

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
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NAME OF PROVIDER OR SUPPLIER SOLANA MARLBORO, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 52 COUNTY ROAD 520 MORGANVILLE, NJ 07751
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(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	<p>Initial Comments</p> <p>Initial Comments: Census 73</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 4/21/20 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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility records, it was determined that the facility Executive Director (ED) failed to ensure the development and implementation of comprehensive policies and procedures to address, manage, and control the spread of</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>Covid-19 in accordance with April 4, 2020 instructions issued by the Commissioner of the Department of Health (DOH).</p> <p>This deficient practice was evidenced by:</p> <ol style="list-style-type: none"> 1) During a tour on 4/20/20 at 9:45 a.m. with the Director of Building Services the surveyor observed 11 residents watching television in the "██████ Living Room." Residents were participating in a group activity. The April 4 instructions issued by the DOH stated that "The facility shall cancel all resident group activities." 2) The surveyor was told by the ED at 10:18 a.m., that all residents meals were served in their rooms except for the residents of the ██████. The ED stated residents of the ██████ had meals in the dining room and were separated. DOH instructions, issued April 4, instructed "The Facility shall discontinue communal dining for its residents." <p>At 11:15 a.m. the surveyor reviewed the facility policy, dated April 17, 2020, "Interim Guidance for Preventing Spread of SARS-Cov2/Covid 19. The facility policy did not address the cancellation of group activities nor did the policy provide instructions to the facility staff regarding elimination of communal dining.</p> <p>The ED did not ensure measures were taken and procedures established to prevent the spread of Covid-19 in accordance with DOH instructions.</p> <p>The surveyor returned to the facility at 6:05 p.m. and observed 3 residents of the ██████ sitting together at a table in the dining room. Residents were not socially distanced and were not wearing face masks. The Executive Director returned to the building at 7:00 p.m. and provided the</p>	A 310		

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A 310	Continued From page 2 surveyor with a plan of correction (POC) that addressed items 1 and 2. This POC was accepted by the DOH at 7:36 p.m.	A 310		
A1273	<p>Refer to 8:36-18.1(b) A1273</p> <p>8:36-18.1(b) Infection Prevention and Control Services</p> <p>(b) The licensed professional nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health care services director, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility records, it was determined that the facility Director of Nursing (DON) failed to coordinate with the facility administrator the development and implementation of comprehensive policies and procedures to address, manage, and control the spread of Covid-19 in accordance with April 4, 2020 instructions issued by the Commissioner of the Department of Health (DOH).</p> <p>This deficient practice was evidenced by:</p>	A1273		

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A1273	<p>Continued From page 3</p> <p>1) During a tour on 4/20/20 at 9:45 a.m. with the Director of Building Services the surveyor observed 11 residents watching television in the "██████ Living Room." Residents were participating in a group activity. The April 4 instructions issued by the DOH stated that "The facility shall cancel all resident group activities."</p> <p>2) The surveyor was told by the Executive Director (ED) at 10:18 a.m., that all residents meals were served in their rooms except for the residents of the ██████. The ED stated residents of the ██████ had meals in the dining room and were separated. DOH instructions, issued April 4, instructed "The Facility shall discontinue communal dining for its residents."</p> <p>At 11:15 a.m. the surveyor reviewed the facility policy, dated April 17, 2020, "Interim Guidance for Preventing Spread of SARS-Cov2/Covid 19. The facility policy did not address the cancellation of group activities nor did the policy provide instructions to the facility staff regarding elimination of communal dining.</p> <p>The DON did not ensure measures were taken and procedures established to prevent the spread of Covid-19 in accordance with DOH instructions.</p> <p>Refer to tag: 8:36-3.4(a)1 A0310</p>	A1273		

THE SOLANA MARLBORO



May 8th, 2020

To whom it may concern,

The following is our plan for correction relative to the April 18, 2020 visit to The Chelsea at the Solana Marlboro ("Solana"). The Solana considers the safety of its residents of paramount importance and despite the difficult times for residents and staff, it complies with all standards of care and policies regarding the COVID-19 pandemic. Previous to the visit, the Solana implemented policies and procedures to comply with the April 4, 2020 memorandum from Judith Persichilli regarding Infection Prevention and Control of Coronavirus Disuses 2019.

The Solana had discontinued all communal activities and communal dining and began serving residents in their rooms. As you can appreciate, certain residents in the dementia unit become fearful and have a strong desire to wander outside of the rooms to be near their friends. The Solana promptly directs these residents back to their rooms.

While the Solana believes its policies were in compliance with all NJ and CDC directives, the Solana is pleased to implement the following correction plan for the items found in the visit dated April 18th to further bolster its policies:

A310

8:36-3.4(a)(1) Administration

1. The corrective action for all residents residing in the secured [REDACTED] unit was to discontinue all group activities and serve all meals in the resident rooms. Any resident that is observed to not be eating/drinking will be reported to the HSD or designee.
 - a. Began April 19th, 2020
 - b. Staff in-serviced on portable hydration, redirecting residents and all meals being served in their rooms on April 22nd, 2020
2. All ambulatory residents in the secured [REDACTED] unit have been identified as having the potential to be affected by the same deficient practice.
 - a. Identified on April 19th, 2020
 - b. At the time of assessment or during a change of condition, the General Service Plan will be updated with interventions to address agitation, redirection, and emotional support as needed

THE SOLANA MARLBORO



3. Staff will redirect all residents in the secured [REDACTED] unit back to their rooms to ensure they are not congregating in building common areas. All furniture (dining room chairs, living room couches, lounge chairs, etc.) have been removed to deter residents away.
 - a. All new or updated Policy and Procedure information will be included on the agenda during routine daily Department Head and staff meetings as well as quarterly Safety and Quality meetings
 - b. Staff in-serviced on redirecting residents who reside in the memory care unit back to their rooms on April 22nd, 2020
 - c. Began April 19th, 2020
4. The Executive Director/designee will ensure staff are routinely monitoring the unit common areas and hallways to help redirect residents back to their rooms. Any resident that is not able to be redirected will be reported to the HSD or designee.
 - a. Began April 19th, 2020

A1273

8:36-18.1(b) Infection Prevention and Control Services

1. The corrective action for all residents residing in the [REDACTED] unit was to discontinue all group activities and serve all meals in the resident rooms to help minimize risk. Any resident that is observed to not be eating/drinking will be reported to the HSD or designee.
 - a. Began April 19th, 2020
 - b. Staff in-serviced on portable hydration, redirecting residents and all meals being served in their rooms on April 22nd, 2020
2. All ambulatory residents in the secured [REDACTED] unit have been identified as having the potential to be affected by the same deficient practice.
 - a. Identified on April 19th, 2020
 - b. At the time of assessment or during a change of condition, the General Service Plan will be updated with interventions to address agitation, redirection, and emotional support as needed
3. Staff will redirect all residents in the secured [REDACTED] unit back to their rooms to ensure they are not congregating in building common areas. All furniture (dining room chairs, living room couches, lounge chairs, etc.) have been removed to deter residents away.
 - a. All new information will be included on the agenda during routine Department head meetings, as well as, monthly policy and procedure development meetings
 - b. Staff in-serviced on redirection of demented residents April 22nd, 2020
 - c. Began April 19th, 2020

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4. The Executive Director/designee will ensure staff are routinely monitoring the unit common areas and hallways to help redirect residents back to their rooms. Any resident that is not able to be redirected will be reported to the HSD or designee.
 - a. Began April 19th, 2020

By providing this corrective action plan, the Solana does not admit any liability or violation of any law, regulation or directive. The plan of correction should be considered a subsequent remedial measure to further bolster its policies.

Sincerely,

Jamie Kellenbach
Executive Director

