the same deficient practice.
 3. What measures will be put in place or systemic changes will be made to ensure that deficient practice will not occur.
 - (SW) All pre-employment credentialing checks and screenings will now be completed, double-checked, and maintained at the Active Days Home Office (vs. the local center alone) as an extra layer of verification, and then communicated to the CD prior to an employee being able to begin their employment and working directly with participants in the center.
 - (SW) Upon interview Center Director will gather documentation from social worker applicant ensuring that all social workers shall be licensed or certified by the New Jersey State Board of Social Work Examiners, pursuant to N.J.S.A. 45:15BB-1 et seq. This information will be validated by the Regional Director.
 - (SW) Random and routine employee chart audits will be conducted between the CD as well as the Corporate Home Office to ensure employee compliance at least annually.
 - (SW) The NJ Regional Manager with support from Active Day's Home Corporate Office will be responsible for ensuring this is maintained and completed, as stated above.
 - (A&N) To maintain an environment that is free from exploitation, abuse and/or neglect; staff, responsible parties, families, caretakers and members are informed of all member rights, annually and upon admission. Upon hire and annually, training will be conducted for all staff regarding the prevention, reporting and detection of abuse, neglect and exploitation. Active Day will adhere to all state, federal and regulatory requirements for reporting guidelines.
 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - (SW) Random and routine employee chart audits will be conducted between the CD as well as the Corporate Home Office to ensure employee compliance at least annually.

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- (SW) The NJ Regional Manager with support from Active Day's Home Corporate Office will be responsible for ensuring this is maintained and completed, as stated above.
- (A&N) Suspected or reported cases of abuse, neglect or exploitation, will be immediately brought to the attention of the Center Director, the Nurse Manager, and/or the Social Services Manager and will be then reported and investigated accordingly. Upon investigation, if there is proof of abuse/exploitation or neglect or if investigation is inconclusive, the Center Director, and/or designee will be responsible for reporting the applicable individual(s) and required authorities of the incident.

M327 8:43 F-4.2(a) (8) Participant Rights- Completion Date 03/16/2025

1. How corrective action will be covered for those participants found to have been affected by the deficient practice.
 - Participant #1 who was involved in the incident dated NJ Ex Order 26.4(b)(1) continues to attend the day program. All staff have been re-educated on Active Day's Abuse, Neglect and Exploitation policy. Annually and upon hire, all applicable staff will be required to participate in training or in-service regarding the types of abuse, identification and reporting of abuse, and the facility's policy and procedures regarding the reporting of abuse, neglect and exploitation of members.
2. How facility will identify other residents having the potential to be affected by the same deficient practice.
 - All members have the potential to be affected by the same deficient practice.
3. What measures will be put in place or systemic changes will be made to ensure that deficient practice will not occur.
 - Active Day's Policy was revised 12/10/2024 and will be followed to include:
 - Any instances or suspicions of abuse, neglect and/or exploitation of members will be properly investigated, documented, and reported, adhering to all regulatory requirements. Any case will be immediately brought to the attention of the CD, the licensed center nurse, and the Active Day Incident reporting team, where the reported incident will be investigated accordingly.
 - Upon discovery or notification of any alleged or suspected abuse, neglect and/ or exploitation, the Home Office is to be notified immediately. Active Day's Incident Reporting and Notification Procedures Policy should be followed for further notification procedures.
 - In addition to reporting all abuse to the regulatory and licensing bodies, the center must also immediately report the instance of abuse to the following: the individual, the member's responsible party or legal representative, any local or state departments as noted in each state's policy, the designated managing entity, and the county government office responsible for

Accepted

- intellectual disabilities if applicable (Adult Protective Service, Police, Ombudsman etc.).
- Upon investigation, if there is substantiated proof of abuse, neglect and/or exploitation the CD will be responsible for reporting the incident/individual to the proper channels, in adherence with all regulatory and company requirements.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
- Suspected or reported cases of abuse, neglect or exploitation, will be immediately brought to the attention of the Center Director, the Nurse Manager, and/or the Social Services Manager and will be then reported and investigated accordingly. Upon investigation, if there is proof of abuse/exploitation or neglect or if investigation is inconclusive, the Center Director, and/or designee will be responsible for reporting the applicable individual(s) and required authorities of the incident.

M577 8:43F-12.1 Social Work Services- Completion Date 03/16/2025

1. How corrective action will be covered for those participants found to have been affected by the deficient practice.
 - The Center Director along with the State Regional Director will ensure that each center provides a licensed/ certified Social Worker, to carry out the provision of social work services, and the quality of social work services. The Social Worker shall provide social work services in the center for at least 30 minutes per week, per member equivalent, calculated based on daily census.
 - The Center Director will be responsible for informing the People and Culture Department of all new hires.
2. How facility will identify other residents having the potential to be affected by the same deficient practice.
 - All members have the potential to be affected by the same deficient practice.
3. What measures will be put in place or systemic changes will be made to ensure that deficient practice will not occur.
 - Upon interview Center Director will gather documentation from social worker applicant ensuring that all social workers shall be licensed or certified by the New Jersey State Board of Social Work Examiners, pursuant to N.J.S.A. 45:15BB-1 et seq. This information will be validated by the Regional Director.
 - All pre-employment credentialing checks and screenings will now be completed, double-checked, and maintained at the Active Days Home Office (vs. the local center alone) as an extra layer of verification, and then

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- communicated to the CD prior to an employee being able to begin their employment and working directly with participants in the center.
- Upon interview Center Director will gather documentation from social worker applicant ensuring that all social workers shall be licensed or certified by the New Jersey State Board of Social Work Examiners, pursuant to N.J.S.A. 45:15BB-1 et seq. This information will be validated by the Regional Director.
 - Random and routine employee chart audits will be conducted between the CD as well as the Corporate Home Office to ensure employee compliance at least annually.
 - The NJ Regional Manager with support from Active Day's Home Corporate Office will be responsible for ensuring this is maintained and completed, as stated above.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
- Random and routine employee chart audits will be conducted between the CD as well as the Corporate Home Office to ensure employee compliance at least annually.
 - The NJ Regional Manager with support from Active Day's Home Corporate Office will be responsible for ensuring this is maintained and completed, as stated above.

M 831 8:43 F-18.1(b) (1-7) Quality Improvement- Completion Date 03/16/2025

1. How corrective action will be covered for those participants found to have been affected by the deficient practice.
- Social Worker (SW) Current non-qualified SW has been terminated. The Center Director along with the State Regional Director will ensure that each center provides a licensed/ certified SW, to carry out the provision of social work services, and the quality of social work services per the SW job description. The SW shall provide social work services in the center for at least 30 minutes per week, per member equivalent, calculated based on daily census.
 - (SW) Active Day will fulfill their SW requirement by coordinating coverage with corporate/internal Active Day NJ employees who are licensed/certified SW's.
 - (SW) Active hiring and recruiting procedures are in effect to obtain a full-time licensed/certified SW at the Pleasantville location.
 - (SW) The NJ Area Manager with support from Active Day's Home Corporate Office will be responsible for ensuring this is maintained and completed, as stated above.

Accepted

2. How facility will identify other residents having the potential to be affected by the same deficient practice.
 - All members have the potential to be affected by the same deficient practice.
3. What measures will be put in place or systemic changes will be made to ensure that deficient practice will not occur.
 - Employees will be provided with training at the time of hire, and annually, specifically, to what encompasses the essential functions of their job. Written job descriptions are developed to ensure that employees are assigned duties based on their education, training, competencies and their job description.
 - Employee files will be audited at a minimum annually by Center Director to ensure all staff have the qualifications and credentials needed to perform their job.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - At least annual review of staff qualifications and credentials.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AD01001	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/14/2025	Y3
NAME OF FACILITY ACTIVE DAY OF PLEASANTVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 750 WEST DELILAH ROAD PLEASANTVILLE, NJ 08232		

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 <u>M0223</u>	<u>Correction</u>	ID Prefix <u>M0327</u>	<u>Correction</u>	ID Prefix <u>M0577</u>	<u>Correction</u>
Reg. # <u>8:43F-3.1(b)(1-7)</u>	<u>Completed</u>	Reg. # <u>8:43F-4.2(a)(8)</u>	<u>Completed</u>	Reg. # <u>8:43F-12.1</u>	<u>Completed</u>
LSC _____	<u>03/16/2025</u>	LSC _____	<u>03/16/2025</u>	LSC _____	<u>03/16/2025</u>
ID Prefix <u>M0831</u>	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # <u>8:43F-18.1(b)(1-7)</u>	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	<u>03/16/2025</u>	LSC _____	_____	LSC _____	_____
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
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 2/26/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AD01001	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/14/2025	Y3
NAME OF FACILITY ACTIVE DAY OF PLEASANTVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 750 WEST DELILAH ROAD PLEASANTVILLE, NJ 08232		

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 <u>M0223</u>	<u>Correction</u>	ID Prefix <u>M0327</u>	<u>Correction</u>	ID Prefix <u>M0577</u>	<u>Correction</u>
Reg. # <u>8:43F-3.1(b)(1-7)</u>	<u>Completed</u>	Reg. # <u>8:43F-4.2(a)(8)</u>	<u>Completed</u>	Reg. # <u>8:43F-12.1</u>	<u>Completed</u>
LSC _____	<u>03/16/2025</u>	LSC _____	<u>03/16/2025</u>	LSC _____	<u>03/16/2025</u>
ID Prefix <u>M0831</u>	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # <u>8:43F-18.1(b)(1-7)</u>	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	<u>03/16/2025</u>	LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
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 2/26/2025		<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		