

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE ASSISTED LIVING OF RANDOLPH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>648 ROUTE 10 RANDOLPH, NJ 07869</b>
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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: 79</p> <p>Sample size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 01/15/2022. 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> <p>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.</p>	A 000		
A1283	<p>8:36-18.2(a)(5) Infection Prevention and Control Services</p> <p>(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>5. Fact Sheet on Respiratory Hygiene/Cough</p>	A1283		

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

TITLE

(X6) DATE

03/07/22

New Jersey Department of Health

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A1283	<p>Continued From page 1</p> <p>Etiquette in Healthcare Settings, December 17, 2003, Department of Health and Human Services, Centers for Disease Control and Prevention.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy and the Centers for Disease Control and Prevention (CDC) Guidelines, it was determined that the facility failed to implement an infection prevention and control program (IPCP) to ensure that facility staff appropriately used personal protective equipment (PPE) between residents care to prevent the possible transmission of Covid-19 and other communicable diseases and infections for 3 of 5 direct care staff members observed.</p> <p>Findings included:</p> <p>Reference: Centers for Disease Control and Prevention (CDC): Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection, last updated on 09/10/2021, and retrieved on 01/20/2022 from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943</a> which states, " ...HCP [healthcare personnel] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH [National Institute for Occupational Safety and Health]-approved N95 or equivalent or higher-level respirator, gown,</p>	A1283		

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A1283	<p>Continued From page 2</p> <p>gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) ...."</p> <p>1. On 01/15/2022 at 9:50 AM, the surveyor observed Registered Nurse (RN) #1 entered Room # [REDACTED]. The room had a sign on the door that read, "Stop! Resident is on [REDACTED] precautions! Enter only if wearing PPE for standard, contact and droplet precautions." The signage also included instructions on what PPE was required to enter the room, specifically an N95 mask, face shield and/or goggles, gown, and gloves. The surveyor observed RN #1 wore an N95 mask when she entered the resident's room, but none of the other required PPE. The resident was not wearing a face covering while RN #1 was in the resident's room. RN #1 provided care to the resident and was in the resident's room for approximately 30 minutes.</p> <p>During an interview on 01/15/2022 at 10:30 AM, RN #1 told the surveyor that the resident who occupied Room # [REDACTED] was [REDACTED]. RN #1 stated that she had been educated to follow standard contact and droplet precautions. She stated that she was supposed to wear full PPE that included a gown, goggles, and gloves, in addition to the N95 mask that she was wearing, when caring for the resident. RN #1 acknowledged that she was not wearing other required PPE and that she only wore the N95 mask. In addition, RN#1 stated that she also provided care to other facility residents who were [REDACTED].</p> <p>2. On 01/15/2022 at 10:36 AM, the surveyor observed Care Manager (CM) #1 entered Room # [REDACTED]. The room had a sign on the door that read, "Stop! Resident is on [REDACTED] precautions! Enter</p>	A1283		

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A1283	<p>Continued From page 3</p> <p>only if wearing PPE for standard, contact and droplet precautions." The surveyor observed CM #1 wore two surgical masks such that the masks overlapped her nose. CM #1 provided care to the resident in the room who was not wearing a face covering at the time CM #1 was in the room. CM #1 exited the room, upon completion of care to the resident..</p> <p>The surveyor observed CM #1 immediately entered another resident's room, Room # [REDACTED], after exiting Room # [REDACTED]. The signage on Room # [REDACTED] also included a direction for staff to wear appropriate full PPE for [REDACTED] precautions.</p> <p>During an interview on 01/15/2022 at 10:53 AM, CM #1 stated that the residents who occupied Rooms # [REDACTED] and # [REDACTED] had tested [REDACTED]. CM #1 stated that the facility had continued to educate staff on the appropriate PPE to wear when in contact with residents on transmission-based precautions. CM #1 identified that she was required to wear an N95 mask, gown, gloves, and face shield, but acknowledged that she wore two surgical masks that overlapped each other. CM #1 indicated that the facility had an adequate supply of PPE, however, she stated that she preferred to wear two surgical masks (that overlapped each other) because the surgical masks were more comfortable and that it enabled her to breathe better. CM #1 told the surveyor that she also provided care to other facility residents who were [REDACTED].</p> <p>3. On 01/15/2022 at 11:17 AM, the surveyor observed CM #2 providing care to a resident in Room # [REDACTED]. The surveyor observed a signage on the entrance door which advised staff to wear full PPE consistent with [REDACTED] precautions. CM #2 failed to ensure she wore a gown when she</p>	A1283		

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A1283	<p>Continued From page 4</p> <p>entered the room to provide care to the resident who occupied the room.</p> <p>During an interview on 01/15/2022 at 11:28 AM, CM #2 told the surveyor that the resident who occupied Room # [redacted] had tested [redacted]. CM #2 stated she was required to wear full PPE when she entered rooms of [redacted] resident. CM #2 acknowledged she failed to wear a gown as part of the full PPE required, when she entered Room [redacted]. CM #2 told the surveyor that she also provided care to residents that were tested [redacted].</p> <p>On 01/15/2022 at 11:37 AM, the surveyor interviewed the Executive Director (ED) and the Director of Nursing (DON). During the interview, the DON verified that the facility was in [redacted] status related to several staff and residents who tested [redacted]. The DON stated that the facility had continued to provide education on the appropriate PPE to wear when staff cared for residents who tested [redacted]. The DON stated that staff were to wear full PPE, which included an N95 mask, gown, goggles, and gloves and that the appropriate use of PPE was necessary to prevent staff-to-staff and/or staff-to-resident cross-contamination and vice versa. The DON stated that staff's noncompliance with the use of PPE could affect the facility's ability to contain the spread of the [redacted]. The ED added that RN #1, CM #1, and CM #2 "knew better." The ED stated that RN #1, CM #1, and CM #2 had been trained multiple times on the need to use the appropriate PPE when providing care to residents who tested [redacted] or were under investigation for [redacted]. The DON confirmed that the facility did not have staff dedicated for residents</p>	A1283		

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A1283	<p>Continued From page 5</p> <p>who were <b>NJ Ex Order 26.4b1</b>. The DON stated that the facility trained staff and relied on staff compliance on proper utilization of PPE. The DON stated that as a precaution, staff were directed staff to start care for residents who were tested <b>NJ Ex Order 26.4b1</b>. The ED concluded and stated that the facility would retrain all their staff on the appropriate use of PPE.</p> <p>The surveyor's review of facility policy titled, "Fundamental Principles of Infection Prevention," last revised in 06/2021, revealed, "Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, secretions and excretions except sweat (regardless of whether or not they contain visible blood), non-intact skin (including rashes), and mucous membranes. Consistent use of standard precautions serves two purposes: 1) prevent the spread of infection among residents and 2) protect team members from infection. The CDC recommends standard precautions for the care of all residents, regardless of diagnosis or presumed infection status. Standard precautions include: Hand hygiene - one of the most effective ways to prevent the spread of infection ... Personal protective equipment (PPE) - includes gloves, gowns, facemasks; use of PPE is determined by risk assessment of anticipated exposure to infectious material." This facility policy was not consistently implemented on 1/15/22.</p>	A1283		



**Sunrise Senior Living  
Plan of Correction**

Name of Community: Sunrise of Randolph  
 Address of Community: 648 State Route 10 West, Randolph, NJ 97869  
 License number: 60A012  
 Inspection date(s): 1/15/22

Name/Title of Legal Entity Representative Signing the Plan of Correction:  
NJ Ex Order 26.4b1

Signature of Sunrise Representative: NJ Ex Order 26.4b1  
 Date of Submission: 2/17/22; 3/7/22

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A1283	1/15/22          1/17/22	<p><b>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these residents are the residents specified in the Statement of Deficiencies (SOD).</b></p> <p>The Resident Care Director and Assisted Living Coordinator immediately in-serviced RN#1, CM#1 and CM#2 on proper PPE use when caring for residents who tested <u>NJ Ex Order 26.4b1</u></p> <p><b>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</b></p> <p>There was potential for all residents to be affected by this practice. The Executive Director and the Department Coordinators immediately rolled out in-services combined with observation of staff for return demonstration regarding use of Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 and Fundamental Principles of Infection Prevention.</p>

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*





Regulation	Target Date by Which Correction will be completed	Plan of Correction
	2/15/22	<p><b>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</b></p> <p>Upon hire, annually and as needed, staff are trained on use of Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 and Fundamental Principles of Infection Prevention, which aligns with New Jersey Administrative Code 8:36 infection control regulations standards and Centers for Disease Control Prevention (CDC) recommendation practices.</p> <p>After training is provided, staff are then observed by the respective Department Coordinator or designee, to verify staff know when and how to use PPE. Any deviations are addressed immediately, and additional training provided as necessary.</p> <p>Additional in-services with return demonstration were completed between 2/23 and 3/3/22.</p> <p>Documentation of training and observations are maintained by the Business Office Coordinator.</p>
	2/15/22	<p><b>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 systemic changes.</b></p> <p>Initiated weekly observations with return demonstrations for up to 3 months. The Executive Director or designee is completing observations of staff to verify appropriate PPE use when caring</p>





Regulation	Target Date by Which Correction will be completed	Plan of Correction
		<p>for residents with confirmed or suspected COVID-19.</p> <p>The outcomes of the above observation and monitoring plan will be discussed during the monthly Quality Assurance and Performance Improvement (QAPI) committee for up to three months, by the Executive Director or designee to confirm that the processes outlined above are sustained.</p> <p>During and at the conclusion of the 3-month period, the committee will re-evaluate and initiate any necessary action or extend the review process.</p> <p>The Executive Director is responsible for ensuring, implementing, and the ongoing compliance of this POC and addressing and resolving any variances that may occur.</p> <p><b>Completion Date: 3/16/22</b></p>

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60A012	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/7/2022
Y1		Y2
NAME OF FACILITY SUNRISE ASSISTED LIVING OF RANDOLPH		STREET ADDRESS, CITY, STATE, ZIP CODE 648 ROUTE 10 RANDOLPH, NJ 07869

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 A1283	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.2(a)(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	03/16/2022	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 1/15/2022	<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
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