

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NE6M6S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/08/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF NORTHFIELD AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225		
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M 000	Initial Comments Type of Survey: Complaint Complaint#: NJ00181488, NJ 00173627, NJ 00171978 Census: 65 Sample Size: 7 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	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 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: Complaint #: NJ 00181488 Based on interview, record review, and observation, it was determined that the Administrator failed to follow the facility's policy	M 223		

New Jersey Department of Health

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M 223	Continued From page 2 and procedure titled, "[Facility Name] Day Care Drivers Policy" for 1 of 7 participants, Participant #4. In addition, the Administrator failed to follow the facility's policy and procedure titled, "Reportable Events" for not notifying the New Jersey Department of Health (NJDOH) of the change in the Director of Nursing (DON) position. This deficient practice was evidenced by the following: 1. On 1/7/25 and 1/8/25, the survey team conducted a survey regarding an incident, which involved Participant #4, that occurred on a facility bus on [REDACTED]. On 1/7/25 at 10:58 a.m., the surveyor reviewed Participant #4's medical record (MR), which revealed that Participant #4 started the program in [REDACTED], with diagnoses of [REDACTED]. In addition, the surveyor observed Participant #4 was [REDACTED] and also utilized the facility's transportation services to and from the facility. At 11:31 p.m., the surveyor interviewed the Director of Transportation (DOT), who also was a bus driver for the facility, and inquired about the transportation protocol for participants who were in wheelchairs. The DOT stated that the participants were buckled in their wheelchairs, and the wheelchairs were strapped to the bus floor with a 4-point buckle system. At 12:17 p.m., the surveyor interviewed Participant #4's bus driver and inquired about the [REDACTED] incident on his bus where a participant was [REDACTED]. The bus driver stated that he recalled an incident on the bus where Participant	M 223		

New Jersey Department of Health

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M 223	Continued From page 3 #4 unbuckled his/her seatbelt in the wheelchair while the bus was still in motion. The bus driver further stated that Participant #4 ^{NJ Ex Order 26.4b1} [REDACTED] The bus driver stated that he was informed by another participant on the bus that Participant #4 had ^{NJ Ex Order 26.4b1} [REDACTED] he then pulled over to evaluate the situation. Additionally, the bus driver stated that he tried to assist Participant #4 ^{NJ Ex Order 26.4b1} [REDACTED]; but, he was unable to ^{NJ Ex Order 26.4b1} [REDACTED] participant ^{NJ Ex Order 26.4b1} [REDACTED] by himself. The bus driver stated that he called the staff members at Participant #4's ^{NJ Ex Order 26.4b1} [REDACTED] and informed them of the incident. The bus driver confirmed that he did not call 911 immediately after the incident and continued to drive to the participant's ^{NJ Ex Order 26.4b1} [REDACTED] with Participant #4 on ^{NJ Ex Order 26.4b1} [REDACTED] the bus. The staff members at the ^{NJ Ex Order 26.4b1} [REDACTED] called 911 after Participant #4's arrival. At 12:37 p.m., the surveyor interviewed the Administrator regarding the incident that occurred on ^{NJ Ex Order 26.4b1} [REDACTED]. The Administrator confirmed that the bus driver drove to Participant #4's ^{NJ Ex Order 26.4b1} [REDACTED] while the participant was ^{NJ Ex Order 26.4b1} [REDACTED] of the bus. Additionally, the Administrator stated that 911 was called at the ^{NJ Ex Order 26.4b1} [REDACTED] and Participant #4 was taken to the ^{NJ Ex Order 26.4b1} [REDACTED]. The administrator acknowledged that the bus driver did not follow the facility's policy by not calling 911 and continued to drive with Participant #4 ^{NJ Ex Order 26.4b1} [REDACTED] of the bus. The Administrator provided the surveyor with the facility's "Incident Report", dated ^{NJ Ex Order 26.4b1} [REDACTED]. The	M 223		

New Jersey Department of Health

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M 223	Continued From page 4 Incident Report indicated that Participant #4 [REDACTED] g. Driver attempted to return [him/her] [REDACTED] [him/her]. [Bus Driver] called the [REDACTED] + alerted them. They needed help on arrival." The Incident Report also included the "Outcome," which indicated that Participant #4 had [REDACTED] The surveyor reviewed a facility policy titled, "[Facility Name] Drivers Policy", dated 9/13/2023, which indicated, "...Emergencies In case of emergency or possible patient injury Call 911 than call the center and ask to speak to a nurse and made either DOT, Office Manager or Administrator aware of the situation ..." 2. On 1/7/25 at 12:37 p.m., during an interview with the Administrator, he informed the surveyor that there was a change in the Director of Nursing (DON) position, with effective date of [REDACTED]. At 1:13 p.m., the Administrator confirmed that there was a new DON who was hired on [REDACTED]. The surveyor asked the Administrator if the NJDOH was notified of the change in DON. The Administrator confirmed that the NJDOH was not notified of the change in DON. At 1:25 p.m., the surveyor interviewed the DON and inquired about how long she had been employed by the facility as the DON. She stated that she started employment with the facility on [REDACTED]. The surveyor reviewed a facility policy titled, "Reportable Events," dated 5/9/16, which	M 223		

New Jersey Department of Health

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M 223	Continued From page 5 indicated, " ... Policy: The facility shall notify the Department immediately by fax at ... for most reportable events that occur in the facility ... Procedure: 1. The Administrator or his designee will notify the Department of Health immediately by phone ... F. Termination employment of the Director of Nursing and the name and qualifications of the Director of nursing 's replacement ... 2. A written report confirming the event and the actions taken by the facility and its staff will be forwarded to DHSS within 72 hours."	M 223		
M 259	8:43F-3.4(a)(3) 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: 3. Termination of employment of the Director of Nursing, and the name and qualifications of the Director of Nursing's replacement. If a new Director of Nursing cannot be designated within 72 hours, the facility shall notify the Department in writing and the facility shall make arrangements, which are acceptable to the Department, for nursing supervision by a registered professional nurse. A new Director of Nursing shall be appointed within 30 days.	M 259		

New Jersey Department of Health

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M 259	Continued From page 6 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00181488 Based on interview and review of facility documents, it was determined that the facility failed to notify the New Jersey Department of Health (NJDOH) immediately by telephone, followed by a written confirmation within 72 hours of the termination of employment of the Director of Nursing (DON). This deficient practice is evidenced by the following: On 1/7/25 at 12:37 p.m., during an interview with the Administrator, he informed the surveyor that there was a change in the Director of Nursing (DON) position, with effective date of [REDACTED] NJ Ex Order 26.4b1 At 1:13 p.m., the Administrator confirmed that there was a new DON who was hired on [REDACTED] NJ Ex Order 26.4b1. The surveyor asked the Administrator if the NJDOH was notified of the change in DON. The Administrator confirmed that the NJDOH was not notified of the change in DON. At 1:25 p.m., the surveyor interviewed the DON and inquired about how long she had been employed by the facility as the DON. She stated that she started employment with the facility on [REDACTED] NJ Ex Order 26.4b1. The Administrator provided the surveyor with the current DON's signed job description, which confirmed the hire date of the DON was [REDACTED] NJ Ex Order 26.4b1.	M 259		

New Jersey Department of Health

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M 259	Continued From page 7 The surveyor reviewed a facility policy titled, "Reportable Events," dated 5/9/16, which indicated, " ... Policy: The facility shall notify the Department immediately by fax at ... for most reportable events that occur in the facility ... Procedure: 1. The Administrator or his designee will notify the Department of Health immediately by phone ... F. Termination employment of the Director of Nursing and the name and qualifications of the Director of nursing 's replacement ... 2. A written report confirming the event and the actions taken by the facility and its staff will be forwarded to DHSS within 72 hours."	M 259		
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. This REQUIREMENT is not met as evidenced by:	M 263		

New Jersey Department of Health

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M 263	Continued From page 8 Complaint #: NJ 00181488 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 [NJ Ex Order 26.4b1] still in motion and required [NJ Ex Order 26.4b1] for 1 of 7 participants, Participant #4. This deficient practice is evidenced by the following: On 1/7/25 at 10:38 a.m., the surveyor reviewed the medical record (MR) of Participant #4 which revealed that the participant was admitted to the program in [NJ Ex Order 26.4b1] with diagnoses of [NJ Ex Order 26.4b1]. In addition, the surveyor reviewed the participant's [NJ Ex Order 26.4b1] "Interdisciplinary Assessment and Care Plan (IACP) ..." which revealed the participant was [NJ Ex Order 26.4b1]. Continued surveyor review of the MR revealed that on [NJ Ex Order 26.4b1] at 2:45 p.m., a Social Worker (SW) documented that "An incident occurred on the bus ride home in which the client [Participant #4] [NJ Ex Order 26.4b1] bus [Driver #2] stated that he drove while client [Participant #4] was [NJ Ex Order 26.4b1] with the hazard lights on" At 12:37 p.m., the surveyor interviewed the Administrator regarding the incident that occurred on [NJ Ex Order 26.4b1]. The Administrator stated that the participant [NJ Ex Order 26.4b1] the bus and the driver instead of calling emergency	M 263		

New Jersey Department of Health

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M 263	Continued From page 9 services (911), called the participants [REDACTED] and followed their instructions to bring the participant home. In addition, the Administrator stated that the bus driver drove to Participant #4's [REDACTED] while the participant was [REDACTED] the bus. The Administrator also stated that 911 was called at the [REDACTED] and Participant #4 was taken to the [REDACTED]. The surveyor then requested the incident investigation report and the facility reportable for review. The Administrator stated that an incident report was completed but he did not report the incident to DOH. On 1/8/25 at 10:41 a.m., the surveyor reviewed the [REDACTED] dated [REDACTED] which revealed Participant #4 arrived at the [REDACTED] at "3:38 p.m.," and was discharged on [REDACTED] at 6:57 p.m., with diagnoses of [REDACTED]. The surveyor reviewed the facility policy and procedure titled, "Reportable Events" which revealed "...The Administrator shall notify the Department of Health [of] ...incidents in the facility or related to facility services. The written confirmation shall contain information about the injuries to the participant. ..." Reference: M-0821, 17.1(a)(1)	M 263		
M 365	8:43F-5.3(a) Participant Assessment and Plan of Care A registered professional nurse (RN) shall assess the nursing needs of each participant, coordinate	M 365		

New Jersey Department of Health

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M 365	Continued From page 10 the written interdisciplinary plan of care, and ensure the timeliness of all services. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00181488 Based on interview and record review it was determined that the facility failed to ensure a Registered Nurse (RN) assessed a participant to address needs required upon return to the facility following NJ Ex Order 26.4b1 [REDACTED] for 1 of 7 participants, Participant #4. This deficient practice is evidenced by the following: On 1/7/25 at 10:38 a.m., the surveyor reviewed the medical record of Participant #4 which revealed that the participant was admitted to the program in NJ Ex Order 26.4b1 [REDACTED] with diagnoses of NJ Ex Order 26.4b1 [REDACTED]. According to the Interdisciplinary Care Plan (ICP) dated NJ Ex Order 26.4b1 [REDACTED], Participant #4 was NJ Ex Order 26.4b1 [REDACTED] During review of the MR revealed that on NJ Ex Order 26.4b1 [REDACTED] at 2:45 p.m., a Social Worker (SW) documented that "An incident occurred on the bus ride home in which the client [Participant #4] NJ Ex Order 26.4b1 [REDACTED] of the bus...." On 11/29/24 a SW documented in the MR that the "Client [Participant #4] returned to the center with NJ Ex Order 26.4b1 [REDACTED]. Nurse also took NJ Ex Order 26.4b1 [REDACTED]"	M 365		

New Jersey Department of Health

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M 365	Continued From page 11 [participant] was [REDACTED] NJ Ex Order Continued surveyor review of the MR revealed that a RN assessment was last completed on [REDACTED] NJ Ex Order 26.4b. The surveyor did not identify documentation that indicated an assessment was completed upon participant return to the program on [REDACTED] NJ Ex Order 26.4b1 following the incident [REDACTED] NJ Ex Order 26.4b1 that required the participant to be seen and evaluated at [REDACTED] NJ Ex Order 26.4b. In addition, the surveyor did not identify documentation to indicate that the participant's needs were addressed status [REDACTED] NJ Ex Order the ICP. At 12:37 p.m., the surveyor interviewed the Administrator regarding nursing follow up and participant assessment on return to the program. The Administrator confirmed that the Director of Nursing/RN did not do a follow up or an assessment upon participant return on [REDACTED] NJ Ex Order 26.4b. The Administrator explained that the DON/RN who was employed at the time of the [REDACTED] NJ Ex Order 26.4b1 [REDACTED] no longer worked at the program. The surveyor reviewed the facility policy and procedure titled, "Assessment" which revealed " ...A registered professional nurse (RN) shall assess the nursing needs of each participant, coordinate the written interdisciplinary care plan, and ensure the timeliness of all services. ..." In addition, the surveyor reviewed the facility policy and procedure titled, "Provision of Nursing Services" which revealed " Responsible Party: Director of Nursing ...d. Documenting nursing services provided, evaluation of participant's progress and the effectiveness of the care plan. ..."	M 365		

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M 365	Continued From page 12 Reference: M-0821, 17.1(a)(1)	M 365		
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 00181488 Based on interview and record review it was determined that the facility failed to ensure safe transportation services for 1 of 7 participants, Participant #4. This deficient practice was evidenced by the following:	M 821		

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M 821	Continued From page 13 On 1/7/25 at 10:58 a.m., the surveyor reviewed Participant #4's medical record (MR), which revealed that Participant #4 started the program in [REDACTED], with diagnoses of [REDACTED]. In addition, the surveyor observed Participant #4 was [REDACTED] and also utilized the facility's transportation services to and from the facility. At 11:31 p.m., the surveyor interviewed the Director of Transportation (DOT), who also was a bus driver for the facility, and inquired about the transportation protocol for participants who were in wheelchairs. The DOT stated that the participants were buckled in their wheelchairs, and the wheelchairs were strapped to the bus floor with a 4-point buckle system. At 12:17 p.m., the surveyor interviewed Participant #4's bus driver and inquired about the [REDACTED] incident on his bus where a Participant [REDACTED]. The bus driver stated that he recalled an incident on the bus where Participant #4 unbuckled his/her seatbelt [REDACTED] while the bus was still in motion. The bus driver further stated that Participant #4 [REDACTED] bus. The bus driver stated that he was informed by another participant on the bus that Participant #4 had [REDACTED] pulled over to evaluate the situation. Additionally, the bus driver stated that he [REDACTED] Participant #4 [REDACTED]; but, he was unable [REDACTED] by himself. The bus driver stated that he called the staff members at Participant #4's [REDACTED] and informed them of the incident.	M 821		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NE6M6S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/08/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF NORTHFIELD AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225		
(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 821	Continued From page 14 The bus driver confirmed that he did not call 911 immediately after the incident and continued to drive to the participant's [REDACTED] with Participant #4 on [REDACTED] bus. The staff members at the [REDACTED] called 911 after Participant #4's arrival. At 12:37 p.m., the surveyor interviewed the Administrator regarding the incident that occurred on [REDACTED]. The Administrator confirmed that the bus driver drove to Participant #4's [REDACTED] while the participant was [REDACTED] the bus. Additionally, the Administrator stated that 911 was called at the [REDACTED] and Participant #4 was taken to the [REDACTED]. The administrator acknowledged that the bus driver did not follow the facility's policy by not calling 911 and continued to drive with Participant #4 [REDACTED] bus. The Administrator provided the surveyor with the facility's "Incident Report", dated [REDACTED]. The Incident Report indicated that Participant #4 [REDACTED] [him/her]. [Bus Driver] called the [REDACTED] + alerted them. They needed help on arrival." The Incident Report also included the "Outcome," which indicated that Participant #4 [REDACTED]. The surveyor reviewed the bus driver's signed job description which indicated, " ... SPECIFIC DUTIES: ... 5. Reporting immediately to the	M 821		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NE6M6S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/08/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF NORTHFIELD AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225		
(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 821	Continued From page 15 Transportation Director any problems observed or encountered while transporting program participant ... 13. Responding to emergencies en route until emergent assistance arrives at vehicle ..." On 1/8/25 at 10:41 a.m., the surveyor reviewed the [NJ Ex Order 26.4b1] dated [NJ Ex Order 26.4b1] which revealed that Participant #4 arrived at the [NJ Ex Order 26.4b1] at "3:38 p.m.," and was discharged on [NJ Ex Order 26.4b1] at 6:57 p.m., with diagnoses of [NJ Ex Order 26.4b1] [REDACTED]. The surveyor reviewed a facility policy titled, "[Facility Name] Drivers Policy", dated 9/13/2023, which indicated, "...Emergencies In case of emergency or possible patient injury Call 911 than call the center and ask to speak to a nurse and made either DOT, Office Manager or Administrator aware of the situation ..."	M 821		

Prestige of Northfield AMDC

POC #3 2/20/25
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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 will ensure that the staff, including transportation and care team members, are retrained on the importance of immediate emergency response and adherence to facility policies titled 'Driver's policy' for emergency situations. The driver of participant #4 who on NJ Ex Order 26.4b1 during transport and treated at the NJ Ex Order 26.4b1 was immediately retrained on the "Drivers Policy" on 11/29/2024 2. How the facility will identify other participants having the potential to be affected by the deficient practice? All participants who ride transport had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. A retraining of all drivers was completed on 12/04/2024 and then on 02/04/2025 all facility staff, including transportation, nursing, and care team members, underwent mandatory training on emergency protocols and participant safety, and reporting procedures. This included Training on the Policy Titled "Reportable Events" This will be 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. The administrator or designee will monitor corrective actions through ongoing quarterly staff training, performance evaluations, and quarterly leadership meetings to ensure the deficient practice is effectively corrected and does not recur.	Completed 02/04/2025 and ongoing Completed Completed 02/04/2025 and ongoing Completed 02/04/2025 and ongoing

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Reg Number	Plan of Correction	Completion Date
M 259 8:43F-3.4 Administration	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice No participants were affected. The facility will ensure that all residents receive uninterrupted nursing supervision by a qualified registered nurse and will review and update staffing procedures to prevent any gaps in nursing leadership. The administrator notified the DOH (Department Of Health) on 01/07/2024 that there was a change of the DON (Director Of Nursing) at Prestige Adult Day Care. 2. How the facility will identify other residents having the potential to be affected by the deficient practice? All Participants had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. On 02/04/2025 The administrator added the requirement for immediate notification to NJDOH of any changes in the Director of Nursing position to the new hire checklist, to ensure that this procedure is followed by the administrator or designee for all future personnel changes. The facility will review upon hire all personnel changes and ensure that the notification process for changes in key staff positions, such as the Director of Nursing, has been followed. The administrator presented a reeducation on the hiring checklist to all staff that are involved with the hiring process on 02/04/2025. 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. The facility implemented on 02/04/2025 a tracking system to ensure the administrator promptly notifies NJDOH of any changes in the Director of Nursing position. The administrator or designee will review quarterly all personnel changes, and the administrator or designee will make a quarterly review of compliance during staff meetings to ensure the continued effectiveness of the corrective actions.	Completed 01/9/2025 and ongoing Completed Completed 002/04/2025 and ongoing Completed 002/04/2025 and ongoing

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Reg Number	Plan of Correction	Completion Date
M 263 8:43F-3.4 (a)(5) Administrator Administration	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice The facility will ensure that all incidents, including accidents resulting in injury, are reported by the administrator or designee to the Department of Health immediately, followed by written confirmation within 72 hours, an in-service was done on 01/09/2025 by the admin to insure that we will never not report an incident that needs to be reported like what happened to participant #4 who on NJ Ex Order 26.4b1 during transport and NJ Ex Order 26.4b1 and be in compliance with state regulations 2. How the facility will identify other residents having the potential to be affected by the deficient practice? All participants had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. In the event of an incident that meets the reporting criteria, the responsible staff member will immediately notify the Administrator or designated representative. The Administrator will assess the situation and determine if the incident requires reporting to the Department of Health (DOH) within 72 hours. The Administrator conducted an education to staff on the reportable event policy on 02/04/2025. 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. On 01/09/2025 The facility implemented a monthly review process to review all incident reports and verify if they meet the criteria that they are reported to the Department of Health within the required 72-hour timeframe, with results reviewed monthly by the Administrator to ensure continued compliance.	Completed 01/09/2025 and ongoing Completed Completed 02/04/2025 and ongoing Completed 01/09/2025 and ongoing

Accepted 2/2/25

Prestige of Northfield AMDC

Reg Number	Plan of Correction	Completion Date
M 365 8:43F- 5.3 (a)	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Participant #4 who on NJ Ex Order 26.4b1, transport then NJ Ex Order 26.4b1 and returned on 11/29/2024, The the RN failed to do a follow up assessment and was affected. The facility will ensure that a Registered Nurse (RN) conducts a thorough assessment of any participant who experiences an incident requiring medical treatment, and that the participant's Interdisciplinary Care Plan (ICP) is updated accordingly to address their current needs. The DON conducted an in-service on "Plan Of Care" to all the RN's on 01/31/2025. The RN updated the care plan for participant #4 regarding monitoring ^{NEVER ON} seatbelt. 2. How the facility will identify other participants having the potential to be affected by the deficient practice? All participants had the potential to be affected by the Deficient practice. 3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. The facility implemented on 01/31/2025 a policy a requiring that all participants involved in incidents requiring medical treatment be assessed by a Registered Nurse (RN) upon their return to the facility, with documentation and updates to their Interdisciplinary Care Plan (ICP) to reflect their current needs. On 01/31/2025 the administrator trained all nursing staff on the policy 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. The Administrator will conduct yearly reviews of incident reports and RN assessments to ensure that all participants receive the required assessments and that their care plans are updated accordingly, with findings reviewed yearly by the Administrator and Director of Nursing to ensure ongoing compliance.	Completed 01/31/2025 and ongoing Completed Completed 01/31/2025 and ongoing Completed 01/31/2025 and ongoing

*Accepted
2/20/25*

Prestige of Northfield AMDC

Reg Number	Plan of Correction	Completion Date
M 821 8:43F- 17.1 (a)(1)	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice The corrective action for participant #4 who on transport and there was an immediate retraining for the driver of participant #4 on 11/29/2024 regarding calling 911 first and regarding the seatbelt protocol for the driver of participant #4 to check on seatbelt between stops. And a retraining of all staff involved in transportation was done on 01/09/2025 by the administrator to ensure a safe transport of all clients. And to ensure they adhere to emergency procedures and immediate follow-up assessments for residents after any transportation-related incidents. 2. How the facility will identify other participants having the potential to be affected by the deficient practice? All participants had the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. The administrator implement mandatory training on 02/03/2025 for drivers on emergency protocols, reinforce the importance of following the facility's transportation policy, and conduct quarterly reviews to ensure all transportation staff are complying with safety procedures, including the immediate reporting of any incidents. These in-services will be done yearly. 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. The administrator or designee will conduct Quarterly of transportation records, including incident reports and staff compliance with safety procedures, and will quarterly review these findings during staff meetings to ensure continuous adherence to the updated protocols, with corrective action taken as needed.	Completed 01/09/2025 and ongoing Completed Completed 02/03/2025 and ongoing Completed 02/03/2025 and ongoing

Accepted
2/2/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NE6M6S	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/8/2025
NAME OF FACILITY PRESTIGE OF NORTHFIELD AMDC	STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225	

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 M0259	Correction	ID Prefix M0263	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-3.4(a)(3)	Completed	Reg. # 8:43F-3.4(a)(5)	Completed
LSC	02/20/2025	LSC	02/20/2025	LSC	02/20/2025
ID Prefix M0365	Correction	ID Prefix M0821	Correction	ID Prefix	Correction
Reg. # 8:43F-5.3(a)	Completed	Reg. # 8:43F-17.1(a)(1)	Completed	Reg. #	Completed
LSC	02/20/2025	LSC	02/20/2025	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
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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 1/8/2025		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			