

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 158331	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2024
NAME OF PROVIDER OR SUPPLIER PRESTIGE AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 53 HADDONFIELD ROAD, SUITE 312 CHERRY HILL, NJ 08002		
(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#: NJ00169809 Census: 84 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

08/12/24

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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 #: NJ00169809 Based on interview, record review, and pertinent facility documentation, it was determined that the facility Administrator failed to implement and enforce the policy and procedure titled	M 223		

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M 223	Continued From page 2 "Participant Follow-Up on [NJ Exec Order 26.4b1] regarding participant [NJ Exec Order 26.4b1] for 3 of 3 participants reviewed, Participant #1, #2, and #3. This deficient practice was evidenced by the following: 1. On 5/1/24 at 10:50 a.m., the surveyor reviewed the medical record (MR) of Participant #1 which revealed Participant #1 was admitted to the program [NJ ex order 26.4b1] with diagnoses of [NJ ex order 26.4b1] and [NJ ex order 26.4b1]. Continued surveyor review of Participant #1's MR revealed an attendance record which indicated from [NJ ex order 26.4b1] the participant [NJ ex order 26.4b1]. The surveyor did not observe any documented evidence during that time in which the facility's Social Service (SS) followed up regarding Participant #1 being [NJ Exec Order 26.4b1] from the program. 2. At 11:17 a.m., the surveyor reviewed the closed MR of Participant #2 which revealed Participant #2 was admitted to the program [NJ ex order 26.4b1] with diagnoses of [NJ ex order 26.4b1] [NJ ex order 26.4b1]. The participant was [NJ ex order 26.4b1] [NJ ex order 26.4b1] but [NJ ex order 26.4b1] [NJ ex order 26.4b1]. In addition, surveyor review of Participant #2's MR revealed an attendance record dated [NJ ex order 26.4b1] [NJ ex order 26.4b1], which indicated the participant [NJ ex order 26.4b1]. The surveyor did not observe any documented evidence in which the facility's SS followed up regarding Participant #2 not [NJ Exec Order 26.4b1] the program. 3. At 11:25 a.m., the surveyor reviewed the	M 223		

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M 223	Continued From page 3 closed MR of Participant #3 which revealed Participant #3 was admitted to the program in NJ ex order 26.4b1 with NJ ex order 26.4b1. The participant was NJ ex order 26.4b1 and NJ ex order 26.4b1. NJ ex order 26.4b1. Further, surveyor review of Participant #3's MR revealed an attendance record dated NJ ex order 26.4b1, which indicated the participant NJ ex order 26.4b1. The surveyor did not observe any documented evidence during that time in which the facility's SS followed up regarding Participant #3 NJ ex order 26.4b1. At 12:15 p.m., and 12:27 p.m., the surveyor interviewed a Social Worker (SW) and the facility's Administrator. The SW stated she followed up with phone calls when the participants did not show up for the program. The SW explained that she only documented based on the "situation" as to why the participant did not attend the program. The Administrator also stated the facility called the participants to follow up regarding their absences and documentation was completed based on the reason the participant did not attend the program. Review of the facility policy and procedure titled "Participant Follow-Up on Absence" with an effective date of "5/9/19" indicated, "Responsible Party: Social Worker ... AMDC social service department or designee will be responsible for the follow-up of participants if a participant does not appear for services on scheduled days ... 4. Social services will document in the participant's medical record the result of all follow-ups."	M 223		

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M 223	Continued From page 4	M 223		
	Refer to M-303, 8:43F 3.12			
M 303	8:43F-3.12 Administration The facility shall establish and implement policies and procedures for follow-up of participants in the event that a participant does not appear for services on scheduled days, and for documentation of the follow-up in the participant's medical record. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00169809 Based on interview and record review, it was determined that the facility's Social Services failed to follow up and document in the participants' medical records regarding the participants' [REDACTED] when the participant from the program on scheduled days as specified in the facility's policy and procedure for 3 of 3 participants reviewed, Participant #1, #2 and #3 as evidenced by the following: 1. On 5/1/24 at 10:50 a.m., the surveyor reviewed the medical record (MR) of Participant #1 which revealed Participant #1 NJ ex order 26.4b1 [REDACTED] with diagnoses which NJ ex order 26.4b1 [REDACTED]. The NJ ex order 26.4b1 [REDACTED]. During continued review of Participant #1's MR, the surveyor observed an attendance record dated NJ ex order 26.4b1 [REDACTED] which revealed	M 303		

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M 303	Continued From page 5 Participant #1 NJ ex order 26.4b1 NJ ex order 26.4b1, NJ ex order 26.4b1 NJ ex order 26.4b1 On NJ ex order 26.4b1 , and NJ ex order 26.4b1 On NJ ex order 26.4b1 NJ ex order 26.4b1 and NJ ex order 26.4b1 On NJ ex order 26.4b1 NJ ex order 26.4b1, and NJ ex order 26.4b1 On NJ ex order 26.4b1 NJ ex order 26.4b1 and NJ ex order 26.4b1 On NJ ex order 26.4b1 NJ ex order 26.4b1, and NJ ex order 26.4b1 The surveyor did not observe any documented evidence to show that the facility SS followed up on Participant #1's absences on the above dates. 2. On 5/1/24 at 11:17 a.m., the surveyor reviewed the closed MR of Participant #2 which revealed Participant #2 NJ ex order 26.4b1 with NJ ex order 26.4b1 The participant NJ ex order 26.4b1 and NJ ex order 26.4b1 Further review of Participant #2's MR the surveyor observed the attendance record dated from NJ ex order 26.4b1 through NJ ex order 26.4b1. During review of the attendance record, the surveyor observed the participant missed the following programming days, NJ ex order 26.4b1:	M 303		

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M 303	Continued From page 6 On NJ ex order 26.4b1 and NJ ex order 26.4b1. On NJ ex order 26.4b1, NJ ex order 26.4b1, and NJ ex order 26.4b1. Surveyor review of Participant #2 's MR observed a progress note written by the facility's Social Worker (SW) dated NJ ex order 26.4b1, titled NJ ex order 26.4b1 in which the SW documented NJ ex order 26.4b1. " However, the surveyor did not observe any documented evidence to show that the facility SS followed up on Participant #2's NJ ex order 26.4b1. 3. On 5/1/24 at 11:25 a.m., the surveyor reviewed the closed MR of Participant #3 which indicated Participant #3 was admitted to the program on NJ ex order 26.4b1 with diagnoses of NJ ex order 26.4b1. The participant NJ ex order 26.4b1 on NJ ex order 26.4b1. The participant NJ ex order 26.4b1 in NJ ex order 26.4b1 due to NJ ex order 26.4b1. During continued review of Participant #3 closed medical record, the surveyor observed an attendance record which indicated Participant #3's last day of attendance at the program was NJ ex order 26.4b1. Further surveyor review of Participant #3's MR observed a progress note also written by the facility's SW dated NJ ex order 26.4b1, titled NJ ex order 26.4b1. " The surveyor did not observe any documentation related to Participant #3 NJ ex order 26.4b1 from NJ ex order 26.4b1. The participant was discharged	M 303		

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M 303	Continued From page 7 from the program on NJ ex order 26.4b1 and missed a total of NJ ex order 26.4b1. On NJ ex order 26.4b1 NJ ex order 26.4b1, and On NJ ex order 26.4b1, NJ ex order 26.4b1 NJ ex order 26.4b1 and On NJ ex order 26.4b1 NJ ex order 26.4b1, and NJ ex order 26.4b1 On NJ ex order 26.4b1 NJ ex order 26.4b1, and NJ ex order 26.4b1 On NJ ex order 26.4b1 NJ ex order 26.4b1 and At 11:43 a.m., 12:15 p.m., and 12:27 p.m., the surveyor interviewed the Assistant Administrator, Social Worker, and the Administrator and all three stated that they followed up with phone calls when participants did not show up for programing and did not document their phones calls. In addition, the Assistant Administrator, Social Worker, and the Administrator acknowledged that per facility policy, participant absence follow-ups	M 303		

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M 303	Continued From page 8 were supposed to be documented in the participants' medical record. Review of the facility policy and procedure titled, "Participant Follow-Up on Absence" with an effective date of "5/9/19" indicated, " ... AMDC social service department or designee will be responsible for the follow-up of participants if a participant does not appear for services on scheduled days... 4. Social services will document in the participant's medical record the result of all follow-ups."	M 303			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 158331	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/15/2024
NAME OF FACILITY PRESTIGE AMDC	STREET ADDRESS, CITY, STATE, ZIP CODE 53 HADDONFIELD ROAD, SUITE 312 CHERRY HILL, NJ 08002	

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 M0303	Correction	ID Prefix	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-3.12	Completed	Reg. #	Completed
LSC	07/03/2024	LSC	07/03/2024	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	
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 5/1/2024		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			