STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         02A026			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		12	2/02/2020		
NAME OF PROVIDER OR SUPPLIER STREET			TADDRESS, CITY, STATE, ZIP CODE				
RBOR TE	RRACE NORWOOD		PPAN ROAD POD, NJ 07648				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 000	Initial Comments		A 000				
	Initial Comments: Census: 82						
	was conducted by th 12/02/2020. The faci compliance with the Code 8:36 infection of for Licensure of Assis Comprehensive Pers	ility was found not to be in New Jersey Administrative control regulations standards sted Living Residences, sonal Care Homes and rams and Centers for Prevention (CDC)					
	including a completion and ensure that the p to correct deficiencies action in accordance	mit a plan of correction, on date for each deficiency plan is implemented. Failure as may result in enforcement with provisions of New e Code Title 8, Chapter 43E, nsure Regulations.					
A 310	8:36-3.4(a)(1) Admin	istration	A 310				
	responsible for, but r 1. Ensuring the	r or designee shall be not limited to, the following: development, enforcement of all policies including resident rights;					
		/SUPPLIER REPRESENTATIVE'S SIGNATU		TITLE		(X6) DATE	

STATEMENT	sey Department of Hea T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
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A 310	Continued From page	e 1	A 310			
		F is not mot as suideneed				
	by: Based on staff intervi was determined that	Γ is not met as evidenced iews and review of records it the facility failed to have an				
	Response Plan on th accordance with the Health (NJDOH) mer 20-013, and Executiv deficient practice occ	Plan and post the Outbreak e facility's website, in New Jersey Department of no, Executive Directives ve Directive 20-026. The curred during the COVID-19				
	residents.	e potential to affect all				
	Findings included:					
	dated 03/06/2020, ind is a reminder that pur ("Act") long-term care as nursing homes, as comprehensive perso health care facilities a are required to have	Response Plan memo, dicated; "This memorandum rsuant to N.J.S.A. 2H-12.87 e facilities, defined in the Act ssisted living residences, onal care homes, residential and dementia care homes an outbreak response plan				
		c effect on August 15, 2019 til February 11, 2020 to				
	dated 05/20/2020, re " 1. No later than N care facilities as defin shall supplement or a outbreak plan to inclu	kecutive Directive 20-013-1, vealed the following: May 19, 2020, all long-term ned in N.J.S.A. 26:2H-12.872 amend their current disease ude a COVID-19 testing plan d patients/residents. "Staff" to				
		this Directive include all				

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A 310	direct care workers a within the LTC (such and kitchen staff). 2. At a minimum, the currently available CI guidance and address a. Work exclusion of participate in COVID- authorize release of t LTC, until such time a testing and the result disclosed to the LTC; b. Plans to address a absences) and facility outbreak" 3. NJDOH Executive dated 10/20/2020, re "I. Requirements for Reopening of Long-T Living Residences, C Care Homes, Reside and Dementia Care H 3. Facilities are requi "Outbreak Plan" as re 26:2H-12.87. The pla limited to lessons lea and experience with must include a strate communication with s families or guardians disease outbreaks as 26:2H-12.87. The Ou include: i. Methods to commu- mitigating actions imp prevent or reduce the including if normal op	nd nondirect care workers as administrative, janitorial Plan shall be consistent with DC and DOH public health s the following components: staff who test refuse to 19 testing, or refuse to their testing results to the as such staff undergoes s of such testing are staffing (including worker y demands due to the e Directive No. 20-026-1, vealed the following: Initiating a Phased form Care Facilities, Assisted comprehensive Personal ntial Health Care Facilities, Homes red to have a documented equired by N.J.S.A. in must include but not be rined from the response to COVID-19. Further, the plan gy for effective and clear staff, patients/residents, their	A 310	DEFICIENCY		

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A 310	Continued From page	e 3	A 310			
	<ul> <li>Continued From page 3</li> <li>ii. Methods to provide cumulative updates for residents, their representatives, and families of those residing in the facilities at least once weekly, in particular during a curtailed visitation period.</li> <li>iii. Written standards, policies and procedures that provide for virtual communication (e.g. phone, video-communication, Facetime, etc.) with residents, families and resident representatives, in the event of visitation restrictions due to an outbreak of infectious disease or in the event of an emergency.</li> <li>iv. A documented strategy for securing more staff in the event of a new outbreak of COVID-19 or any other infectious disease or emergency among staff</li> <li>4. The outbreak plan must be posted on the facility's website for public view by October 30, 2020"</li> <li>1. A review of information on the facility's website and printed information titled, "Escalating from COVID Watch" revealed an outline on ways to keep residents as safe, active and connected as possible.</li> </ul>					
	have an Outbreak Re and outlined in the N. Plan memo and afore Executive Directives On 12/02/2020 at 5:5 conducted with the E related to the Outbrea					
	conducted with the E	0 PM, an interview was xecutive Director (ED) ak Response Plan. The ED				

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A 310	Continued From page	e 4	A 310			
	NJ Ex Order 26:401 and cour Response Plan that w developed by 02/11/2 the information on the "Escalating from COV	2020. The ED indicated that e facility's website titled, /ID Watch" was what the heir Outbreak Response				
A1271	8:36-18.1(a) Infection Prevention and Control Services		A1271			
	(a) The facility shall d infection prevention a	evelop and implement an Ind control program.				
	by: Based on staff intervit the facility failed to pr that the facility retained with an Infection Prev accordance with the f	is not met as evidenced ew, it was determined that ovide documented evidence ed or entered into a contract ventionist by 10/30/2020, in Executive Directive 20-026 eficient practice occurred pandemic.				
	Findings included:					
	(NJDOH) issued Exer 20-026-1, dated 10/2 "iv. Facilities with N a. Facilities with 100 hemodialysis services 1) Hire a full-time em	0/2020, indicated; No Ventilator Beds or more beds or on-site				

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			OD, NJ 07648	PROVIDER'S PLAN OF		0.00
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A1271	Continued From page	9 5	A1271			
	2021. 2) Prior to the hiring of program, facilities have enter into a contract f Facilities must have, i contract, by October 3 the start of the flu sea 3) Responsibilities of a minimum, developin control policies and p infection surveillance, competency-based tr adherence to recomm and control practices Document review rev provide a copy or a d contract/agreement of an Infection Control F On 12/02/2020 at 5:5 conducted with the E2 inquire about facility's ED indicated that per corporation entered a company on 10/09/20 for the infection control The facility was provis and provide documer surveyor for review, p following the exit. The	aining of staff and auditing hended infection prevention " ealed that the facility did not ocumentation of a onfirming that facility hired Preventionist. 5 PM, an interview was xecutive Director (ED) to a Infection Preventionist. The the corporate office, the contract with a consulting 020 to meet the requirement ol services. ded an opportunity to supply intation of the contract to the prior to the survey exit and a contract was never				
	provided to the surve no documented evide contract for infection designated Infection	yor by the facility. There was ence that the facility had a control services person or a Preventionist, in accordance s of NJDOH Executive				