



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

In Re Licensure Violation:	:	NOTICE OF
	:	ASSESSMENT
	:	OF PENALTIES
Prestige of Northfield Adult Medical Day Care	:	
(NJ Facility ID# NJNE6M6S)	:	
	:	
	:	
	:	
	:	

TO:
Jay Shain, Administrator (jayshein@prestigeamdc.org)
Prestige of Northfield Adult Medical Day Care
331 Tilton Road
Northfield, New Jersey 08225

Dear Mr. Shain:

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Adult Day Health Services Facilities set forth at N.J.A.C. 8:43F-1.1 et seq.

LICENSURE VIOLATIONS AND MONETARY PENALTIES:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting a Complaint Survey at Prestige of Northfield Adult Medical Day Care (Prestige of Northfield) on April 12, 2023 and April 27, 2023. The report of this visit, which is incorporated herein by reference, revealed the following licensure violations:

The facility violated N.J.A.C. 8:43F-7.3(b), (c) 1-6 and 10.5(c)13. N.J.A.C. 8:43F-7.3(b) requires the director of nursing services to be responsible for the direction, provision, and

quality of nursing services provided to participants. The director of nursing services is responsible for developing and implementing written objectives, standards of practice, policies and procedures and an organizational plan for the nursing service. N.J.A.C. 8:43F-7.3(c) requires the facility's written policies and procedures to include, but not be limited to, the following:

1. Procedures for the assessment of the health service needs of all participants;
2. Procedures for monitoring the conditions of the participants on a continuing basis;
3. Procedures for the notification of the administrator if there are significant changes in a participant's condition;
4. Procedures for the assessment of the participant's need for referral to a physician, advanced practice nurse or physician assistant;
5. Procedures for maintaining records as required by the facility; and
6. A policy statement that each nurse shall serve as a resource person and health educator to the participants and to the administrator of the facility.

N.J.A.C. 8:43F-10.5(c)13 requires a facility to maintain a record in the serving area for each participant, identifying the participant by name, and including diet order, known allergies, and other information, such as meal patterns when on a calculated diet.

The facility violated N.J.A.C. 8:43F-7.3 (b), (c) and 10.5(c)13 because facility staff were not aware of the existence of a diet and allergy record for reference during meal service and did not know where the diet and allergy records were located, which placed the participants at risk for harm. The Director of Nursing (DON) was unable to provide documentation of staff training on the participants' diet and allergy reference records. According to the DON's job description, the DON's specific duties were to develop and implement staff education and develop an in-service training program for personnel at the facility. In addition, the facility Policy and Procedure titled "Dietary Requirements" required that a record shall be maintained in the serving area for each participant, identifying the participant by name, diet order, and other information, such as meal patterns when on a "calculate diet and for allergies." The facility did not develop and implement standards of practice regarding participant diets and allergies and did not maintain records as required by facility policy.

Based on observation, interview, and record review on April 12, 2023, and April 27, 2023 Survey staff determined that the facility failed to ensure that a Participant diet and allergy reference record was available to staff and located in the serving area. The DON was asked by Survey staff if she had a list with diets and allergies for all participants. The DON first stated that there was no list, but then mentioned an index card with the food allergies of the participants. After reviewing the list, a surveyor noticed that 3 of 4 sampled participants were not on the list. On April 27, 2023, surveyors toured the kitchen and the serving area located in the common area to look for a list with diets and allergies for all participants but could not find one. On April 27, 2023, during meal service, the surveyor asked an activity aide that if she did not know the diet or allergies of a participant, and it wasn't on the index card, where she would look. The activity aide explained that she would ask the nurse because they are not allowed in the participants' charts. The activity aide also stated that some of the participants know what they can and cannot have. On April

27, 2023, a surveyor interviewed a second activity aide who stated that if she had a question about diets or allergies of participants, she would ask the nurse. The second activity aide was asked by surveyors if there was a list with diets and allergies of all participants that was accessible to staff; the activity aide denied seeing such list. On April 27, 2023, the surveyors asked the Registered Nurse (RN) if there was a list with diets and allergies of all participants that can be accessed by staff. The RN stated that the facility used to have a diet book and that the DON is now working on a new one. On April 27, 2023, the surveyors interviewed the DON regarding how staff knew the diets and allergies of all participants. The DON explained that she educated staff on diets thoroughly but that she did not have the education and in-services provided to staff documented.

The facility submitted an acceptable removal plan on April 27, 2023.

In accordance with N.J.A.C. 8:43E-3.4(a)(8), because the violations of N.J.A.C. 8:43F-7.3 and 10.5(c)13 represented a direct risk that a participant's physical or mental health would be compromised, a \$1,000 penalty per violation may be assessed for each day noncompliance is found. For the two violations, the Department is assessing a \$2,000 penalty for each day from the beginning of the survey on April 12, 2023, through April 26, 2023, the last day the facility was out of compliance with these regulations. In accordance with N.J.A.C. 8:43E-3.4(a)(8), the total penalty assessed for the two violations amounts to \$30,000 (\$2,000 x 15 days).

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. **On all future correspondence related to this Notice, please refer to Control X23010.**

INFORMAL DISPUTE RESOLUTION (IDR):

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests **must be made in writing within ten (10) business days from receipt of this letter** and must state whether the facility opts for a telephone conference, or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and

4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel.

Send the above-referenced information to:

Nadine Jackman
Office of Program Compliance
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. **Requesting IDR does not delay the imposition of any enforcement remedies.**

FORMAL HEARING:

Prestige of Northfield is entitled to a prompt formal hearing at the Office of Administrative Law (OAL) to challenge this assessment of penalties pursuant to N.J.S.A. 26:2H-13. Please note that a facility's rights to IDR and an administrative law hearing are not mutually exclusive and both may be simultaneously invoked by the facility. The facility must advise this Department within 30 days of receipt of this letter if it requests an OAL hearing regarding this matter.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance
New Jersey Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Prestige of Northfield is owned by a corporation, representation by counsel is required by law.

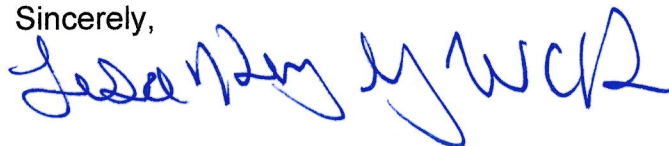
In the event of an OAL hearing regarding this matter, Prestige of Northfield is further required to submit a written response to every charge as specified in this Notice, which shall accompany its request for a hearing.

In accordance with N.J.A.C. 8:43E-3.5(c)1, failure to submit a written request for a hearing within 30 days from the date of receipt of this notice will render this a final agency decision assessing the amount of the penalty, which shall then become due and owing. Further, at the request of the Department, the Clerk of the Superior Court or the Clerk of the Superior Court, Law Division, Special Civil Part, shall record the final order assessing the penalty

on the judgment docket of the court, in accordance with N.J.S.A. 2A-58-10. The final agency decision shall thereafter have the same effect as a judgment of the court.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please contact Lisa King, Office of Program Compliance at (609) 376-7751.

Sincerely,



Lisa King, Program Manager
Office of Program Compliance
Division of Certificate of Need and
Licensing
New Jersey Department of Health

LK:WCK

DATE: July 14, 2023
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #AX23010

- c. Pamela Lebak
Gene Rosenblum
Kiisha Johnson
Michelle Palicia
Kara Morris