

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/17/2020
NAME OF PROVIDER OR SUPPLIER MERRY HEART ASSISTED LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 118 MAIN STREET SUCCASUNNA, NJ 07876		
(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: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/17/2020. 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. Census - 39 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A1297	8:36-18.3(a)(4) Infection Prevention and Control Services (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following: 4. Surveillance techniques to minimize sources and transmission of infection; This REQUIREMENT is not met as evidenced by:	A1297		

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

TITLE

(X6) DATE

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A1297	<p>Continued From page 1</p> <p>Based on observation, staff interviews, record review, the facility failed to implement and New Jersey Executive Directive to ensure proper screening of residents for COVID-19 were conducted to include the assessment of residents' blood pressure (BP) readings. In addition, the facility failed to screen visitors to the facility for one of one observation. The facility was in Phase 0 of reopening, and this affected 39 of 39 residents in the assisted living. This deficient practice occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health issued Executive Directive 20-026-1, dated 10/20/2020, detailed, "...III. -2- iii. Facilities must actively screen all persons entering the building for signs and symptoms of COVID-19...</p> <p>IV.1.iv. Facilities shall screen all residents, at minimum during every shift, with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure, temperature, and pulse oximetry...."</p> <p>1. On 11/17/2020 at 8:41 AM, an interview was conducted with the Wellness Director (WD). The WD stated the facility was at Phase 0 as of 11/06/2020, when assisted living (AL) residents tested COVID-19 positive. The WD indicated the other residents were being screened for COVID-19 which included vital signs (VS) consisting of temperature, pulse, and oxygen saturation (O2 sat) every shift. The residents blood pressure (B/P) was taken monthly, and all were documented in the electronic medical</p>	A1297		

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A1297	<p>Continued From page 2</p> <p>record (EMR). The WD indicated she monitored the VS after staff noted them in the EMR.</p> <p>On 11/17/2020 at 9:45 AM, an interview was conducted with Certified Medication Aide #1 (CMA). The CMA stated residents were screened every shift for COVID-19 signs and symptoms, and the temperature, pulse and O2 were noted in the EMR. BP were taken monthly and as needed.</p> <p>Review of randomly selected resident records revealed VS consisting of temperature, pulse, and O2 sat were documented twice daily, and B/Ps documented monthly.</p> <p>On 11/17/2020 at 10:35 AM, an interview was conducted with the WD, who stated she was unaware B/Ps were required to be taken every shift since they were in Phase 0 of reopening.</p> <p>2. On 11/17/2020 at 8:30 AM, the surveyor was admitted to the facility through a locked entrance door by a staff member who stated she would accompany the surveyor to the basement. No attempt to screen the surveyor was made, and the surveyor requested a meeting with the in-charge person for the day. At 8:33 AM, the Wellness Director (WD) met the surveyor at the entrance and proceeded to accompany her to the basement to a conference room. The surveyor requested to be screened prior to advancing into the facility. The surveyor was then screened, with temperature and questionnaire, by the WD. No staff were present at the reception desk at that time.</p> <p>On 11/17/2020 an interview was conducted with the WD immediately following the screening process. The WD indicated the receptionist was responsible to screen visitors to the facility and</p>	A1297		

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A1297	Continued From page 3 she had not arrived to work yet.	A1297			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 14A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/9/2020
NAME OF FACILITY MERRY HEART ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MAIN STREET SUCCASUNNA, NJ 07876	

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 A1297	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.3(a)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/31/2020	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 11/17/2020		<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			



Merry Heart Assisted Living, LLC – NJ Facility ID # NJ 14A002

A 1297 8:36-18(a)(4) Infection Prevention and Control Services

The Facility failed to screen visitors to the facility

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

All staff responsible for screening visitors in the Facility will be trained on the importance of following CDC guidelines for visitation.

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

All residents have the potential to be affected by this deficient practice.

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

All staff will be in-serviced on the importance of following the Visitor & Employee Respiratory screening questions before allowing visitors and employees into the facility.

Date of completion: December 31, 2020

- 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 systematic changes?**

The administrator or designee will conduct random observation 3x per week on how the screening process is conducted for visitors and employees.

Results of the audits will be submitted to Quality Assurance and Performance Improvement Committee monthly. The Committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.

Date of completion: December 31, 2020



Merry Heart Assisted Living, LLC – NJ Facility ID # NJ 14A002

A 1297 8:36-18(a)(4) Infection Prevention and Control Services

The Facility failed to implement NJ Executive Directive to ensure proper screening of residents for COVID-19 to include the assessment of resident's blood pressure (BP) readings.

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

All residents at MHAL will have their vital signs (Temperature, Heart rate, Respirations, Blood Pressure, pain, and pulse oximetry) taken and recorded every shift.

All residents at MHAL will be monitored every shift for the following signs and symptoms of COVID-19 (Shortness of breath when sitting at rest or when lying flat, sore throat, Worsening malaise, Headache, new dizziness, nausea, vomiting, diarrhea, loss of taste or smell) and record in their medical record.

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

All residents have the potential to be affected by this deficient practice.

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

All Nurses, CMA's, C.N.A.'s will be in-serviced on the importance of every shift monitoring and documentation for signs and symptoms of COVID-19 and Vital signs in the resident chart.

Date of completion: December 31, 2020

- 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 systematic changes?**

The administrator or designee will conduct every other day audits for the monitoring and documentation of vital signs and signs and symptoms of Covid-19 for three months. Results of the audits will be submitted to Quality Assurance and Performance Improvement Committee monthly. The Committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.

Date of completion: December 31, 2020