

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 478310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/26/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF EWING AMDC LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1676 NORTH OLDEN AVENUE EWING, NJ 08638		
(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 00188668 Census: 68 Sample Size: 3 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 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	M 223		

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

TITLE

(X6) DATE

10/31/25

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M 223	Continued From page 1 performance; 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: NJ 00188668 Based on interview and record review, it was determined that the facility Administrator failed to implement the facility policies titled, "Prevention	M 223			

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M 223	Continued From page 2 of Abuse/Molestation, Neglect, and exploitation" for 1 of 3 participants reviewed, Participant #1. The deficient practice was evidenced by the following: On 9/3/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report incidents to the DOH), regarding the [NJ Ex Order 26, 4B1] of Participant #1. On 9/26/25 at 10:30 a.m., the surveyor interviewed the Administrator and inquired about Participant #1's [NJ Ex Order 26, 4B1]. The Administrator stated that he was at the facility on [NJ Ex Order 26, 4B1] and was notified by staff at 3:00 p.m., after Participant #1 was [NJ Ex Order 26, 4B1]. The surveyor inquired about the investigation conducted by the facility following the [NJ Ex Order 26, 4B1] of Resident #1 on [NJ Ex Order 26, 4B1]. The Administrator stated that he did not conduct an investigation because Participant #1 was [NJ Ex Order 26, 4B1] before he was notified of the [NJ Ex Order 26, 4B1]. The surveyor asked the administrator if he obtained statements from staff present at the time of Participant #1's [NJ Ex Order 26, 4B1]. The administrator stated that he did not request statements from staff because he saw Participant #1 [NJ Ex Order 26, 4B1] on video camera. The surveyor reviewed an undated policy titled, "Prevention of Abuse/Molestation, Neglect, and Exploitation" which revealed, "... 3. Abuse Investigation ... The Administrator or his designee will conduct an investigation including, but not limited to as appropriate: a physical assessment and photographs, statements and interviews ..."	M 223		

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M 317	Continued From page 3	M 317		
M 317	8:43F-4.2(a)(3) Participant Rights (a) Participant rights, policies, and procedures shall ensure that, at a minimum, each participant admitted to the facility: 3. Is assured of care in accordance with the plan of care, is informed of the plan of care, unless medically contraindicated as documented by a physician, advanced practice nurse or physician assistant in the participant's medical record, and has the opportunity to participate in the planning of the participant's care. This REQUIREMENT is not met as evidenced by: NJ 00188668 Based on interview and record review it was determined that the facility failed to follow the plan of care for 1 of 3 participants reviewed, Participant #1. This deficient practice was evidenced by: On ^{NJ Exec Order 2}, the Department of Health (DOH) received a Facility Reportable Event (FRE), regarding the ^{NJ Ex Order 26, 4B1} of Participant #1. According to the FRE, at 3:00 p.m., Participant #1's ^{NJ Ex Order 2} called the facility when Participant #1 had not ^{NJ Ex Order 26, 4B1} at his/her regular time. When the ^{NJ Ex Order 2} called Participant #1 on his/her	M 317		

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M 317	Continued From page 4 cell phone, Participant #1 stated that he/she was on NJ Ex Order 26. 4B1, approximately NJ Ex Order 26. 4 miles from the facility. On 9/25/25 at 10:32 a.m., the surveyor reviewed Participant #1's medical record (MR), which revealed that Participant #1 was NJ Ex Order 26. 4B1 [REDACTED] The surveyor reviewed Participant #1's Care Plan (CP) with a "last reviewed" date of NJ Exec Order, which revealed that staff will supervise client's whereabouts at all times. Additionally, the CP indicated that Participant #1, "NJ Ex Order 26. 4B1 [REDACTED] [REDACTED]." At 1:25 p.m., the surveyor reviewed the transportation assignment log provided by the Administrator which revealed that the pickup and drop off times was blank and, in the section, designated for Participant #1's client signature, "NJ Ex Order 26. 4B1" was documented. On 9/26/25 at 9:33 a.m., the surveyor interviewed the Office Manager (OM) and inquired about his job responsibilities. The OM stated that he is responsible to NJ Exec Order 26. the NJ Exec Order 26.4b1 as his workspace is located at the front entrance/reception area. Additionally, the OM stated that when he leaves the reception area, he passed responsibility off to either the Transportation Director, whose workspace also at the reception area, or to the Administrator. Further, the surveyor inquired if the OM saw Participant #1 NJ Ex Order 26. 4B1 on NJ Exec Order. The OM stated that he was providing transportation to participants and was not at the front desk when	M 317		

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M 317	Continued From page 5 Participant #1 [NJ Ex Order 26. 4B1]. At 10:30 a.m., the surveyor interviewed the Administrator and inquired about the pick up and drop off process of the participants. The Administrator stated that the driver is expected to document the time they pick the participant up and drop them off at their destination. The Administrator confirmed that the blank space for pick up and drop off on the Transportation Assignment Log (TAL) was where drivers were expected to document the time they pick the participants up and drop them off at home. At 11:57 a.m., the surveyor requested to view the video monitors and observed the following: 1. On 9/1/25 at 11:21 a.m., Participant #1 was observed at a table during lunch in the large multipurpose activity room. 2. At 11:22 a.m., Participant #1, was observed walking towards the [NJ Exec Order 26.4b1] and walked past the OM, who was sitting at the front desk with his head down. At 12:06 p.m., the surveyor interviewed the OM and inquired about Participant #1 [NJ Ex Order 26. 4B1] on [NJ Exec Order 26. 4B1] at 11:22 a.m. The OM stated that he did not recall [NJ Exec Order 26. 4B1] Participant #1 [NJ Ex Order 26. 4B1]. The surveyor reviewed an undated facility policy titled, "Dietary Services 8:43F-10.1 & 10.5" which indicated, " ...Policy Interpretation and Implementation ... 10. Designated staff is responsible for observing, assisting, and supervising participants ..." The surveyor reviewed the undated facility policy	M 317		

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M 317	Continued From page 6 titled, "Participant Rights 8:43-4.2" which indicated, " ... 3. Is assured care in accordance with the care plan ..."	M 317		
M 377	8:43F-5.4(b) Participant Assessment and Plan of Care The interdisciplinary plan of care shall be based on the comprehensive assessments provided by nursing, dietary, activities, and social work staff; and when ordered by the physician, advanced practice or physician assistant, other health professionals, including pharmacy consultation, shall also provide assessments. The plan of care shall include measurable objectives with interventions based on the participant's care needs and means of achieving each goal. The complete plan of care shall include, if appropriate, rehabilitative/restorative measures, preventive intervention, and training and teaching of self-care. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188668 Based on interview and record review it was determined that the facility failed to ensure a participant plan of care for [NJ Ex Order 26, 4B1] was developed after the participant [NJ Ex Order 26, 4] from the facility for 1 of 3 participants reviewed, Participant #1. This deficient practice was evidenced by the following: On [NJ Exec Order 26], the Department of Health (DOH) received a Facility Reportable Event (FRE), regarding the [NJ Ex Order 26, 4B1] of Participant #1 on	M 377		

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M 377	Continued From page 7 NJ Exec Order . On 9/25/25 at 10:32 a.m., the surveyor reviewed Participant #1's medical record (MR), which revealed that Participant #1 was NJ Ex Order 26. 4B1 . The surveyor reviewed the participant's "Interdisciplinary Care Plan" (IDCP), dated NJ Exec Order 26. 4B1 completed before Participant #1's NJ Ex Order 26. 4B1 on NJ Exec Order . The surveyor did not observe documented evidence in the MR to indicate that the IDCP was updated to reflect the participant's NJ Ex Order 26. 4B1 from the program on NJ Exec Order . At 2:01 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired about Resident #1's IDCP following the NJ Ex Order 26. 4B1 on NJ Ex Order 26. 4B1. The DON stated that the care plan was updated in the Progress Notes (PN). However, the surveyor did not observe documentation of the update to the IDCP in the PN following the NJ Ex Order 26. 4B1 on NJ Exec Order 26. 4B1. The surveyor reviewed an undated facility policy titled, "Development & Implementation of Care Plan and Discharge Plan 8:43F-5.4" which indicated, " ... The plan of care shall remain current and may be updated at any time to reflect the current condition and goals of the participant ... "	M 377		
M 379	8:43F-5.4(c) Participant Assessment and Plan of Care There shall be a scheduled review and evaluation in each service involved in the initial assessment, and in other areas that the physician, advanced	M 379		

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M 379	Continued From page 8 practice nurse or physician assistant, or interdisciplinary team indicates are necessary. Reassessments shall be performed as necessary, based on participant's needs, but at least quarterly for adult participants. This REQUIREMENT is not met as evidenced by: Complaint#: NJ 00188668 Based on interview, and record review, it was determined that the facility failed to develop a plan of care based on the initial assessment, of a participant within 30-days of admission to the program and failed to complete a quarterly Registered Nurse (RN) assessment for 1 of 3 participants reviewed, participant #2. The deficient practice was evidenced by the following: On NJ Exec Order 26. 4B1 the Department of Health (DOH) received a Facility Reportable Event (FRE), regarding the NJ Ex Order 26. 4B1 of Participant #1. On 9/25/25 at 10:32 a.m., the surveyor reviewed Participant #2's medical record (MR), which revealed that Participant #2 was NJ Ex Order 26. 4B1 [REDACTED] Further review of the MR revealed a document titled, "Interdisciplinary Care Plan" in the MR for Resident #2 dated NJ Exec Order 26. 4B1; However, there was no documented evidence of a reassessment following the initial assessment. Additionally, the surveyor reviewed a document in the MR titled " ... AMDC-Comprehensive Nursing	M 379		

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M 379	Continued From page 9 Assessment" dated [NJ Exec Order]; however, there was no quarterly RN assessment available for the surveyor to review. At 2:09 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired about the participant's quarterly assessments. The DON stated that the quarterly assessments were completed every three months. During interview, the DON stated that the assessments should have been completed in [NJ Exec Order] of [NJ Exec Order] however, the quarterly RN assessment and IDCP were not updated for Participant #2 in [NJ Exec Order] of [NJ Exec Order] The surveyor reviewed an undated facility policy titled, "Comprehensive Assessment 8:43F-5.3" which indicated, " ... A. Registered Nurse (RN) shall assess the nursing needs of each participant, coordinate the written "Interdisciplinary Care Plan", and ensure the timeliness of all services ..." The surveyor reviewed an undated facility policy titled, "Development & Implementation of Care Plan and Discharge Plan 8:43F-5.4" which indicated, " ... The plan of care for each participant will be reviewed and updated by all health practitioners involved in their care every three (3) months ..."	M 379		
M 741	8:43F-15.3(a)(21) Medical Records (a) The participant's complete medical record shall include, but not be limited to, the following: 21. A current photograph of the participant.	M 741		

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M 741	Continued From page 10 This REQUIREMENT is not met as evidenced by: NJ 00188668 Based on interview and record review it was determined that the facility failed to ensure a current photograph of the participant was included in the participants' medical record for 1 of 3 participants reviewed, Participant # 2. This deficient practice was evidenced by the following: On 9/25/25 at 10:32 a.m., the surveyor reviewed Participant #2's medical record (MR), which revealed that Participant #2 was <u>NJ Ex Order 26. 4B1</u> [REDACTED] Further surveyor review of the MR revealed that a current photograph was missing in Participant #2's MR. On 9/26/25 at 9:33 a.m., the surveyor interviewed the Office Manager (OM) and inquired about his job responsibilities. The OM stated that he is responsible for entering current photos in each participant's MR. The surveyor inquired about Participant #2's current photo. The OM stated that it must have been overlooked. The surveyor reviewed an undated facility policy titled, "Contents of Medical Records 8:43F-15.3" which indicated, "The complete participant medical record shall include, but are not limited to the following; ... 21. A current photograph of the	M 741		

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M 741	Continued From page 11 client ..."	M 741		
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 # NJ 00188668 Based on interview and record review it was determined that the facility failed to ensure safety and accountability during NJ Ex Order 26. 4B1 for 1 of 3 participants, Participant #1 as evidenced by the following: On NJ Ex Order 26. 4B1, the Department of Health (DOH) received a Facility Reportable Event (FRE) regarding the NJ Ex Order 26. 4B1 of Participant #1. On 9/25/25 at 10:32 a.m., the surveyor reviewed Participant #1's medical record (MR), which revealed that Participant #1 was NJ Ex Order 26. 4B1 [REDACTED] At 1:25 p.m., the surveyor reviewed the driver's transportation run log provided by the Administrator, which revealed that the pickup and drop off times were blank. There was no pickup	M 827		

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M 827	Continued From page 12 or drop off time for Participant #1 on the driver transportation run log on NJ Exec Order 26 indicating when the participant was picked up from home and dropped off at the facility. On 9/26/25 at 9:33 a.m., the surveyor interviewed the Office Manager (OM) regarding his job responsibilities. The OM stated that he sometimes was required to provide transportation to participants. The surveyor inquired about transportation assignments. The OM stated that drivers were responsible to provide transportation to the same participants for pick up and drop off each day. At 10:30 a.m., the surveyor interviewed the Administrator and inquired about pick up and drop off of the participants. The administrator stated that the driver was expected to document on the driver transportation log the time the driver picks up and drops off the participants at their homes. The administrator acknowledged that Participant #1's pick up and drop off times were not documented on the driver transportation log. Additionally, the surveyor inquired about the driver's transportation run log that was provided by the administrator on NJ Exec Order 26 at 1:25 p.m. and inquired about the blank pickup and drop off time for Participant #1. The Administrator stated that there should be a pickup and drop off time documented on the transportation run log. The surveyor reviewed an undated facility policy titled, "Security and Accountability during transportation 8:43F-17.2" which indicated, " ... 4. Drop off procedures: a. Upon starting drop [off] route, the driver must obtain a routine check list containing the name and address of each	M 827			

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M 827	Continued From page 13 participant to be transported to their home. B. Once the participant enters the vehicle, the driver marks the participant as picked up on the route check list ..."	M 827			

Plan of Correction: **A310** A 310 8:36-3.4(a)(1) Administrator's Responsibilities

NJ Ex Order 26

Accepted
11/12/25.

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
 - On 09/19/2025 The Executive Director (ED) and Director of Nursing (DON) were provided in-service education by the Regional Director of Clinical Services (RDC) on the policy and procedure regarding facility policy titled, misappropriation-Reporting and Investigation.
 - On 09/19/2025 the RDC provided in-service education to the Director of Nursing (DON) on the procedure of completing an investigation with a summary and conclusion. The DOW verbalized understanding.
 - Resident #1 is **NJ Ex Order 26. 4B1**.
2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
 - All residents have the potential to be affected by this practice.
3. **What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**
 - On 9/19/2025 the Regional Director of Clinical Services (RDC) provided in-service education to the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medication Aides (CMAs) on the policy, "Abuse, Neglect, Exploitation or Misappropriation Reporting and Investigation." Staff acknowledged understanding of the policy and attendance record signed.
 - On 9/22/2025 the Director of Nursing (DON) conducted an audit of all residents with orders for controlled dangerous substances (CDS) to ensure they were reconciled by (2) nurses or Certified Medical Technicians (CMT) with each shift change for the last 7 days. There were no untoward findings.
4. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.**
 - The Director of Nursing (DON) or designee will conduct routine audits of five residents declining inventories to ensure they are reconciled each shift. The audits will be conducted daily x 3 days, then weekly x 4 weeks, then monthly x 3 months.
 - The results of the audits are recorded and will be presented to the Executive Director (ED) and to the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months. The QAPI committee meets on a monthly basis and will review the audits and provide recommendation for further audits as needed.

Completion Date: 9/30/2025

Plan of Correction

CareOne at Hamilton

Survey Date: 9/18/2025

Plan of Correction: A 935 A 935 8:36-11.4(b) Administration of medications



NJ Ex Order 26

Accepted
11/12/25

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
 - Resident #1 **NJ Ex Order 26. 4B1**
 - On 9/3/2025, RN designee conducted an audit of all four medication carts to ensure medications including controlled substances were available as per physician orders and in accordance with the policy titled, "Assisted Living: Administration of Medication." There were no untoward findings.
 - On 9/9/2025 the Director of Nursing (DON) was educated by the Regional Director of Clinical Services (RDC) on the facility policy titled, "Assisted Living: Administration of Medication." DON verbalized understanding of the education.
2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
 - All residents have the potential to be affected by this practice.
3. **What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur.**
 - On 9/5/2025 The facility's Pharmacy consultant provided education on Medication Administration to the LPNs, RNs and CMAs. Staff verbalized understanding of the education and attendance record signed.
 - On 9/5/2025 cameras were installed in each of the two medication rooms with special focus on the locked medication refrigerators, medication carts and all nursing staff entering the medication room to ensure appropriate nursing practices.
 - As of 9/5/2025, cameras are reviewed by Director of Nursing or nursing designee daily.
 - On 9/9/2025 the Director of Nursing (DON) provided in-service education to the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medication Aides (CMAs) on the facility's policy titled, "Assisted Living: Administration of Medication." Staff verbalized understanding of the education and attendance record signed.
 - On 9/22/2025 the DON conducted an audit of the Medication Administration Report for the last 5 days to ensure all medications were administered in accordance with physician orders. The results of the audits are documented and kept in DON office.
4. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.**
 - The Director of Nursing (DON) or designee will conduct audits of five residents' medication administration records (MARs) to ensure medications were administered in accordance with physician orders. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months.
 - Results of the audits will be reported to the Executive Director (ED) and to the Quality Assurance Performance Improvement (QAPI) Committee on a monthly basis x 3 months.

Plan of Correction

CareOne at Hamilton

NJ Ex Order 26, 4B1

Survey Date: 9/18/2025



The QAPI committee meets monthly and will review the findings and provide recommendations for continued audits as needed.

Completion date: 10/1/2025

Plan of Correction: A1011 8:36-11.7(k) Storage and Control of Medications

1. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**
 - Resident #1 **NJ Ex Order 26. 4B1**
 - On 9/9/2025 the Director of Nursing (DON) was provided with in-service education by the Regional Director of Clinical Services (RDC) on the facility's policy titled, "Medication Storage in the facility," specifically citing "...at each shift change, or when keys are transferred, a physical inventory of all controlled substances including refrigerated items is conducted by two licensed nurses and is documented... any discrepancy... 3. The medication regimen of residents using medications that have such discrepancies are reviewed to assure the resident has received all medications and ordered and the goal of therapy is met..." Policy provided, and attendance record signed.
 - On 9/3/2025 and 9/5/2025 audit and counts on all medication carts and narcotics were completed.
 - On 9/5/2025 Consultant Pharmacy completed education on Shift-to-Shift Controlled Drug Count Accuracy. Attendance record signed.
 - On 10/7/25 – 10/8/2025 med pass observation was conducted on LPNs and med techs. Observation worksheets completed.
2. **How the facility will identify other residents having the potential to be affected by the same deficient practice.**
 - All residents with orders for Controlled Dangerous Substances (CDS) have the potential to be affected by this practice.
3. **What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
 - On 9/9/2025 the Director of Nursing (DON) provided in-service education to the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medication Aides (CMAs) on the facility's policy titled, "Medication Storage in the facility," specifically citing "...at each shift change, or when keys are transferred, a physical inventory of all controlled substances including refrigerated items is conducted by two licensed nurses and is documented...F. any discrepancy... 3. The medication regimen of residents using medications that have such discrepancies are reviewed to assure the resident has received all medications and ordered and the goal of therapy is met..." The staff acknowledged understanding of the education. Attendance record signed.
 - On 9/5/2025 cameras were installed in the four medications rooms and used to monitor nursing practices in the med rooms to ensure accountability.
 - On 9/9/2025 the RNs, LPNs and CMAs were educated by the DON on the newly implemented protocol with regards to missing refrigerator or narcotic keys and to immediately notify the Executive Director as well as the Director of Nursing. Attendance record signed.

Plan of Correction

CareOne at Hamilton

NJ Ex Order 26, 481

Survey Date: 9/18/2025

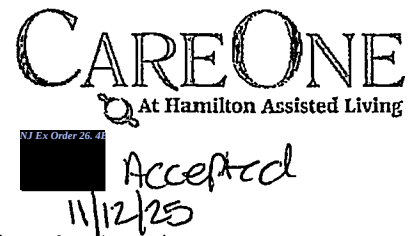


- On 9/22/2025 the DON conducted an audit of all residents with physicians orders for Controlled Dangerous Substances (CDS) to ensure the medications were reconciled at each shift change and accounted for in accordance with N.J.S.A. 24:21-1 et seq., other federal and state laws and regulations regarding storage, dispensation, administration and disposition of same and in accordance with the facility's policy on Medication Storage. There were no untoward findings. The results of the audits are recorded and kept in DON office.

4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?

- The Director of Nursing (DON) or designee will conduct audits of the Controlled Drug Records (CDR) of five residents to ensure accuracy in documentation. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months.
- The pharmacy consultant or designee will conduct random medication administration observations with the Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Certified Medical Aides (CMAs) monthly x 3 months then quarterly x 3 quarters.
- Results of the audits and observations will be provided to the Executive Director and the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months. The QAPI committee meets monthly, will review the audits and provide feedback for continued audits as needed.

Completion date 9/30/2025



Plan of Correction: A1073 8:36-15.6(b) Resident Records

- 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?**
 - Resident #1 [redacted] **NJ Ex Order 26. 4B1**
 - On 9/19/2025 the Regional Director of Clinical Services (RDC) provided in-service education to the Director of Nursing (DON) and the RN supervisor on facility policy titled, "Assisted Living: Health Monitoring" which indicates... 8. All significant changes noted in the resident's condition will be noted in the resident's record and /or health care plan. 9. The attending physician will be notified of a significant change in condition; notification will be documented. 10. The resident's family will be notified regarding a change in the resident's condition...notification will be documented..." Staff acknowledged understanding of the policy and attendance record signed.
- 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.**
 - All residents have the potential to be affected by this practice.
- 3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.**
 - On 9/19/2025 the Director of Nursing (DON) provided in-service education to the Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Certified Medication Aides (CMAs) on the facility policy titled, "Assisted Living: Health Monitoring" which indicates... 8. All significant changes noted in the resident's condition will be noted in the resident's record and /or health care plan. 9. The attending physician will be notified of a significant change in condition; notification will be documented. 10. The resident's family will be notified regarding a change in the resident's condition...notification will be documented..." Staff acknowledged understanding of the policy. Attendance record signed.
 - On 9/19/2025 the DON conducted an audit of 10 residents with recent change in condition to verify documented notification to the physician and the family. There were no untoward findings. The results of the audits are documented and kept in DON office.
- 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 QA program will be put in place to monitor the continued effectiveness of the systemic change**
 - Director of Nursing (DON) or designee will conduct random audits of five residents with change in status to ensure notification to the family and physician has been documented in the medical record. Audits will be conducted daily x 5 days, then weekly x 4 weeks, then monthly x 3 months. Results of the audits will be provided to the Executive Director (ED) and the Quality Assurance Performance Improvement (QAPI) committee monthly. The QAPI committee meets on a monthly basis and will review the audits and provide recommendation for further audits as needed.

Completion Date 9/30/2025

Plan of Correction
CareOne at Hamilton [REDACTED]
Survey Date: 9/18/2025



Respectfully submitted,
NJ Ex Order 26. 4B1

NJ Exec Order 26.4b1 ,

Executive Director
CareOne at Hamilton Assisted Living

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 478310	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/12/2025
NAME OF FACILITY PRESTIGE OF EWING AMDC LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1676 NORTH OLDEN AVENUE EWING, NJ 08638	

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 M0317	Correction	ID Prefix M0377	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-4.2(a)(3)	Completed	Reg. # 8:43F-5.4(b)	Completed
LSC	10/30/2025	LSC	10/30/2025	LSC	10/31/2025
ID Prefix M0379	Correction	ID Prefix M0741	Correction	ID Prefix M0827	Correction
Reg. # 8:43F-5.4(c)	Completed	Reg. # 8:43F-15.3(a)(21)	Completed	Reg. # 8:43F-17.2	Completed
LSC	10/31/2025	LSC	10/31/2025	LSC	10/30/2025
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 9/26/2025		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 478310	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/12/2025
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LSC	10/31/2025	LSC	10/31/2025	LSC	10/30/2025
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 9/26/2025		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			