

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PQGG17	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/30/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF WOODLAND PARK AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 MCBRIDE AVENUE WOODLAND PARK, NJ 07424			
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M 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00187999 Census: 85 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 195	8:43F-2.6(c) Licensure Procedures The license shall be conspicuously posted in the facility. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to conspicuously (visibly) post their license. This deficient practice was evidenced by the following: On 7/30/25 at 10:25 a.m., the surveyor conducted a tour of the facility and did not observe the facility's license conspicuously posted.	M 195			

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

TITLE

(X6) DATE

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M 195	Continued From page 1 At 12:00 p.m., the surveyor requested the facility's license from the Administrator. At 1:52 p.m., the Administrator provided the surveyor with the facility's license. At 5:08 p.m., the surveyor interviewed the Administrator to inquire the reason the facility's license was not conspicuously posted. The Administrator stated that the facility's license was posted in her office, and that she was not aware that it needed to be displayed in a location for others to see. The Administrator stated that she had never conspicuously posted the facility's license.	M 195		
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; 4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions;	M 223		

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M 223	Continued From page 2 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 #: NJ00187999 Based on observation, interview, and review of pertinent facility documents, it was determined that the Administrator failed to implement and enforce facility's policies and procedures titled, "Drivers Policy," "Security and Accountability During Transportation," and "Transportation Services," to ensure accurate documentation of each participant's pick up and drop off times and	M 223		

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M 223	Continued From page 3 ensure transportation/travel times did not exceed two hours as required for the Director of Transportation (DOT) and 4 of 4 drivers reviewed, Drivers #'s 1, 2, 3, and 4. This deficient practice was evidenced by the following: On 7/30/25 at 1:02 p.m., during the on-site facility survey, the surveyor interviewed Driver #4 to inquire how drivers kept track of participant pick-up and drop-off times. Driver #4 stated that each bus/van had a book to document pick-up and drop-off times to and from the participant's home and the center. Driver #4 then stated, "I slack a little bit." At 1:17 p.m., Driver #4 directed the surveyor to where the previously mentioned books were kept and provided the surveyor the transportation log binders for the DOT, Drivers #1, #2, #3, and #4, and an unsampled Driver. Surveyor's review of the transportation log binders revealed the following: Further review of the transportation log binders revealed the following: 1. Driver #1 had two pre-filled transport logs dated 7/30/25, and no transport logs for 7/21/25, 7/25/25, or 7/28-7/29/25. 2. Driver #2 had no transport logs for 7/28/25 and 7/29/25. 3. Driver #3 had a pre-filled transport log dated 7/30/25 and no log for 7/28/25. 4. Driver #4 had no log and was empty. 5. DOT had no log and was empty. At 2:06 p.m. and 2:11 p.m., the surveyor	M 223		

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M 223	Continued From page 4 interviewed the Administrator to inquire the reason transport logs were missing from the transportation log binders. The Administrator stated that the drivers did not document pick-up and drop-off times on the transport logs anymore and that they now documented those times on the participant sign-in sheet. The surveyor then inquired the reason the participant sign-in sheet did not have any documented times, and the Administrator stated that the drivers would document the times at the end of each day. At this time, the surveyor showed the Administrator Driver #3's transport log dated 7/30/25, which revealed that the driver pre-filled the transport log. The transport log was in the surveyor's possession since 1:17 p.m., however, the log revealed documented participant drop-off times at 1:45 p.m., 2:00 p.m., and 2:18 p.m. The surveyor asked the Administrator how the log had a documented time of 2:18 p.m. and it was only 2:11 p.m., and the Administrator shook her head and stated, "I see." At 3:25 p.m., the surveyor interviewed the DOT to inquire how the drivers kept track of participant pick-up and drop-off times. The DOT stated that the drivers would fill out transportation logs when they picked-up and dropped-off participants to the center and their homes. The surveyor then inquired when the pick-up and drop-off times were supposed to be documented. The DOT stated that some drivers would fill out logs for two-to-three days in a row and that he would fill the transport logs out at the end of the day. The surveyor then inquired how the DOT and the drivers would remember the times that participants were picked-up and dropped-off, and the DOT stated, "I know the times, been doing this a long time." The surveyor also inquired if	M 223		

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M 223	Continued From page 5 drivers were supposed to pre-fill transport logs, and the DOT stated that they were not. In addition, the surveyor inquired if the DOT reviewed the transport logs after the drivers completed them, and the DOT stated that he only reviewed his own logs. The surveyor then inquired if the DOT was responsible for reviewing the transport logs completed by the drivers, and the DOT stated, "I trust the drivers to fill out logs, I didn't know reviewing logs was my job." In the same interview, the surveyor asked the DOT why his transportation log binder was empty. The DOT stated that he completed all his transport logs and that they were in his office. The surveyor walked with the DOT to his office to retrieve the transport logs. The surveyor requested transport logs from 7/21/25 to 7/30/25. The DOT provided the surveyor with three transport logs dated 7/17/25, 7/18/25, and 7/21/25. The surveyor inquired where the transport logs from 7/22/25-7/30/25 were located, and the DOT stated that he did not have time to complete the transport logs and that another staff member used to complete the transport logs for him, but she was no longer at the facility. The surveyor reviewed the DOT's transport logs dated 7/17/25, 7/18/25, and 7/21/25, which revealed that the DOT documented a check mark for each participant's pick-up time, and did not document anything for drop-off to the center, departure from the center, or drop-off home. At 5:08 p.m., the surveyor interviewed the Administrator a second time to inquire who was responsible for reviewing the transport logs completed by the drivers, and the Administrator stated that the DOT was responsible. The	M 223			

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M 223	Continued From page 6 Administrator then stated that she had a clerk who would check the transport logs, however, the clerk was on vacation. The surveyor reviewed the revised 9/13/23 facility's policy titled, "Drivers Policy," which indicated, "... Drivers must maintain a Transportation logs documenting time of pickups and drop offs. They should not be on the bus for more than two hours a day" The surveyor also reviewed the revised 5/19/16 facility's policy titled, "Security and Accountability During Transportation," which indicated, "Responsible Party: Director of Transportation, Administrator ... Procedure: 1. The drivers will maintain a transportation log which will document the participants who are picked up dropped off and times for transportation daily" Lastly, the surveyor reviewed the 5/09/16 facility's policy titled, "Transportation Services," which indicated, "Responsible Party: Administrator ... h. Reviewing the transportation log on a daily basis to ensure no participant has exceeded two hours of transportation"	M 223		
M 341	8:43F-4.2(a)(15) Participant Rights (a) Participant rights, policies, and procedures shall ensure that, at a minimum, each participant admitted to the facility: 15. Is not the object of discrimination with respect to participation in regularly scheduled recreational activities (except as provided at N.J.A.C. 8:43F-13.3(c)), meals, or other social functions because of age, race, religion, sex, nationality, or	M 341		

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M 341	Continued From page 7 ability to pay. The participant's participation may not be restricted or prohibited, unless the participant consents and the restriction or prohibition is documented by the participant's physician, advanced practice nurse or physician assistant in the participant's medical record. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00187999 Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that some participants were not the object of discrimination with respect to participation in regularly scheduled recreational activities, because of the [NJ Exec Order 26.4b1] of their [NJ Exec O]. This deficient practice was evidenced by the following: On 7/30/25 at 10:29 a.m., during the survey, an interview with Participant #2 was conducted. Participant #2 told the surveyor that there was a [NJ Exec Order 26.4b1] that previously came to the facility and that the [NJ Exec Order 26.4b1] did not want to do some participant's [NJ Exec O]. Participant #2 explained that a [NJ Exec Order 26.4b1] asked the [NJ Exec Order 26.4b1] to do his/her [NJ Exec O] and the [NJ Exec Order 26.4b1] stated, [NJ E]. At 5:27 p.m., the surveyor interviewed the Administrator to inquire if there was a [NJ Exec Order 26.4b1]	M 341		

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M 341	Continued From page 8 that would come to the facility, and the Administrator stated that a [REDACTED] would come to the center on certain days. The surveyor then inquired which participants could see the [REDACTED]. The Administrator stated that any participant could see the [REDACTED] however, the Administrator stated that the [REDACTED] could not do certain types of [REDACTED]. The Administrator stated that the [REDACTED] did not do [REDACTED] and that the [REDACTED] only did [REDACTED]. The administrator then stated, "if you don't have a certain [REDACTED] she doesn't do it, she doesn't know how." The surveyor then inquired if there was another [REDACTED] who would come in to do the [REDACTED] of participants that the other [REDACTED] could not do, and the Administrator stated that she was not able to find one. The surveyor reviewed the 1/2/19 facility's policy and procedure titled, "Rights of each participant," which indicated, "... 15. Is not the object of discrimination with respect to participation in regularly scheduled recreational activities (except as provided at N.J.A.C. 8:43F-13.3(c)), meals, or other social functions because of age, race, religion, sex, nationality, or ability to pay. The participant's participation may not be restricted or prohibited, unless the participant consents and the restriction or prohibition is documented by the participant's physician, advanced practice nurse or physician assistant in the participant's medical record"	M 341		
M 421	8:43F-6.3(e)(1)(i) General Services (e) The facility shall develop and implement a staff orientation plan and a staff training and education plan, including plans for each service and designation of person(s) responsible for	M 421		

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M 421	Continued From page 9 ongoing training. 1. All staff shall receive orientation at the time of employment and ongoing in-service training regarding, at a minimum, emergency plans and procedures, the infection prevention and control services, participant rights, and elder abuse. i. The facility shall document ongoing in-service training of all staff. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00187999 Based on interview and record review, it was determined that the facility failed to provide documented evidence of ongoing in-service training regarding emergency plans and procedures, infection prevention and control services, participant rights, and elder abuse for 3 of 5 employee personnel records reviewed, Driver #3, Driver #4, and the Director of Transportation (DOT). This deficient practice was evidenced by the following: On 7/30/25, the surveyor reviewed the personnel records of transportation staff, which revealed the following:	M 421		

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M 421	Continued From page 10 1. Driver #3, who was hired on [REDACTED] NJ Exec Order 26.40, was last in-serviced on 9/26/22, regarding Emergency Plans and Procedures, Infection Prevention and Control Services, Participants Rights, and Elder Abuse. 2. Driver #4, who was hired on [REDACTED] NJ Exec Order 26.40, was last in-serviced on 8/17/23, regarding Emergency Plans and Procedures, Infection Prevention and Control Services, Participants Rights, and Elder Abuse. 3. The DOT, who was hired on [REDACTED] NJ Exec Order 26.40, was last in-serviced on 2/11/16, regarding Emergency Plans and Procedures, Infection Prevention and Control Services, Participants Rights, and Elder Abuse. At 5:08 p.m., the surveyor interviewed the Administrator to inquire who was responsible for providing on-going in-service trainings to staff, and the Administrator stated that in-services were provided by herself, the Director of Nursing, a pharmacy consultant, and a contractor. The surveyor then inquired how often in-service trainings were completed, and the Administrator stated that in-service trainings were provided yearly or as needed. In the same interview, the surveyor inquired who was responsible for maintaining employee personnel records, and the Administrator stated that she was responsible. At this time, the surveyor inquired the reason Driver #3, Driver #4, and the DOT did not receive their annual in-service trainings on Emergency Plans and Procedures, Infection Prevention and Control Services, Participants Rights, and Elder Abuse, and the Administrator stated that she did not know why.	M 421			

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M 421	Continued From page 11	M 421		
M 443	Additionally, the surveyor reviewed the facility's policy and procedure titled, "Employee Health Records and Personnel Files," dated 5/9/16, which indicated, "... 3. The personnel record is to include, reference check or criminal background check, credentials, in service records, employment history, any required license or certifications, job description and evaluations of job performance." 8:43F-7.4(b)(2)(i-ix),(3-4) Nursing Services (b) The registered professional nurse shall be responsible for, but not limited to, the following: 2. Maintaining the standards of nursing practice including, but not limited to: i. Monitoring of identified medical conditions; ii. Administration and supervision of prescribed medications and treatments; iii. Coordination of rehabilitative services; iv. Development of a restorative nursing plan; v. Monitoring of clinical behavior and nutritional status; vi. Assisting with the maintenance or redevelopment of the activities of daily living skills; vii. Monitoring growth and development;	M 443		

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M 443	Continued From page 12 viii. Implementing infection control procedures; and ix. Communicating findings to the attending physician; 3. Managing medical emergencies; 4. Documenting the nursing services provided, including the initial assessment and evaluation of the participant's health care needs, development of the nursing component of the individualized plan of care, evaluation of the participant's progress in reaching established goals and defining the effectiveness of the nursing component of the individualized plan of care. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00187999 Based on interview, medical record review, and review of pertinent facility documents, it was determined that facility Registered Nurses (RNs) failed to coordinate medical and NJ Exec Order 26.4b1 services to ensure participant's healthcare needs	M 443			

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M 443	Continued From page 13 were met for 1 of 3 participants, Participant #2. This deficient practice was evidenced by the following: During the survey on 7/30/25 at 10:29 a.m., an interview with Participant #2 was conducted. The Participant #2 told the surveyor that the facility driver was supposed to pick-up him/her up from home by 8:45 a.m. to arrive at the center by 9:00 a.m. However, Participant #2 stated that the driver was late and that he/she had to [NJ Exec Order 26.4b1] to make it to the center in time for his/her doctor appointment which was scheduled for 9:30 a.m. Participant #2 explained that his/her [NJ Exec Order 26.4b1]. The surveyor asked Participant #2 the reason nursing staff did not coordinate his/her doctor appointments and transportation, Participant #2 stated, "I don't [NJ Exec Order 26.4b1] on the facility for appointments because there is always a problem, [NJ Exec Order 26.4b1]." Participant #2 explained that in the past he/she was told that appointments could not be made on Fridays and that he/she had to switch to doctors that were in the same building as the center or nearby. However, Participant #2 stated that many of the [NJ Exec Order 26.4b1]. At this time, the surveyor inquired if Participant #2 had to [NJ Exec Order 26.4b1] often to make it to appointments on time. Participant #2 stated that in the past he/she went to [NJ Exec Order 26.4b1] three days a week for three months. Participant #2 stated that he/she [NJ Exec Order 26.4b1] for his/her [NJ Exec Order 26.4b1] to get to [NJ Exec Order 26.4b1] and then to the center, because the center stated that the [NJ Exec Order 26.4b1] facility was too far. The surveyor reviewed the Medical Record (MR)	M 443		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PQGG17	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/30/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF WOODLAND PARK AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 MCBRIDE AVENUE WOODLAND PARK, NJ 07424		
(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 443	Continued From page 14 of Participant #2, who was admitted to the center in [REDACTED] of [REDACTED] with diagnoses of [REDACTED] and [REDACTED] [REDACTED] NJ Exec Order 26.4b1. The surveyor reviewed Participant #2's [REDACTED] NJ Exec Order 26.4b1 and signed by the participant's physician on [REDACTED] NJ Exec Order 26.4b1 which indicated that Participant #2 required [REDACTED] NJ Exec Order 26.4b1 with "NJ Exec Order 26.4b1 to medical services." In addition, the surveyor reviewed Participant #2's interdisciplinary assessment and care plan signed by a RN at the center which was dated [REDACTED] NJ Exec Order 26.4b1 that indicated that Participant #2 had [REDACTED] NJ Exec Order 26.4b1 and that the center would continue to schedule medical appointments based on the participant's needs. During the survey on 7/30/25, the surveyor was unable to interview the DON and the facility RN on-site. On 8/15/25 at 2:56 p.m., a post-survey phone interview with the Director of Nursing (DON) and another RN was conducted to inquire the reason nursing staff did not make appointments and arrange transportation for Participant #2, the DON and RN both stated that Participant #2 never asked. The surveyor then inquired if Participant #2 ever complained that he/she had to [REDACTED] NJ Exec Order 26.4b1 to get to and from doctor and [REDACTED] NJ Exec Order 26.4b1 appointments, and the DON and RN stated, "no." In addition, the surveyor inquired if Participant #2 ever complained that he/she had difficulty getting to doctor appointments because drivers at the center were late picking up or dropping off the participant, and again both, DON and RN stated, "no." In the same interview, the surveyor inquired if Participant #2 was ever denied transportation to an appointment because the location was too far, both the DON and the RN stated, "no." At this time, the DON stated that Participant #2	M 443		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PQGG17	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/30/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF WOODLAND PARK AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 MCBRIDE AVENUE WOODLAND PARK, NJ 07424		
(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 443	Continued From page 15 NJ Exec Order 26.4b1 [REDACTED]. The surveyor inquired how nursing staff knew if Participant #2 went to his/her appointments, and the DON and RN stated that Participant #2 would inform them. The DON stated that Participant #2 informed them when he/she saw NJ Exec Order 26.4b1 [REDACTED] doctor, and when he/she went to the hospital. The DON then stated that Participant #2 was in NJ Exec Order 26.4b1 [REDACTED] in NJ Exec Order 26.4b1 [REDACTED]. The surveyor inquired if they were aware of the name of Participant #2's NJ Exec Order 26.4b1 [REDACTED] the DON and RN stated that Participant #2 NJ Exec Order 26.4b1 [REDACTED] to share that information with the facility nursing staff. The surveyor reviewed the 5/9/16 facility's policy and procedure titled, "Patient Service," which indicated, "Responsible Party: Registered Nurse ... 2. The facility shall provide or arrange for the following services: occupational therapy, physical therapy, and speech-language pathology, either in the facility or outside the facility ... 3. The facility shall make referrals for services, which shall include, but not be limited to, dental laboratory, medical and radiological" The surveyor also reviewed the 5/9/16 facility's policy and procedure titled, "Provision of Nursing Services," which indicated, "... 2. Upon hire the administrator will ensure that the registered nurse fulfills his/her responsibilities as follows ... monitoring of identified medical conditions ... coordination of rehabilitative services ... Coordination of participant with necessary health care services outside the program ... Serving as an advocate to assist the participant/caregiver to resolve problems" In addition, the surveyor reviewed the 5/9/16	M 443		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PQGG17	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/30/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF WOODLAND PARK AMDC			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 MCBRIDE AVENUE WOODLAND PARK, NJ 07424		
(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 443	Continued From page 16 facility's policy and procedure titled, "Provisions of Rehabilitative/habilitative Services," which indicated, "... d. Space for rehabilitative services shall be provided in the facility, or if space is unavailable, arrangements shall be made for transportation of participants who require rehabilitative and/or habilitative services"	M 443			

WLD 10/31/25
POL#3
2025/10/31

PRESTIGE OF WOODLAND PARK Adult Day Care Center
1225 McBride Ave., Suite 208
Woodland Park, NJ 07424
Tel: (973)782-4112 Fax: (973)782-4116

Plan of Correction

M195 8:43F-2.6c Licensure Procedures

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?

The facility license was immediately removed from the Administrator's office on NJ Exec Order 26.4b1 and posted in the main lobby on 08/01/2025 where staff, participants and visitors clearly see it.

Completed 08/01/2025

2. How the facility will identify other residents having the potential to be affected by the deficient practice?

All Participants have the potential to be affected by the deficient practice of not having a publicly displayed license.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

The Licensure Procedure policy was updated by the Administrator on 9/15/2025 to specify that the facility license must be posted in a public area to all staff and participants, the updated policy became effective on 9/15/2025.

Completed 09/15/2025

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 into place to monitor the continued effectiveness of the system changes?

The Administrator will check monthly during rounds that the license remains posted. Monthly monitoring rounds began on 09/15/2025 and will continue on an ongoing basis by using License Display Verification log created and implemented by Administrator on 09/15/2025.

Effective 09/15/2025 and Ongoing

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Plan of Correction

M223 8:43F-3.1 (b) (1-7) Administration (Transportation)

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?

The Administrator, on 8/4/2025, conducted an in-service for all drivers and the Director of Transportation (DOT). The session reviewed proper completion of transportation logs, including documenting actual pick-up and drop-off times in real time and prohibiting pre-filling.

Completed 08/04/2025

2. How the facility will identify other residents having the potential to be affected by the deficient practice?

All participants who use transportation services have the potential to be affected by inaccurate transportation record.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

Administrator will ensure that the deficient practice does not reoccur. Administrator created and implemented a revised Transportation Log Procedure on 8/8/2025. The procedure clarifies that drivers must submit logs at the end of each shift and that the Director of Transportation (DOT) must verify completion daily. The Administrator provided an in-service on the revised procedure on 8/8/2025 to all drivers and DOT. Copies of the updated procedure were placed in each vehicle binder and the transportation office on 08/08/2025.

All new hired drivers will receive in-service on Transportation Log Procedure prior to first scheduled workday as of 08/08/2025.

Completed 08/08/2025 and ongoing

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Plan of Correction

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 into place to monitor the continued effectiveness of the system changes?

A new policy on Transportation Log Procedure was created by the Administrator on 8/8/2025 following the in-service with drivers on 8/4/2025 with implementation starting 8/8/2025. The DOT began daily review on 8/8/2025 signing and dating each driver transportation log for completeness, confirming review of each driver's logs. The Administrator began weekly audits on 08/08/2025 of at least 10 Transportation logs randomly for accuracy and timeliness.

The Administrator will conduct ongoing in-services for Drivers and DOT every three months to ensure that the compliance is achieved as of 08/08/2025.

Effective 8/8/2025 and Ongoing

M341 8:43F-4.2(a) (15) Participant Rights

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?

Participant #2 remains enrolled [redacted] continues to attend the program regularly, and has [redacted] with ongoing services on [redacted]. The [redacted] involved in the incident was immediately removed from providing services on [redacted].

Completed 10/10/2025

2. How the facility will identify other residents having the potential to be affected by the same deficient practice?

All Participants have the potential to be affected by the deficient practice.

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Plan of Correction

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

A Vendor Screening and Attestation Form was created by the Administrator on 8/4/2025 and implemented on 9/15/2025. This form requires all service providers and vendors to acknowledge and agree to the facility's Participant Rights and Non-Discrimination Policy before providing any services at the center. A Tracking Log was also created and implemented by the Administrator on 9/15/2025 to ensure all vendors are screened and documented.

Completed 09/15/2025

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 Administrator will maintain and update the Vendor List and review all vendor attestations quarterly started 09/15/2025. The Administrator will also solicit feedback from participants and staff following vendor-provided services and review all feedback during quarterly QA meetings starting 9/15/2025 to ensure compliance ongoing.

Effective 09/15/2025 and ongoing

M421 8:43F-6.3 (e)(1)(i) General Services

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?

Drivers #3, #4, and the Director Of Transportation (DOT) received immediate in-service training on 8/4/2025 conducted by the Administrator covering Emergency Plans, Infection Prevention and Control, Participant Rights, and Elder Abuse, HIPAA/Confidentiality. Attendance Logs and signed acknowledgments were placed in their personnel files.

Completed 08/04/2025

PRESTIGE OF WOODLAND PARK Adult Day Care Center

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Plan of Correction

2. How the facility will identify other residents having the potential to be affected by the deficient practice?

All participants have the potential to be affected by staff not being properly trained.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

A new Annual In-Service Training Calendar was created by the Administrator and Director of Nursing on 8/8/2025 and implemented on 8/15/2025.

The calendar outlines all required training topics, including emergency plans and procedures, infection prevention and control, participant rights, elder abuse, HIPAA/confidentiality, and safety.

The Administrator and DON will annually maintain the calendar, scheduling, and verify completion of all trainings and quarterly for fire safety and emergency preparedness started 08/15/2025 and ongoing.

Completed 08/15/2025 and ongoing

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? I.e. what program will be put in place to monitor the continued effectiveness of the systemic changes?

The Administrator and DON started monitoring corrective actions through ongoing staff in-service records and timely documentation on 08/15/2025. The Annual In-service Training Calendar will be reviewed quarterly to make sure all staff are in compliance completed 08/15/2025 and ongoing.

Completed 08/15/2025 and Ongoing

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Plan of Correction

M443 8:43F-7.4 (b)(2)(I-X), (3.4) Nursing Services

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?

Participant #2's care plan was reviewed and updated on [NJ Exec Order 26.4b1] by the Director of Nursing (DON) to include assistance with [NJ Exec Order 26.4b1] for medical appointments. DON, Registered Nurses (RNs) and Medical Assistant on [NJ Exec Order 26.4b1] began scheduling upcoming appointments and confirming [NJ Exec Order 26.4b1]. Participant #2 continues to participate in the program.

Completed 08/04/2025

2. How the facility will identify other residents having the potential to be affected by the deficient practice?

All Participants have the potential to be affected by the deficient practice. The DON reviewed all active care plans to verify inclusion of medical appointment coordination and transportation support, completing this review on 8/15/2025.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

The Administrator in-serviced the DON on 8/8/2025 regarding nursing responsibilities for coordinating medical and rehabilitative services, including scheduling, follow-up, and documentation. The DON conducted an in-service for all nurses on 8/15/2025 on coordinating medical and rehabilitative services, including scheduling, follow-up, and documentation and reviewed the care-plan documentation requirements. The updated procedure, which includes appointment scheduling, confirmations and participant follow-up along with random audits was created and implemented by Administrator, on 8/15/2025 and added to the nursing orientation checklist on 08/15/2025 for all new hires.

Completed 08/15/2025 and Ongoing

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? I.e. what program will be put in place to monitor the continued effectiveness of the systemic changes?

RN's have started asking for feedback from the participants regarding coordination of medical and rehab services during the Nursing Quarterly assessments started on 08/15/2025 and ongoing.

The DON began implementing and documenting monthly audits on 08/15/2025 of 10 participants Care Plans randomly to ensure compliance on coordination of medical and rehabilitative services. Audit findings are then summarized quarterly and reported to the Administrator at QA meetings started 08/15/2025 and ongoing.

The DON has also started reviewing all new participants care plans upon admission to confirm inclusion of medical coordination and transportation needs started 08/15/2025 and ongoing

Completed 08/15/2025 and Ongoing

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER PQGG17	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/5/2025	Y3
NAME OF FACILITY PRESTIGE OF WOODLAND PARK AMDC			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 MCBRIDE AVENUE WOODLAND PARK, NJ 07424		

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 M0195	Correction	ID Prefix M0223	Correction	ID Prefix M0341	Correction
Reg. # 8:43F-2.6(c)	Completed	Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-4.2(a)(15)	Completed
LSC	10/31/2025	LSC	10/31/2025	LSC	10/31/2025
ID Prefix M0421	Correction	ID Prefix M0443	Correction	ID Prefix	Correction
Reg. # 8:43F-6.3(e)(1)(i)	Completed	Reg. # 8:43F-7.4(b)(2)(i-ix),(3-4)	Completed	Reg. #	Completed
LSC	10/31/2025	LSC	10/31/2025	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
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
 7/30/2025

☐ 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 PQGG17	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/5/2025
NAME OF FACILITY PRESTIGE OF WOODLAND PARK AMDC	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 MCBRIDE AVENUE WOODLAND PARK, NJ 07424	

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LSC	10/31/2025	LSC	10/31/2025	LSC	10/31/2025
ID Prefix M0421	Correction	ID Prefix M0443	Correction	ID Prefix	Correction
Reg. # 8:43F-6.3(e)(1)(i)	Completed	Reg. # 8:43F-7.4(b)(2)(i-ix),(3-4)	Completed	Reg. #	Completed
LSC	10/31/2025	LSC	10/31/2025	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
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 7/30/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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