STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12013	A. BUILDING: _____ B. WING _____	C 09/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING ADULT DAY CARE CENTER LLC	119-120 NORTH CENTER DRIVE NORTH BRUNSWICK, NJ 08902

(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#: NJ00166706 Census: 127 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 00166706 Based on observation, interview, medical record, document, and policy and procedure review, it was determined that the facility failed to ensure all facility Drivers follow the facility's "Job	M 223		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 223	Continued From page 2 Description: Driver" and policies and procedures related to transportation services for 1 of 3 Participants, Participant #2. This deficient practice was evidenced by the following: On 9/29/23 at 11:45 a.m., the surveyor reviewed the medical record (MR) of Participant #2 which revealed Participant #2 was admitted to the facility on NJ ex order 26.4b1 with diagnoses of NJ ex order 26.4b1 In addition, the surveyor observed written in the MR under "Nursing Notes," by a Registered Nurse (RN) which revealed on NJ ex order 26.4b1 Participant #2 NJ ex order 26.4b1 ...." At 12:17 p.m., the surveyor interviewed the RN regarding the aforementioned documentation in her "Nursing Notes" on NJ ex order 26.4b1. The RN explained on NJ ex order 26 Driver #1 dropped off Participant #2 at the wrong address. The RN stated she was not aware of all the details of the incident but, Participant #2 NJ ex order 26.4b1 NJ ex order 26.4b1 and NJ ex order 26.4b1 At 12:29 p.m., the surveyor interviewed the Transportation Director (TD) regarding the NJ ex order 26 incident that occurred outside of the program. He explained on NJ ex order 26 Participant #2 NJ ex ord by Driver #1 who was not the participant's regular driver. Driver #1 dropped off Participant #2 NJ ex order 26.4b1 . The TD stated Driver #1 reported the GPS (a driving navigation device) did not register Participant #2's correct address per facility records. Also, Driver #1 stated Participant #2 NJ ex order 26.4b1 During the interview, the TD confirmed Driver #1 should	M 223		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 223	Continued From page 3	M 223		

have called the facility when he was unable to locate the Participant's assigned address.

At 12:36 p.m., the surveyor interviewed the Administrator who confirmed the above incident occurred on NJ ex order 26. The Administrator explained NJ ex order 26.4b1 approximately between 6:45 p.m., and 7:00 p.m., to notify her about Participant #2 NJ ex order 26.4b1. In addition, she stated Participant #2 NJ ex order 26.4b1 . The Administrator confirmed Driver #1 NJ ex order 26.4b1 the driver was retrained on the facility's policies regarding transportation of Participants.

On 10/2/23 at 1:22 p.m., the surveyor interviewed Driver #1 via telephone, who stated on NJ ex order 26., he NJ ex order 2 Participant #2 NJ ex order 26.4b1. He explained upon arriving on Participant #2's street, NJ ex order 26.4b1 Driver #1 stated Participant #2 NJ ex order 26.4b . In addition, Driver #1 stated he observed Participant #2 walk into the door of the home before he drove off. During the interview, Driver #1 acknowledged that he should have called the facility for guidance instead of listening to the Participant.

The surveyor reviewed the facility's "Job Description: Driver" which revealed under "Responsibilities of the Driver, The driver is responsible for assisting and safely transporting participants to and from the Center and their residence ... 3. Reporting IMMEDIATELY to the Program Director any problems observed or encountered while transporting participants..."

The surveyor also reviewed the facility policy and procedure titled,"Transportation Service Policy" which listed "...[The facility] will make every effort

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	12013	A. BUILDING: _____ B. WING _____	C 09/29/2023

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M 223	Continued From page 4 to provide a safe, efficient transportation service." Additionally, the surveyor reviewed the facility policy and procedure titled, "Transportation Services Position: Van driver" which listed under "Responsibilities and Duties: ...The driver is responsible for the safe, efficient transportation of the Adult Day Services...clients..." Refer to: 8:43F-17.2	M 223		
M 827	8:43F-17.2 Transportation Services The facility shall develop and implement plans for security and accountability for the participant and the participant's personal possessions while transportation services are being provided. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00166706 Based on observation, interview, medical record, document, and policy and procedure review, it was determined that the facility failed to ensure security and accountability for a participant while being transported home for 1 of 3 Participants, Participant #2, which placed the participant at risk for harm. This deficient practice was evidenced by the following: On 9/29/23 at 11:07 a.m., the surveyor observed Participant #2 seated at a table engaged in	M 827		

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M 827	Continued From page 5	M 827		

activities with staff. The surveyor attempted to interview Participant #2, but was NJ Ex Order 26.4b1 to the Participants NJ ex order 26.4b1.

At 11:45 a.m., the surveyor reviewed the medical record (MR) of Participant #2 which revealed Participant #2 was admitted to the program on NJ ex order 26.4b1 with diagnoses of NJ ex order 26.4b1 According to the "Nursing Re-Assessment" dated NJ ex order 26.4b1, Participant #2 NJ ex order 26.4b1 In addition, the surveyor reviewed Participant #2's "Interdisciplinary Care Plan" dated NJ ex order 26.4b1 which revealed Participant #2 NJ ex order 26.4b1

During review of the MR on 9/29/23, the surveyor observed a hospital document titled, "AFTER VISIT SUMMARY" dated NJ ex order 26.4b1, which indicated Participant #2 NJ ex order 26.4b1.

At 12:17 p.m., the surveyor interviewed a Registered Nurse (RN) regarding the above "After Visit Summary" report. The RN stated on NJ ex order 26.4b1 Participant #2 NJ ex order 26.4b1 (Driver #1) and NJ ex order 26.4b1 The RN stated Participant #2 NJ ex order 26.4b1 Additionally, the participant NJ ex order 26.4b1 and NJ ex order 26.4b1 NJ ex order 26.4b1 on NJ ex order 26.4b1.

At 12:29 p.m., the surveyor interviewed the Transportation Director (TD) regarding the NJ ex order 26.4b1 incident. He stated on NJ ex order 26.4b1 Participant #2 was

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M 827	Continued From page 6	M 827		

transported home by Driver #1 who filled in for the regular driver, Driver #2, who was not available for interview. The TD stated Driver #1 dropped off Participant #2 on the participant's street but at the NJ ex order 26.4b1 Additionally, the TD stated Driver #1 explained he had trouble with the GPS (driving navigation device) which did not register Participant #2's address as listed on the facility records. The TD stated Driver #1 reported Participant #2 identified the home where the participant was let off the bus and observed the participant walk into the home of the address the GPS located.

At 12:36 p.m., the surveyor interviewed the Administrator who stated on 6/8/23, NJ ex order 26.4b1 approximately between 6:45 p.m., and 7:00 p.m., who reported Participant #2 NJ ex order 26.4b1. The Administrator stated the facility contacted the TD and Driver #1 NJ ex order 26.4b1 Participant #2 NJ ex order 26.4b1 the Administrator stated Participant #2 NJ ex order 26.4b1 The surveyor then requested the investigative report from the Administrator.

The surveyor reviewed the facility "Incident Report" dated NJ ex order 26 provided by the Administrator which revealed Participant #2 was transported by the facility vehicle from the facility at 1:34 p.m. to go home, but was driven to the wrong house address and dropped off at 2:38 p.m. The "Incident Report" revealed Participant #2 was observed by Driver #1 going up to the door of the wrong home address but did not ensure the participant entered the home before leaving the driveway. During review of the "Incident Report," the facility was notified by a

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M 827	Continued From page 7 local police department on [NJ ex order 26.4] at approximately 8:08 p.m. indicating Participant #2 [NJ ex order 26.4b1] At 12:40 p.m., the surveyor reviewed the facility "Transportation Logs" dated [NJ ex order 26.4], which revealed Participant #2 left from the facility for transport at 1:30 p.m., and was dropped off at 2:38 p.m., by Driver #1 [NJ ex order 26.4b1] On 10/2/23 at 1:22 p.m., the surveyor interviewed Driver #1 via telephone who stated on [NJ ex order 26.4], he drove Participant #2 home for the first time. Driver #1 stated upon arriving on the participant's street, the GPS [NJ ex order 26.4b1] Driver #1 explained Participant #2 told him it was the right home, so he let the participant off the bus and observed the participant walk into the door of the home before he drove off. During the interview, Driver #1 stated he thought the participant knew where he/she lived. Driver #1, also acknowledged he should have called the facility for guidance. The surveyor reviewed the facility policy and procedure titled, "Transportation Services Position: Van driver" which listed under "Responsibilities and Duties: ...The driver is responsible for the safe, efficient transportation of the Adult Day Services...clients..." The surveyor also reviewed the facility policy and procedure titled,"Transportation Service Policy" which listed "...[The facility] will make every effort to provide a safe, efficient transportation service." Additionally, the surveyor reviewed the facility's "Job Description: Driver" which revealed under	M 827		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 827	Continued From page 8 "Responsibilities of the Driver, The driver is responsible for assisting and safely transporting participants to and from the Center and their residence ... 3. Reporting IMMEDIATELY to the Program Director any problems observed or encountered while transporting participants..." Refer to: 8:43F-3.1(b)(1-7)	M 827		

STERLING
ADULT MEDICAL DAY CARE

Thank you for the opportunity to present our plan of correction in response to the survey of September 29, 2023. Sterling Adult Day Care always strives to adhere to all policies and procedures to ensure the health and safety of our clients and staff. You will note that we prior to the inspection date we implemented corrective measures to ensure that this incident was not repeated. Please accept our plan of correction as outlined below:

Tag M 223 ***Failure to ensure all facility drivers follow the facility job description and policy & procedure:*** Date Completed

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

6/9/23

Only participant #2 was affected by the failure to follow the facility job description and policy & procedure.

1-Driver involved in the incident received written warning regarding his failure to follow our policy & procedure.

2-Driver was re-trained in the transportation policy & procedure and job description which included but not limited to the proper drop-off procedure, specifically ensuring that participants are safely delivered to the correct address and are secured inside their home before they depart the location.

4-Additional information added to the transportation sheets for drivers and staff indicating the special needs of this member.

5-Drivers instructed to contact center with any irregularities with drop-off/pick-up of clients.

7/25/23

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

All participants have the potential to be affected by this deficient practice.

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

The facility has enacted the following measures:

To ensure this issue isn't repeated all drivers and staff have been retrained. The transportation forms have been reviewed and updated to have a special care indicator (Dementia, wandering, wheelchair...) and the procedure for replacement drivers includes briefing on special care.

120 North Center Drive
North Brunswick, NJ 08902
Phone: 732-951-2020 Fax: 732-951-2307

STERLING
ADULT MEDICAL DAY CARE

DATE COMPLETED

1- Updated all transportation forms to indicate special instructions for the driver indicating special needs of members. Ex.: Dementia, wandering, wheelchair.
2- Re-trained all drivers on the safe transportation and delivery of all clients including the requirement to ensure clients are secure at their residence, prior to leaving. 7/25/23-ongoing
3- Reviewed the address and contact information for all clients provided to drivers on the transportation form, ensuring its accuracy.
4- When assigning driver to fill in on an unfamiliar route, the transportation coordinate or experienced driver will brief driver on route, and client need.
5- All drivers are being monitored via tracking software to spot check adequate time at each stop to ensure they are waiting till client enters residence.
6- Annual training on policy & procedures including transportation is ongoing.

4. ***How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recure, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.***

All corrective measures have been in force and will continue to be monitored by the administrator and the director of transportation daily. With care updates by the Director of Nursing as new members or changes in conditions occur. We continue to monitor transportation routes including timing of stops to ensure ample time is given to ensure clients safely enter their correct residence. Transportation route sheets are updated when care plans are updated and when new clients start to make sure that drivers can provide adequate support and oversight. All transportation corrective measures will be reviewed quarterly to ensure adherence and address issues. Ongoing

Completion of Plan of Corrections: 10/26/2023

accepted 11/7/23

NJ Ex Order 26.4b1 [redacted]

120 North Center Drive
North Brunswick, NJ 08902
Phone: 732-951-2020 Fax: 732-951-2307

STERLING
ADULT MEDICAL DAY CARE

DATE COMPLE ED

7/25/23-ongoing

Tag M 827 Failure ***to ensure security and accountability for participant while being transported. Procedure.***

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

   Participant #2 was affected by the failure to ensure the security and accountability of a participant being transported. In response to this incident the following steps have been taken to ensure this incident does not re-occur.

   1-Driver involved in the incident received written warning regarding his failure to follow our policy & procedure.

   2-The individual driver was re-trained regarding the proper drop-off procedure, specifically ensuring that participants are safely delivered to the correct address and are secured inside their home before the they depart the location.

   3-The individual participant has been noted on all transportation documents given to drivers, since the incident notifying them that participant #2 has a memory deficit.

   Ongoing

   4-Transportation coordinator has been instructed to provide detailed care instructions whenever a substitute driver is being assigned, specifically addressing special care needs.

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

   All participants have the potential to be affected by this practice.

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

   To ensure this issue isn't repeated all drivers and staff have been retrained. The transportation forms have been reviewed and updated to have a special care indicator (Dementia, wandering, wheelchair...) and the procedure for replacement drivers includes briefing on special care.

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North Brunswick, NJ 08902
Phone: 732-951-2020 Fax: 732-951-2307

STERLING
ADULT MEDICAL DAY CARE

DATE COMPLETED

As a result of this incident, we have enacted the following measures:

1-Updated all transportation forms to indicate special instructions for the driver indicating special needs of members.

2-Re-trained all drivers on the safe transportation and delivery of all clients including the requirement to ensure clients are secure at their residence, prior to leaving. 7/25/23-ongoing

3-Reviewed the address and contact information for all clients provided to drivers on the transportation form, ensuring its accuracy.

4-When assigning driver to fill in on an unfamiliar route, the transportation coordinate or experienced driver will brief driver on route, and client need.

5-All drivers are being monitored via tracking software to spot check adequate time at each stop to ensure they are waiting till client enters residence.

6-Annual training for policy & procedures for transportation will be conducted.

4. ***How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recure, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.***

All corrective measures have been in force and will continue to be monitored by the administrator and the director of transportation. We continue to monitor transportation routes including timing of stops to ensure ample time is given to ensure clients safely enter their correct residence. Transportation route sheets are updated when care plans are updated and when new clients start to make sure that drivers can provide adequate support and oversight as they occur. The administrator and Director of transportation will review on a quarterly basis to ensure all measures in this plan of corrective action is being administered and adhered to. Ongoing

accepted 11/7/23

Completion of Plan of Corrections: 10/26/2023

NJ Ex Order 26.4b1 [redacted]

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North Brunswick, NJ 08902
Phone: 732-951-2020 Fax: 732-951-2307

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
12013		11/17/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING ADULT DAY CARE CENTER LLC	119-120 NORTH CENTER DRIVE NORTH BRUNSWICK, NJ 08902

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 Reg. # 8:43F-3.1(b)(1-7) LSC	Correction Completed 10/26/2023	ID Prefix M0827 Reg. # 8:43F-17.2 LSC	Correction Completed 10/26/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
9/29/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO