

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2024
NAME OF PROVIDER OR SUPPLIER ALLIANCE AMDC, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 607 S WHITEHORSE PIKE AUDUBON, NJ 08106		
(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	Initial Comments Type of Survey: Complaint Complaint #: NJ00172251 Census: 22 Sample Size: 3 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.	M 000		
M 223	8:43F-3.1(b)(1-7) Administration (b) The administrator shall be responsible for, but not limited to, the following: 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;	M 223		

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

TITLE

(X6) DATE

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M 223	Continued From page 1 4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions; 5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3; 6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and 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. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00172251 Based on interview and record review it was determined that the facility failed to follow its policy and procedure titled "Transportation Services" for 1 of 3 participants, Participant #2.	M 223		

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M 223	Continued From page 2 This deficient practice was evidenced by the following: On 4/25/24 at 11:40 a.m., the surveyor interviewed the Director of Nursing (DON) regarding Participant #2's attendance. The DON stated that the [NJ Exec Order 26.4b1] was broken on [NJ ex order 26.4] and the participant was unable to attend the program from [NJ ex order 26.4b1], a total of [NJ Exec Order 26] not attending the program as scheduled. At 1:00 p.m., the surveyor interviewed the Administrator over the telephone, regarding transportation arrangements for Participant #2. The Administrator stated that the facility had 2 buses with [NJ Exec Order 26.4b1]. However, the Administrator explained that Bus #1 was being repaired and that Bus #2 was in use, but the [NJ Exec Order 26.4b1] was broken. Additionally, the Administrator stated that she made several attempts to arrange transportation for Participant #2. However, the Administrator was unable to provide documented evidence of transportation arrangements prior to [NJ ex order 26.4] when a transport application for [NJ E] was initiated. The surveyor reviewed the facility policy and procedure titled, "Transportation Services" which revealed "...Our facility shall provide transportation either directly or through contractual arrangements, to and from the facility from all clients/participants' homes. ..." Reference: M-0821, 8:43F-17.1(a)(1)	M 223			
M 419	8:43F-6.3(d) General Services The facility shall maintain written staffing	M 419			

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M 419	Continued From page 3 schedules. Staffing schedules shall be implemented to ensure continuity of care. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00172251 Based on interview and review of pertinent facility documents it was determined that the facility failed to ensure the schedule reflected that the Social Worker (SW) worked as the acting Administrator as evidenced by the following: On 4/25/24 At 9:15 a.m., the surveyor interviewed the SW regarding the whereabouts of the Administrator. The SW stated that she was the acting Administrator and the owner who was the Administrator NJ ex order 26.4b1. At 11:37 a.m., the surveyor interviewed the Administrator regarding the SW working as the acting Administrator. The Administrator confirmed that the SW was the acting Administrator in her absence. The Administrator stated that she would be on NJ Exec Order 26.4b1 from NJ ex order 26.4b1 and will resume work on NJ ex order 26.4b1, a total of NJ ex order 26.4b1. At 11:40 a.m., the surveyor reviewed the facility staffing schedule and observed that the SW was scheduled to work NJ Exec Order 26.4b1 days a week. The surveyor did not observe that the SW worked as the Administrator in her absence from NJ ex order 26.4b1 reflected on the facility schedule, which was a total of NJ ex.	M 419		

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M 821	Continued From page 4	M 821		
M 821	8:43F-17.1(a)(1) Transportation Services (a) The facility shall provide safe transportation services, either directly or through contractual arrangements, to all participants who require transportation between the facility and the participant's home. No participant's total transportation time between the facility and the participant's home shall exceed two hours daily. 1. In accordance with N.J.A.C. 8:86, the facility shall accommodate the special transportation needs of the participant and the medical equipment used by the participant. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00172251 Based on interview, record review, and review of pertinent facility documents it was determined that the facility failed to arrange transportation services for 1 of 3 participants reviewed, Participant #2. This deficient practice was evidenced by the following: On 4/25/24 at 10:30 a.m., the surveyor reviewed the medical record (MR) of Participant #2 which revealed the participant was admitted to the NJ ex order 26.4b1 with diagnosis of	M 821		

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M 821	Continued From page 5 NJ ex order 26.4b1 At 10:48 a.m., the surveyor interviewed a Bus Driver (BD) regarding transportation services for wheel chair participants. The BD stated that the NJ Exec Order 26.4b1 was broken and the other bus with the working NJ was being repaired. He added that the NJ broke a month ago and was unsure of the date. At 11:00 a.m., the surveyor observed Participant #2 NJ ex order 26.4b1 in the common activity area. The surveyor was unable to interview the participant at the time due to NJ Exec Order 26.4b1. The surveyor reviewed the facility "Patient Certification Form" and "Monthly Attendance Report" for the month of NJ ex order 26.4b1 which revealed the participant NJ ex order 26.4b1. At 11:40 a.m., the surveyor interviewed the Director of Nursing (DON) regarding the participant's attendance. The DON stated that the NJ Exec Order 26.4b1 was broken on NJ ex order 26.4b1 and Participant #2 was unable to attend the program until NJ ex order 26.4b1 when transportation arrangement was available. At 12:00 p.m., the surveyor interviewed the Social Worker (SW) who was also the acting Administrator regarding transportation arrangements for Participant #2. The SW/Acting Administrator stated that transportation arrangements were made with the participant's NJ Exec Order 26.4b1 and the facility the Administrator.	M 821			

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M 821	Continued From page 6 At 1:00 p.m., the surveyor interviewed the Administrator over the telephone, regarding transportation arrangements for Participant #2. The Administrator stated that the facility had 2 buses with NJ Exec Order 26.4b1. However, the Administrator explained Bus #1 was being repaired and Bus #2 was in use, but the NJ Exec Order 26.4b1 was broken. Additionally, the Administrator explained she made attempts to arrange transportation for Participant #2. However, the Administrator was unable to provide documented evidence of transportation arrangements prior to NJ ex order 26.4 when the NJ E application was initiated. The surveyor reviewed the facility policy and procedure titled, "Transportation Services" which revealed "...Our facility shall provide transportation either directly or through contractual arrangements, to and from the facility from all clients/participants' homes. ..."	M 821		

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

TITLE

(X6) DATE

06/27/24



Plan of Correction – Survey 4.25.24

M-0223

1. Participant #2 returned to the facility on [redacted] via [redacted] service. Going forward the facility will ensure to transport participant #2 either directly or through third party to and from the facility.
2. All participants may be affected by transportation issues.
3. On 4.30.24, the staff was trained on transportation services. A contract has been established with a third-party for transportation services, which will take effect in case of future similar situations.
4. The drivers will inspect and maintain a weekly log. The administrator will ensure that the drivers perform weekly inspections through reviewing the logs on a monthly basis and will ensure that transportation services policies and procedures are being followed.

Completion Date: 4.30.2024

accepted 8/6/24

M-0419

1. The staffing schedule now, 5.1.2024, specifies that the social worker acts as the alternate administrator in the administrator's absence and will allocate the necessary hours for completing social service tasks required per participant each week.
2. All participants may be affected.
3. The staffing schedule will be updated monthly to reflect any ongoing changes with staff.
4. The administrator or designee, will revise and update the staffing schedule once a month.

Completion Date: 5.1.2024

accepted 8/6/24

M-0821

1. Participant #2 returned to the facility on [redacted] via [redacted] service. Going forward the facility will ensure to transport participant #2 either directly or through third party to and from the facility.
2. Participants who use wheelchairs and motorized scooters may be impacted by a vehicle equipped with a lift.
3. The drivers have been trained to inspect vehicles weekly. Additionally, an agreement has been made with a third-party for transportation services, which will be used if the lift is out of order.
4. The drivers will maintain transportation inspections once a week, which will be reviewed by the administrator every month, to prevent lift malfunctions and ensure vehicle is up to par.

Completion Date: 6.1.2024

accepted 8/6/24

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04008	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/25/2024
NAME OF FACILITY ALLIANCE AMDC, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 607 S WHITEHORSE PIKE AUDUBON, NJ 08106	

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 M0223	Correction	ID Prefix M0419	Correction	ID Prefix M0821	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-6.3(d)	Completed	Reg. # 8:43F-17.1(a)(1)	Completed
LSC	04/30/2024	LSC	05/01/2024	LSC	06/01/2024
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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/25/2024		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			