

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 01/21/2025
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 #: NJ 00182366 Census: Morning 71 and Evening 49 Sample Size: 5 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

02/11/25

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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 001182366 Based on interview, medical record and pertinent facility policy review, it was determined that the facility driver failed to implement the facility "Drivers policy" to report accident/incident to the police; and additionally, the Assistant	M 223			

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M 223	Continued From page 2 Administrator (AA) failed to follow the policy by not instructing the driver to notify the police when the driver notified the AA to report the incident for 5 of 5 participants, Participant #s 1, 2, 3, 4, and 5 reviewed for transportation services. The deficient practice was evidenced by the following: On 1/21/25 at 9:10 am. the surveyor interviewed the AA regarding the Facility Reportable Event (FRE) which occurred on 1/8/25 and was reported to the Department of Health (DOH) on 1/9/25, during participants transport to their residence. According to the FRE report submitted by the Director of Nursing (DON), the facility bus driver went over an apartment entrance curb and made contact with a street sign and sustained a minor scratch to the back of the driver's side. During continued interview, the AA stated that on 1/8/25, between 6 and 7 p.m., she received a telephone call from the bus driver that he hit a curb and a street sign while attempting to avoid street parked cars. The AA stated that she asked the driver if the participants had any injuries, and the driver stated that there were no injuries to the participants or damage to the property. The AA stated that based on the report she received from the driver, she instructed the driver to continue his drop off. Further, the AA stated that she informed the Administrator of the incident on the same day and notified the DON the following day 1/9/25 at approximately 7:30 a.m. The AA confirmed that she did not instruct the driver to call the police after the incident because the participants were not injured and according to the driver, there was no damage to the bus or property. The AA also	M 223			

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M 223	Continued From page 3 confirmed that there were five participants on the bus at the time of the incident enroute to their residence. At 11:55 a.m., the surveyor requested to inspect the outside of the bus and the AA informed the surveyor that the bus was in the shop for over heating this morning, survey date. At 9:25 a.m., the surveyor interviewed the DON, via telephone, who reported the incident to the DOH. The DON stated that she was notified of the above incident on 1/9/25 at 7:30 a.m., when she arrived to work. She stated that she followed up with the five participants and found out that Participant #1 and Participant #2 NJ Ex Order 26.4b1 after they were dropped off at their residence. The DON stated that all five participants attended the afternoon program and were assessed upon arrival to the program. She also stated there were NJ Ex Order 26.4b1 upon assessment and three days follow up assessment of the participants were completed. However, the DON later informed the surveyor that Participant #1 and Participant #2 sought NJ Ex Order 26.4b1 after the participants were dropped off at their residence. The DON stated that she initially thought there was damage to the vehicle, but there was none. At 9:50 a.m., the surveyor interviewed the bus driver who stated that on 1/8/25 at approximately 6:30 p.m., could not recall the exact time. The driver stated he recalled it was dark and could not see well and tried to avoid parked cars on the street. He stated that while attempting to make a left turn out of an apartment complex, he hit a curb and a street sign pole and the pole fell.	M 223		

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M 223	Continued From page 4 During interview, the driver said that he immediately pulled over to make sure the five participants were not injured. The driver stated that the five participants stated that they were not hurt and there was no damage to the vehicle. The driver stated that he then called his boss, the AA to report the incident. The driver stated that the AA instructed him to continue the drop off since no one was injured. The surveyor then inquired if the police was called to the scene of the incident and the driver stated, "No" and explained that the participants were not hurt. At 1:07 p.m., and 1:15 p.m., the surveyor interviewed Participant #1 and #2. Participant #1 stated, "NJ Ex Order 26.4b1" and walked out of the interview. Participant #2 stated that the bus driver drove over a curb and hit a street sign pole sign. Participant #2 further stated that a few hours after the incident that evening, both participants started to NJ Ex Order 26.4b1. Both participants were NJ Ex Order 26.4b1 the same day, 1/8/25. The driver failed to follow the policy which states the police should be called and additionally, the AA failed to instruct the driver to call the police when the driver called the AA to report the incident. Both staff members failed to notify the police and have the five participants immediately evaluated after the accident/incident occurred for medical needs. The surveyor reviewed the driver policy titled, "... Drivers Policy" dated 5/9/16 and revised 09/13/2023, of page 4, which revealed, "Report any accident immediately to the police and your	M 223		

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M 223	Continued From page 5 manager."	M 223		
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 00182366 Based on interview and record review, it was determined that the facility failed to ensure participants were medically evaluated and safely transported to their residence for 5 of 5 participants reviewed, Participant #s 1, 2, 3, 4, and 5. The deficient practice was evidenced by the following:	M 821		

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M 821	Continued From page 6 On 1/21/25 at 9:10 am. the surveyor interviewed the Assistant Administrator (AA) regarding the Facility Reportable Event (FRE) which occurred on 1/8/25 during participants transport to their residence after programing hours. During the interview, the AA stated that on 1/8/25, between 6 and 7 p.m., she received a telephone call from the bus driver who stated that he hit a curb and a street sign while attempting to avoid street parked cars. In addition, the AA stated that she asked the driver if the participants had any injuries, and the driver stated that there were no injuries to the five participants in the bus or damage to the vehicle and property. The AA stated that based on the report she received from the driver, she instructed the driver to continue his drop off. At 9:25 a.m., the surveyor interviewed the DON via telephone who stated that she was notified of the above incident on 1/9/25 at 7:30 a.m., when she arrived to work. She stated that she followed up with the participants and was informed that Participant #1 and Participant #2 ^{NJ Ex Order 26.4b1} after they were dropped off at their residence for ^{NJ Ex Order 26.4b1}. At 9:50 a.m., the surveyor interviewed the bus driver who stated that on 1/8/25 at approximately 6:30 p.m., could not recall exact time but recalled it was dark. The driver stated that he attempted to avoid parked cars on the street during a left turn and hit a curb and a street pole sign. The driver stated he immediately pulled over to make sure the five participants were not injured. The surveyor then inquired from the driver if he notified the police to have the five participants	M 821		

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M 821	Continued From page 7 evaluated after the accident/incident occurred for medical needs. The driver stated "No" and explained that the participants were not hurt. 1. At 10:15 a.m., the survey reviewed Participant #1's medical record which revealed the participant was admitted to the program NJ Ex Order 26.4b1 with diagnoses of NJ Ex Order 26.4b1. During the interview with the participant regarding the 1/8/25 bus incident, the participant stated, NJ Ex Order 26.4b1. The participant was NJ Ex Order 26.4b1 the same day, 1/8/25. 2. At 11:05 a.m., the surveyor reviewed Participant #2's medical record which revealed the participant was admitted to the program in NJ Ex Order 26.4b1 with diagnoses of NJ Ex Order 26.4b1. During interview the participant stated that the driver went over a curb and hit a pole sign. Participant #2 stated that after being dropped off at their residence, both Participant #1 and Participant #2 started NJ Ex Order 26.4b1. Participant #2 stated that Participant #1 called the NJ Ex Order 26.4b1 transport for them to NJ Ex Order 26.4b1. Participant #2 was NJ Ex Order 26.4b1 the same day, 1/8/25. 3. The surveyor reviewed Participant #3, Participant #4 and Participant #5's statements regarding the 1/8/25 accident/incident. Participant #3 documented, "The driver of the bus bumped a object. I couldn't see what it was, but it did not cause any occupants to become disturbed in any way, none." 4. Participant #4 documented that the driver was	M 821		

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M 821	Continued From page 8 turning in a development and the bus accidentally ran over a curb and hit a pole with no sign and the driver ran over the pole. The participant documented that while the driver was out inspecting the bus, Participant #1 told Participant #2 that he/she was NJ Ex Order 26.4b1 [REDACTED]. Participant #4 documented that Participant #1 NJ Ex Order 26.4b1 after the driver dropped them off at their residence. 5. Participant #5 documented that it was dark in the evening and the driver hit a stop sign located on an "Island" or curb bed area outside a housing community. The participant documented that there were five participants on the bus, but he/she NJ Ex Order 26.4b1. The driver failed to notify the police after the accident/incident occurred on 1/8/25 when the driver went over a curb and hit a pole sign in order to evaluate the participants for medical needs. Refer to 8:43F-3.1(b)(1-7)	M 821			

Prestige Adult Medical Day Care
53 Haddonfield Rd Suite 312 Cherry Hill, NJ 08002

Reg Number	Plan of Correction	Completion Date
M 223 8:43F- 3.1(b) (1-7) Administration Administration	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice The administrator reviewed the "facility driver policy" with the Assistant Administrator and the driver. The Assistant Administrator will ensure that all drivers follow the driver policy and contact emergency personnel for every vehicle accident, regardless of severity. This protocol will be followed for all affected members (Participant # 1, 2, 3, 4, & 5).	Completed 1/22/2025 and ongoing
	2. How the facility will identify other residents having the potential to be affected by the deficient practice? All Residents had the potential to be affected by the deficient practice.	Completed 1/22/2025
	3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. The facility will conduct retraining for all transportation staff on our "Facility Driver Policy" concerning accident reporting protocols. We will ensure strict compliance with the "Facility driver Policy" and implement regular oversight of transportation incidents by the administrator and assistant administrator.	Completed 1/22/2025 and ongoing
	4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? The facility will oversee its corrective measures to guarantee that the identified deficiency is resolved and does not happen again. To accomplish this, an emergency in-service training session was held on 1/21/25 with the driver involved, Assistant Administrator and all facility drivers, followed by additional follow-up training sessions to ensure adherence to the driver policy. This initiative will be in addition to the regular annual in-service training that is scheduled to occur soon after.	Completed 1/21/2025 and ongoing

NJ Ex Order 26.4b1

Received 2/11/25
Accepted 2/18/25

NJ Ex Order 26.4b1

Received 2/11/25
Accepted 2/18/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 158331	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/19/2025
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 M0821	Correction	ID Prefix	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-17.1(a)(1)	Completed	Reg. #	Completed
LSC	01/22/2025	LSC	01/22/2025	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 1/21/2025		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			