

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 080125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/28/2024
NAME OF PROVIDER OR SUPPLIER BRIGHT ADULT MEDICAL DAY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 352 BEVERLY RANOCAS RD WILLINGBORO, NJ 08046		
(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 00174384 Census: 58 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

New Jersey Department of Health

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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 00174384 Based on interview, record review, and review of facility policy and procedure it was determined that the program failed to ensure the implementation of its policy and procedure titled,	M 223		

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M 223	Continued From page 2 "Transportation Services," and failed to ensure the development of a comprehensive policy and procedure that included procedures for staff to follow to ensure participants exit the bus safely after program hours when 1 of 3 participants, Participant #2, was NJ Exec Order 26.4b1 on a bus after program hours. This deficient practice was evidenced by the following: At 10:47 a.m., the surveyor reviewed Participant #2's Medical Record (MR) which revealed the participant was admitted to the program in NJ ex order 26.4b1. At 11:23 a.m., the surveyor interviewed the Administrator regarding the NJ ex order 26.4b1 when Participant #2 NJ ex order 26.4b1. The Administrator stated that on NJ ex order 26.4b1 at approximately 4:42 p.m., she received a phone call from Driver #2 who stated that NJ ex order 26.4b1. The Administrator explained that she instructed Driver #2 to take the participant into the facility, and then she immediately drove to the facility which was 5 minutes away from where the Administrator lived. At 3:00 p.m., the surveyor interviewed the Administrator again regarding the transportation policy and staff training. The Administrator stated that the Transportation Director conducted an in-service with the drivers on NJ Ex Order 26.4b1 but there was no documentation. The Administrator confirmed that there was no written policy and procedure for vehicle inspection post participant drop off home to ensure all participants were off the bus. In addition, the Administrator stated that she was working on developing new procedures. At 2:20 p.m., the surveyor interviewed the	M 223		

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M 223	Continued From page 3 Transportation Director regarding the policy and procedure for vehicle inspection after participant drop off home. The Transportation Director stated that there was no policy and procedure, however, she stated that on NJ Ex Order 257 she conducted an in-service with the facility drivers but did not document the training. The surveyor reviewed the policy titled, "Transportation services" and identified that there was no documented policy and procedure that addressed vehicle inspection post participant drop off to home. Further, the policy also indicated that the facility, "Will provide safe transportation services ...to all participants who require transportation services between [the facility] and the participant's home. ...If an emergency situation is presented, the driver should call the police or ambulance service immediately, as well as the program director." Reference: M-0827, 8:43F-17.2	M 223		
M 263	8:43F-3.4(a)(5) Administration (a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed by written confirmation within 72 hours of the following: 5. All fires, all disasters, and all deaths resulting from accidents or incidents in the facility or related to facility services. The written confirmation shall contain information about injuries to participants and/or personnel, disruption of services, and extent of damages.	M 263		

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M 263	Continued From page 4 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00174384 Based on interview, record review, and review of facility documents, it was determined that the facility Administrator failed to notify the Department of Health (DOH) of an incident that occurred during transportation when a participant was [REDACTED] on a bus for 1 of 3 participants, Participant #2. This deficient practice was evidenced by the following: At 10:47 a.m., the surveyor reviewed Participant #2's Medical Record (MR) and observed that the participant was admitted to the program in [REDACTED] The surveyor also observed that on [REDACTED] at 5:40 p.m., the Director of Nursing (DON) documented in the "Interdisciplinary Progress Notes" that she received a phone call from the Administrator who informed her that Participant #2 [REDACTED]. At 11:23 a.m., the surveyor interviewed the Administrator regarding the incident that occurred on [REDACTED] when Participant #2 [REDACTED]. The Administrator stated that on [REDACTED] at approximately 4:42 p.m., she received a phone call from Driver #2 who stated that he observed the participant [REDACTED] in the facility	M 263		

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M 263	Continued From page 5 parking lot. The Administrator explained that she instructed Driver #2 to take the participant into the facility, and then she immediately drove to the facility, which was 5 minutes away, from where the Administrator lived. The surveyor then requested the incident investigation report and the facility reportable for review. The Administrator stated that an investigation was completed but she did not report the incident to DOH. During continued interview, the Administrator acknowledged that the participant was left in the facility's parking lot unattended from 3:30 p.m., to 4:42 p.m., which caused the participant to be NJ ex order 26.4b1 The participant was NJ ex order 26.4b1 after visit summary. Reference: M-0827, 8:43F-17.2	M 263		
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:	M 827		

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M 827	Continued From page 6 Complaint #: NJ 00174384 Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure safety and accountability for participant during transportation home for 1 of 3 participants reviewed, Participant #2. This deficient practice was evidenced by the following: On 6/10/24 at 9:50 a.m., the surveyor observed Participant #2 seated at the table engaged in activities. The surveyor attempted to interview the participant, but the participant [REDACTED]. At 10:47 a.m., the surveyor reviewed Participant #2's Medical Record (MR) and observed that the participant was admitted to the program in [REDACTED]. According to the "Quarterly Nursing Summary" dated [REDACTED], the participant [REDACTED] NJ ex order 26.4b1 [REDACTED]. On [REDACTED] NJ Ex Order 26.4b1 at 5:40 p.m., the Director of Nursing (DON) documented in the "Interdisciplinary Progress Notes" that she received a phone call from the Administrator who informed her that Participant #2 [REDACTED] NJ ex order 26.4b1 [REDACTED]. At 11:10 a.m., the surveyor interviewed the DON regarding her documentation in the MR dated [REDACTED] NJ ex order 26.4b1. The DON stated that on [REDACTED] NJ ex order 26.4b1 she was informed by the Administrator that Participant #2 was involved in an incident with Driver #1, and she was not aware of all the details, but the participant [REDACTED] NJ ex order 26.4b1 [REDACTED]. During MR review, the surveyor observed the ER	M 827		

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M 827	Continued From page 7 "After Visit Summary" dated [REDACTED] NJ ex order 26.4b1, which revealed that the participant was seen and diagnosed with 'NJ ex order 26.4b1'. The participant's vital signs were: NJ ex order 26.4b1 At 11:23 a.m., the surveyor interviewed the Administrator regarding Participant #2's incident with Driver #1. The Administrator stated that on [REDACTED] NJ ex order 26.4b1 at approximately 4:42 p.m., she received a phone call from Driver #2 who stated that he observed the participant NJ ex order 26.4b1. The Administrator explained that she instructed Driver #2 to bring the participant into the facility, and then she immediately drove to the facility, which was 5 minutes away. The Administrator also stated that Participant #2 NJ ex order 26.4b1 During continued interview, the Administrator stated that NJ ex order 26.4b1. The surveyor then requested the incident investigation report and the facility reportable event document. The Administrator stated that an investigation was completed but she did not report the incident to the Department of Health (DOH) and provided the surveyor with the investigation. At 11:36 a.m., the surveyor reviewed the facility "Incident/Accident Report" which indicated on [REDACTED] NJ ex order 26.4b1 at 4:42 p.m., the Administrator was called by Bus Driver #2 who noticed that Participant #2 NJ ex order 26.4b1. In addition, the report revealed Driver #2 called the administrator for "protocol." The Administrator NJ ex order 26.4b1	M 827		

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M 827	Continued From page 8 NJ ex order 26.4b1 The Administrator then drove to the facility and observed Driver # NJ ex order 26.4b1 NJ ex order 26.4b1 The participant's coat was removed by the Driver prior to the Administrator's arrival. According to the report, the Administrator NJ ex order 26.4b1 NJ ex order 26.4b1 The report also revealed 911 was called by the Administrator and the family and physician were notified. At 11:45 a.m., the surveyor reviewed the facility form titled, "Sign-In Sheet," dated NJ ex order 26.4b1 which revealed the participant departed from the facility at 2:30 p.m. The surveyor also reviewed the facility form titled, "Transportation Log for All Clients," dated NJ ex order 26.4b1, and observed that there was no departure or home arrival time documented next to Participant #2's name. During interview with the Administrator at 11:23 a.m., the Administrator stated that Driver #1's bus last participant drop off prior to returning to the facility was 3:30 p.m. In addition, the Administrator stated that Driver #1 was suspended from the facility on NJ ex order 26.4b1 and Driver #2 NJ ex order 26.4b1. The surveyor was unable to interview both drivers on the day of survey. Surveyor review of the facility "Incident/Accident Report" revealed Driver #1's written statement dated NJ ex order 26.4b1 which indicated that on NJ ex order 26.4b1 he NJ ex order 26.4b1 NJ ex order 26.4b1 The surveyor reviewed the written text message	M 827			

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M 827	Continued From page 9 statement of Driver #2 which revealed on [REDACTED] NJ ex order 26.4b1 he observed the participant [REDACTED] NJ ex order 26.4b1 at 4:20 p.m., while trying to park his vehicle. Driver #2 documented " the participant [REDACTED] NJ ex order 26.4b1 " Driver #2 also documented that he called the chain of command which was the Transportation Supervisor and there was no answer, so the Driver called the Administrator who instructed him [REDACTED] NJ ex order 26.4b1 until she arrived. At 2:20 p.m., the surveyor interviewed the Transportation Director regarding the policy and procedure for vehicle inspection after participant drop off to home. The Transportation Director stated that there was no policy and procedure, however, she stated that on [REDACTED] NJ ex Order 26.4b1 she conducted an in-service with the facility drivers, however, she was unable to produce documented evidence of the in-service. At 3:00 p.m., the surveyor interviewed the Administrator regarding the transportation policy and procedures, and staff training. The Administrator stated that the Transportation Director conducted an in-service with the drivers on [REDACTED] NJ ex Order 26.4b1 but there was no documentation. The Administrator confirmed that there was no written policy and procedure for vehicle inspection post participant drop off to home to ensure all participants were off the bus. During continued interview, the Administrator acknowledged that the participant [REDACTED] NJ ex order 26.4b1 which caused the participant [REDACTED] NJ ex order 26.4b1 The participant was diagnosed [REDACTED] NJ ex order 26.4b1	M 827		

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M 827	Continued From page 10 At 3:30 p.m., the surveyor requested a removal plan from the Administrator for participant safety during transportation, no policy and procedure for daily vehicle inspection post participant drop off, and for not providing documented evidence of driver training post NJ ex order 25.4b incident when the participant was left on the bus in the facility parking lot. The surveyor reviewed the facility policy and procedure titled, "Transportation services" which revealed the facility "will provide safe transportation services ...to all participants who require transportation services between [the facility] and the participant's home. ...If an emergency situation is presented, the driver should call the police or ambulance service immediately, as well as the program director." On 6/28/24 the facility submitted a revised removal plan which included training on participant safety and handling, vehicle inspection, and emergency procedures. The removal plan also included training on revised transportation policy and procedures and incident accident notification and reporting to the DOH.	M 827		



BRIGHT MOMENTS

ADULT DAY CARE CENTER

352 Beverly Rancocas Road

Willingboro, NJ 08046

Survey date June 10, 2024

8:43F-17.2 Security and Accountability During Transportation:

1. Participant #2 was [redacted] at the facility after hours by a driver. Participant #2 was brought into the center and [redacted] Participant #2 [redacted] Participant #2 [redacted] The Driver of Incident [redacted] was [redacted] and [redacted]
2. All Participants who utilize the center's transportation services have the potential to be affected.
3. The following interventions were put in place the next day. a. Meeting held by transportation director on morning of Wednesday [redacted] with all drivers to discuss client being left on the bus and protocol of when an emergency rises to call 911 first then call administrator. b. Drivers were instructed to check the bus on drop off at center in am and end of day when dropping bus off. c. Drivers were advised to review driving sheets, circle they had checked the bus. d. Drivers were instructed sheets need to be always completed every day or they would be returned to them asap. e. Administrator met with each individual driver on [redacted] to review a meeting held previous day with transportation director and answer any questions. The administrator stressed the need to check the bus for any clients on drop off in am at center and end of day. f. Meeting held with all drivers on [redacted] to review Transportation Training which included the following information Policy and Law; Transportation Policy Purpose; Drivers Procedures; Criteria for Drivers; Incident and Accident Reporting; Danielle's Law; Stephen's Law; Drug Free Workplace Act; Safety -Sensitivity Functions; Electronic User Policy; Bus Guidelines; Transportation Emergency Procedure and 4-point Securement System. G. [redacted] Drivers made aware of state visit on [redacted] with drivers meeting to held on [redacted] to review new revised Transportation policy, receive Transportation handbook and new workflow.
4. The Administrator and/or the Designee will review the drivers' daily route sheets to make sure the clients and their possessions are being transported securely and accounted for. Drivers advise all sections on form are to be completed with no blank spaces or will be returned immediately for completion.
5. Completed [redacted]

Accepted 5/23/24



BRIGHT MOMENTS

ADULT DAY CARE CENTER
352 Beverly Rancocas Road
Willingboro, NJ 08046

Survey date June 10, 2024

8:43F-3.1(b)(1-7) The Administrator shall be responsible for, but not limited to the following:

1. Participant #2 was [NJ Exec Order 26.4b1] at the facility after hours by a driver. Participant #2 was brought into the center and 911 was called as the facility was unable to reach family. Participant #2 was [NJ Exec Order 26.4b1] and sent home earlier hours of the next day. Participant #2 was kept [NJ Exec Order 26.4b1] and return to center following day. Participant #2 continues to attend the center.
2. All Participants who utilize the center's transportation services have the potential to be affected.
3. Policy for "Transportation Procedures Loading and Unloading Clients" was reviewed. On 06/12/24, an Addendum was made to the Policy stating that the drivers must walk through their buses after they complete their daily route, this is to ensure that clients or possessions have not been left behind. An In-service was Implemented to train all the drivers regarding this new policy. a. Revised Transportation policy was introduced on 6/11/24 to the Transportation Director. b. Meeting set up with all drivers for 6/12/24 to review new workflow; Passenger Handling observation with importance of checking bus after am drop off at center and pm drop off end of day; hand out of Drivers Training manual and revised transportation policy.
4. The Administrator or designee will review all the drivers' route sheets to ascertain that they are completed daily and correctly per facility policy reviewed upon hire and yearly.
5. Completed June 13, 2024.

accepted 6/28/24

8:43F-3.4(a)(5) The facility shall notify the Department Immediately by telephone at 6.9-633-9034(609-392-2.20 after business hours), followed by written confirmation within 72 Hours of the following:

1. Participant #2 [NJ ex order 26.4b1] Participant #2 was [NJ ex order 26.4b1]
Participant #2 [NJ ex order 26.4b1]
Participant #2 [NJ ex order 26.4b1]
Participant #2 [NJ ex order 26.4b1] continues to attend the center
2. This has the potential to affect all the clients that attend Adult Day Care.



BRIGHT MOMENTS

ADULT DAY CARE CENTER

352 Beverly Rancocas Road

Willingboro, NJ 08046

Survey date June 10, 2024

3. The Administrator ensures that all new staff are properly trained to identify and report any reportable events to the State within 24 hours and file a report within 72 hours.
4. The Administrator ensures that all training and In-services are conducted upon hiring and yearly reminding all the staff about transportation policies.
5. Completed June 13, 2024

*accepted
8/28/24
ml*

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 080125	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/28/2024
NAME OF FACILITY BRIGHT ADULT MEDICAL DAY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 352 BEVERLY RANOCAS RD WILLINGBORO, NJ 08046	

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 M0263	Correction	ID Prefix M0827	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-3.4(a)(5)	Completed	Reg. # 8:43F-17.2	Completed
LSC	06/13/2024	LSC	06/13/2024	LSC	06/13/2024
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 6/28/2024		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			