

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 03/29/2023
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: Expansion, requested increase from 130 to 190 slots Census: 0 Sample Size: 0 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 539	8:43F-10.5(a) Dietary Services The dietary service shall comply with the provisions of N.J.A.C. 8:24. This REQUIREMENT is not met as evidenced by: Based on interview and observation it was determined that the facility failed to follow the provisions of the New Jersey State Sanitary Code N.J.A.C. 8:24 by ensuring that equipment was appropriately stored to prevent contamination and routine cleaning and maintenance of refrigeration	M 539		

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

TITLE

(X6) DATE

New Jersey Department of Health

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M 539	Continued From page 1 is conducted to prevent the risk of potential and existing participant exposure to food borne illness. This deficient practice was evidenced by the following: 1. On 3/29/23 the Department of Health (DOH) conducted an expansion survey at the facility. During a tour of the kitchen at 9:43 a.m., the surveyor observed the ice scoop hanging on a nail above the handwashing sink without a covering which placed the ice scoop exposed to water splashes during hand washing. Reference: N.J.A.C. 8:24-4.11(e) "Equipment, utensils and single-service and single-use articles protection requirements shall include the following: 1. cleaned equipment and utensils and single-service and single-use articles shall be stored: i. In a clean, dry location; ii. Where they are not exposed to splash, dust, or other contamination;" 2. On 3/29/23 at 11:20 a.m., the surveyor opened the refrigerator door in the kitchen and observed black and brown stains with an ice patch on the bottom shelf of the refrigerator. In addition, the surveyor observed a bug crawling from the bottom of the refrigerator. Reference: N.J.A.C. 8:24-4.6(f) ..."5. Equipment used for storage of packaged or unpackaged food such as a reach-in refrigerator shall be cleaned at a frequency necessary to preclude accumulation of soiled residues;" On 3/29/23 at 12:50 p.m., the surveyor interviewed the Kitchen Aide (KA) regarding cleaning and sanitizing of kitchen equipment and refrigeration and the KA explained she, the KA, was new to the facility and responsible for all the	M 539		

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M 539	Continued From page 2 kitchen duties. In addition, the KA explained she was not aware of the procedure for storing the ice scoop. The KA also stated that she, the KA, did her best to clean everything in the kitchen including the refrigerator. On 3/29/23 at 1:00 p.m., the surveyor interviewed the Administrator (ADM), who was not aware of the condition of the refrigerator or the need for the ice scoop to be covered or placed in an area free from splash and/or contamination. The ADM confirmed that the KA was new, and that the facility used a daily cleaning company that came in the evening hours. The facility failed to appropriately store the ice scoop which was used to retrieve ice for potential and existing participants in a place to prevent exposure to contaminated splashes from the hand washing sink; and failed to perform refrigerator cleaning to ensure the prevention of food being exposed to contamination.	M 539		
M 805	8:43F-16.5(a)(b)(c) Infection Control, Santation, Housekeeping (a) The facility shall provide and maintain a sanitary and safe environment for participants. (b) The facility shall provide housekeeping and pest control services. (c) Written objectives, policies, a procedure manual, an organizational plan, and a quality improvement program for housekeeping, sanitation, and safety services shall be developed and implemented.	M 805		

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M 805	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation on 03/29/2023, it was determined that the facility failed to ensure that three (3) of seven (7) electrical outlets located next to a water source (with-in 6 feet) was equipped with safe and secured Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: Starting at approximately 10:05 a.m., in the presence of the facility's Administrator (Admin), a tour of the building was performed. During the tour, the surveyor observed and tested seven (7) electrical outlets (with-in 6 feet of a sink) in wet locations with a GFCI tester to de-energize the outlets. The surveyor observed the following: 1. At approximately 11:15 a.m., in the Participant Men's bathroom the surveyor observed one (1) GFCI electrical outlet 9" to the right of the first sink on the right. When the surveyor tested the GFCI electrical outlet with a GFCI tester to de-energize, the GFCI electrical outlet did not de-energize as required by code. 2. At approximately 11:17 a.m., in the Participant Men's bathroom the surveyor observed one (1) GFCI electrical outlet 8" to the left of the second sink on the right. When the surveyor tested the GFCI electrical outlet with a GFCI tester to de-energize, the GFCI	M 805		

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M 805	Continued From page 4 electrical outlet did not de-energize as required by code. 3. At approximately 12:10 p.m., in the Participant Lady's bathroom the surveyor observed one (1) GFCI electrical outlet 12" to the left of the first sink on the left. When the surveyor tested the GFCI electrical outlet with a GFCI tester to de-energize, the GFCI electrical outlet did not de-energize as required by code. The facility failed to provide a safe environment for the Participants and Staff. Safety Hazard.	M 805		
M 815	8:43F-16.7(a)(24) Infection Control, Santation, Housekeeping (a) The following housekeeping, sanitation, and safety conditions shall be met: 24. The temperature of the hot water used for bathing and handwashing shall not exceed 120 degrees Fahrenheit. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 03/29/2023, it was determined that the facility failed to ensure that the temperature of the hot water used for hand washing did not exceed 120 degrees Fahrenheit (dF) for (three) 3 of (five) 5 sinks tested. This failure placed all participants	M 815		

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M 815	Continued From page 5 and staff at risk for potential harm/burns. This deficient practice was evidenced by the following: During the entrance conference at approximately 9:35 AM, the surveyor made a request to the Administrator (Admin) and asked if the facility monitored the Domestic Hot Water (DHW) and what was the temperature range. The Admin stated, yes we check the hot water. At that time, the surveyor requested that the Admin accompany the surveyor on the tour of the building and bring a facility thermometer. During the tour of the building, the surveyor observed and recorded the DHW temperatures in the various locations as follows: 1. At approximately 11:03 AM, in the Nursing office, the surveyor recorded the DHW in the hand washing sink with the surveyor thermometer at 127 dF. - At this time, the surveyor requested that the Admin get a facility thermometer and accompany the surveyor on the building tour. 2. At approximately 11:35 AM, in the Unisex bathroom near the laundry area, the surveyor observed and recorded the DHW in the bathroom hand washing sink the following: - Facility thermometer 126 dF. - Surveyor thermometer 128 dF. 3. At approximately 11:41 AM, in the Unisex Visitors bathroom near the receptionists desk, the surveyor observed and recorded the DHW in the bathroom hand washing sink the following: - Facility thermometer 130 dF. - Surveyor thermometer 128 dF.	M 815		

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M 815	Continued From page 6 At that time the surveyor requested that the Admin lower the temperature of the DHW. The Admin stated that he would. Participant safety hazard.	M 815		

Reg Number	Plan of Correction	Completion Date
M 539 8:43F-10.5(a) Dietary Service First Dietary Deficiency	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice No participants were found to be affected by the deficient practice.	Completed
	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
	3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. Policies will be updated to ensure that all Kitchen Utensils are stored in a cabinet in the kitchen away from any potential contamination.	Completed 3/31/2023 and ongoing
	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 in place to monitor the continued effectiveness of the systemic changes. A sign with clear instructions was placed above the ice machine with instructions for cleaning and storing the ice scoop. Staff were in serviced on 3/31/2023 on Kitchen safety. Going forward the administrator or designee will survey the kitchen bi weekly to make sure that sanitary precautions in the kitchen are being followed. accepted 4/26/23	Completed 3/31/2023 and ongoing

Second Dietary Deficiency M 539 8:43F-10.5(a) Dietary Service	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice? No participants were found to be affected by the deficient practice. 2. How the facility will identify residents having the potential to be affected by the deficient practice. All Residents had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur. The Freezer will be wiped down daily and will be defrosted monthly to enable a full deep cleaning in addition to when it is determined that it is necessary sooner. 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 programs will be put into place to monitor the continued effectiveness of the systemic changes. On 3/31/2023 a spread sheet was developed and placed on the freezer to ensure that the daily and monthly cleanings are being completed. Going forward the spread sheet will be completed by the kitchen aid. Additionally, the administrator or designee will survey the kitchen bi weekly to make sure that daily and monthly cleanings are being followed.	Completed Completed Completed 3/31/2023 And ongoing Completed 3/31/2023 and ongoing
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accepted
4/25/23
WJ

M 805 8:43F-16.5 (a)(b)(c) Infection Control, Sanitation, Housekeeping	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice? No participants were found to be affected by the deficient practice. 2. How the facility will identify residents having the potential to be affected by the deficient practice. All Residents had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur. All deficient GFCI Outlets were replaced. They will be tested on the first business day of each month to make sure that they are in working order. 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 programs will be put into place to monitor the continued effectiveness of the systemic changes. A form was created to track the monthly inspections to be done by the Administrator or designee.	Completed Completed Completed 3/29/2023 And Ongoing Completed 3/31/2023 And Ongoing
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accepted 4/26/23
JMI/ML
2401P
SWP/202

M 815 8:43F-16.7(a)(24) Infection Control, Sanitation, Housekeeping	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice? No participants were found to be affected by the deficient practice.	Completed
	2. How the facility will identify residents having the potential to be affected by the deficient practice. All Residents had the potential to be affected by the deficient practice.	Completed
	3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur. We made a mark on the dial on the hot water tank that indicates where it needs to be so that the water temperature does not exceed 120 degrees Fahrenheit. The temperature will be tested daily and a daily log of temperatures will be kept.	Completed 3/30/23 and ongoing
	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 programs will be put into place to monitor the continued effectiveness of the systemic changes. A daily log of the temperatures will be kept by the administrator and designee.	Completed 3/31 and ongoing

Mandy Smith

*Accepted
3/31/23
APL/23
240pm
SW/phone*

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER PRESTIGE AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 53 HADDONFIELD ROAD, SUITE 312 CHERRY HILL, NJ 08002		
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{M 000}	Initial Comments Type of Survey: Re-Visit and Follow-Up for the 3/29/23 Expansion Request of 60 slots. Census: 0 Sample Size: 0 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 805}	8:43F-16.5(a)(b)(c) Infection Control, Santation, Housekeeping (a) The facility shall provide and maintain a sanitary and safe environment for participants. (b) The facility shall provide housekeeping and pest control services. (c) Written objectives, policies, a procedure manual, an organizational plan, and a quality improvement program for housekeeping, sanitation, and safety services shall be developed and implemented.	{M 805}		

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

TITLE

(X6) DATE

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{M 805}	Continued From page 1 This REQUIREMENT is not met as evidenced by: REPEAT DEFICIENCY from the expansion survey of 03/29/2023. Based on observation during a re-inspection survey on 05/01/2023, it was determined that the facility failed to ensure that one (1) of three (3) electrical outlets located next to a water source (with-in 6 feet) was equipped with safe and secured Ground-Fault Circuit Interrupter (GFCI) protection. This deficient practice was evidenced by the following: Starting at approximately (9:00 AM, in the presence of the facility's Administrator (Admin.), a tour of the building was performed. During the tour, the surveyor observed and re-tested three (3) electrical outlets (with-in 6 feet of a sink) in wet locations with a GFCI tester to de-energize the outlets. The surveyor observed the following: 1. At approximately 9:17 AM, in the Participant Men's bathroom, the surveyor observed one (1) GFCI electrical outlet 8" to the left of the third sink on the right. When the surveyor tested the GFCI electrical outlet with a GFCI tester to de-energize, the GFCI electrical outlet did not de-energize as required by code. The facility failed to correct the deficiency from the 03/29/2023 survey and provide a safe environment for the Participants and Staff. Safety Hazard.	{M 805}		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 158331	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/1/2023
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 M0539	Correction	ID Prefix M0815	Correction	ID Prefix	Correction
Reg. # 8:43F-10.5(a)	Completed	Reg. # 8:43F-16.7(a)(24)	Completed	Reg. #	Completed
LSC	05/01/2023	LSC	05/01/2023	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 3/29/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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{M 000}	Initial Comments Type of Survey: Re-Visit and Follow-Up for the 3/29/23 Expansion request of 60 slots Census: 0 Sample Size: 0 The facility was 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.	{M 000}		

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

TITLE

(X6) DATE

05/04/23

Reg Number	Plan of Correction	Completion Date
M 805 8:43F-16.5 (a)(b)(c) Infection Control, Sanitation, Housekeeping	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice? No participants were found to be affected by the deficient practice.	Completed
	2. How the facility will identify residents having the potential to be affected by the deficient practice. All Residents had the potential to be affected by the deficient practice.	Completed
	3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur. The wiring for the deficient GFCI outlet was corrected. A Ground Fault Receptacle Tester was purchased so that the GFCI outlets can be tested properly on the first business day of each month to insure they are in working order.	Completed 5/1/2023 And Ongoing
	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 programs will be put into place to monitor the continued effectiveness of the systemic changes. A form was created to track the monthly inspections to be done by the Administrator or designee. Additionally, a Ground Fault Receptacle Tester was purchased to ensure that the GFCI outlets are being tested properly without simply relying on the built in Test and Reset button.	Completed 5/1/2023 And Ongoing

Mandy Harris

*Accepted
5/1/23*

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 158331	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/17/2023
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 M0805	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43F-16.5(a)(b)(c)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/17/2023	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 3/29/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	☐ YES ☐ NO
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