

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 922TYU	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/08/2021
NAME OF PROVIDER OR SUPPLIER MT ARLINGTON SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2 HILLSIDE DRIVE MOUNT ARLINGTON, NJ 07856		
(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
A 000	Initial Comments Initial Comments: Census: 46 Sample: 5 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 2/8/2021. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	A 000		
A1289	8:36-18.2(d) Infection Prevention and Control Services (d) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, incorporated herein by reference, as amended and supplemented, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine in accordance with N.J.A.C. 8:36-4.1(a). The General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, which are available on the Internet at http://www.cdc.gov/nip/publications/acip-list.htm . The facility shall provide or arrange for pneumococcal vaccination of residents who have not received this immunization, prior to or on	A1289		

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

TITLE

(X6) DATE

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A1289	<p>Continued From page 1</p> <p>admission unless the resident refuses offer of the vaccine.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to consistently offer pneumococcal vaccinations, to prevent some cases of pneumonia, to residents upon admission to the facility and failed to document the offered pneumococcal vaccination administration or refusal for 2 of 5 residents reviewed for Pneumococcal Vaccination administration, Resident #1 and Resident #2. This deficient practice was evidenced by the following:</p> <p>On 2/8/21 at 9:00 a.m., during entrance conference of the COVID-19 Focused Infection Control survey, the surveyor requested to review documented evidence of influenza and pneumococcal vaccination administration for Resident #'s 1-5. At 11:00 a.m. the facility provided the surveyor with the Resident Immunization Records (RIR) for Residents #1 through Resident #5 which included the following:</p> <ol style="list-style-type: none"> 1. Resident #1 the RIR was blank under Pneumonia Vaccine. 2. Resident #2 the RIR was blank under Pneumonia Vaccine. 3. Resident #3 the RIR had the date of [REDACTED] under Pneumonia Vaccine, which was a date prior to the resident's Executive Order 26, 4.b. 4. Resident #4 the RIR had the date of [REDACTED] under Pneumonia Vaccine, which was a date prior to the resident's Executive Order 26, 4.b. 5. Resident #5 the RIR had the date of [REDACTED] under Pneumonia Vaccine, which was a date 	A1289		

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A1289	<p>Continued From page 2</p> <p>prior to the resident's Executive Order 26, 4.b..</p> <p>At 11:40 a.m., the surveyor interviewed the Director of Resident Care (DRC) regarding the pneumonia vaccinations for the above residents. The DRC stated that the facility does not offer the residents the pneumonia vaccination on admission. She then stated that it would be up to the resident's physicians to order the pneumonia vaccination if they want them to get it, additionally, she added that the facility provides the flu vaccine every year.</p> <p>At 11:46 a.m., the surveyor interviewed the Executive Director regarding the pneumonia vaccination, who stated that she was unaware whether or not the if the pneumonia vaccination was offered, however, that the facility could offer the pneumonia vaccination going forward.</p> <p>The surveyor reviewed the Communicable Disease Screening for Resident #1 on Executive Order and observed that the space designated for Pneumococcal Vaccine was left blank.</p> <p>The surveyor reviewed the facility provided policy titled, "Pneumonia," with an effective date of 10/1/17, which documented under procedures that the facility would, "Offer pneumococcal vaccine to residents on admission."</p>	A1289		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 922TYU	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/4/2021	Y3
NAME OF FACILITY MT ARLINGTON SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 2 HILLSIDE DRIVE MOUNT ARLINGTON, NJ 07856		

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 A1289	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.2(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/08/2021	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/8/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			