

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 07/05/2023
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 000	Initial Comments Type of Survey: Complaint #NJ00163661 Census: 81 plus 3 visitors 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 511	8:43F-9.2(b) Pharmaceutical Services Medications shall be accurately administered by properly authorized individuals who shall ensure that the right medication is administered to the right person in the right dose through the right route of administration at the right time. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00163661 Based on interview and record review, it was determined that the facility failed to ensure that a participant's NJ Exec Order 26.4b1 was NJ Exec Order 26 applied to prevent a NJ Exec Order 26 , and consistently documented according to the physician's order for 1 of 3 participants reviewed,	M 511		

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

TITLE

(X6) DATE

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M 511	Continued From page 1 Participant #2. The deficient practice was evidenced by the following: The surveyor reviewed Participant #2's medical record which indicated that the participant was admitted to the program in [REDACTED] and had diagnoses which included [REDACTED]. Review of the "History/Physical and Certification" dated [REDACTED] revealed that the participant [REDACTED]. On 7/5/23 at 11:35 a.m., the surveyor interviewed the participant regarding the [REDACTED] that he/she sustained on [REDACTED] while at the program. The participant stated that he/she recalled the incident and that it was a hot day. The participant added that he/she was not aware of the [REDACTED] until he/she returned to the center and was informed that he/she had sustained a [REDACTED]. The participant explained that the nurse forgot to apply [REDACTED] to the participant's [REDACTED] and [REDACTED] prior to going to the park. The participant stated that after the above incident, [REDACTED] had been consistently applied prior to going out on trips. The participant denied [REDACTED]. Continued surveyor review of the medical record observed "Nursing Notes" (NN) dated [REDACTED] written by a Registered Nurse (RN) which revealed, "... went to a picnic with staff and returned with [REDACTED] [REDACTED] and [REDACTED]. I applied [REDACTED]. He/she states he/she was "under a tree" most of the day. I instructed he/she to always wear [REDACTED]." Surveyor review of the physician orders dated [REDACTED] revealed an order for [REDACTED] " In	M 511			

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M 511	Continued From page 2 addition, the facility utilized a form titled, "PRN Medication Record" (PMR) to document as needed medication with the date, time and initials while at the program. Participant #2 did not have a PMR form assigned to Participant #2 in [REDACTED] to document administration of the [REDACTED] as ordered by the physician. On 7/5/23 at 12:15 p.m., the surveyor interviewed the Director of Nursing (DON) regarding Participant #2's [REDACTED] on [REDACTED]. The DON stated that the participant [REDACTED] [REDACTED] (Reference: https://www.webmd.com - [REDACTED] is used to treat variety of [REDACTED] such as [REDACTED], etc.). The DON then explained that the participant had an additional order [REDACTED] [REDACTED] During the interview, the DON confirmed that the [REDACTED] [REDACTED] on the above date prior to a park trip. She stated that it was an oversight on their part and that she was not aware that the weather would be hot to cause a [REDACTED]. The DON stated that she could not recall the temperature on [REDACTED]. According to the "Accuweather.com" report, the temperature in Northfield, Atlantic county on [REDACTED] was 85 degrees. In addition, the surveyor inquired about Participant #2's PMR. The DON confirmed that the participant did not have a PMR form and that the [REDACTED] was documented in the participant's NN whenever the the [REDACTED] was applied to the participant. However, there was no	M 511		

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M 511	Continued From page 3 documented evidence in the participant's NN that the [REDACTED] was applied to the participant until after the participant [REDACTED] on [REDACTED]. The surveyor reviewed the program's policy and procedures titled, "Provision of Pharmacy Services" which revealed, 2. "Medications shall be accurately administered ... of administration of the tight [right] time. 7."All drugs administered to patients in the premises of the facility shall be recorded within the medications administration record,"	M 511		

Reg Number	Plan of Correction	Completion Date
M 511 8:43F-9.2(b) Pharmaceutical Services	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. Participant #2 was affected by the deficient practice. A PRN medication Record was added to participant # 2's chart and Doctor orders for PRN orders were updated in the chart.	Completed
	2. How the facility will identify other residents having the potential to be affected by the deficient practice? All Doctor Orders for all Participants were reviewed for PRN orders and updated in the participants' chart.	Completed
	3. What measures will be put into place or systemic changes made to ensure that deficient practice will not occur. All RN's were in serviced on the procedure of documenting doctor orders, transcribing and administering meds according to doctor's orders. The in-service was documented. When the medication is administered it will be documented in the MAR's Before going on a trip, the DON or designee will make a list of all clients going on the trip. The list of Clients participating in the trip will be given to DON or designee and they will make sure that all clients that have a Doctors order for sunscreen are given sunscreen and that all Doctor orders were followed prior to leaving on the trip.	Completed 7/6/2023 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 DON or designee will review the MARS weekly to make sure that all orders are followed, documented and signed. The administrator will follow up with the DON at a weekly meeting to ensure that the DON or designee are in compliance with the weekly reviews.	Completed 7/6/2023 and ongoing



accepted
8/12/23
DH

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

TITLE

(X6) DATE

07/19/23

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NE6M6S	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/5/2023
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 M0511	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43F-9.2(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/07/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 7/5/2023		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			