STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	C 07/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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: Survey: Focused Infection Control Census: 93 Sample: 3 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 7/15/2024. 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		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/09/24

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to develop, implement, and enforce a policy and procedure to ensure housekeeping staff followed proper cleaning procedures to reduce potential cross-contamination of the resident's environment in response to an NJ ex order 26.4b1 [redacted] This deficient practice was evidenced by the following: On 7/15/2024 at 9:30 a.m., the surveyor interviewed the facility's Infection Control Preventionist (ICP) who stated that there were NJ ex [redacted] cases in the facility. At 12:26 p.m., the surveyor observed housekeeper (HK) #1 in the hallway with a cleaning cart and a yellow mop bucket, which contained a large string mop head with a handle. The surveyor interviewed the HK, who stated that when the residents' rooms were cleaned, the mop head and water were changed between every two rooms. At 12:34 p.m., the surveyor interviewed HK #2, who indicated that the mop head and mop water should be changed after every two to three rooms were cleaned. HK #2 further stated that microfiber mop heads were used in resident bathrooms only and changed after each bathroom was cleaned. At 12:42 p.m., the surveyor interviewed the HK Director, who stated that housekeeping staff used string mops to clean resident rooms, and the mop water and mop head were changed every two to three rooms. Additionally, the HK Director	A 310		

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A 310	Continued From page 2 confirmed that the microfiber mop heads were used to clean the floor in the residents' bathrooms only, and the microfiber mop heads were changed after each room. The surveyor reviewed a facility policy titled, "Housekeeping Policy- General", with a revised date of 5/9/2024, that indicated, "Procedures 2. Resident rooms:.. Do not forget to change water every four (4) rooms." At 1:30 p.m., the surveyor interviewed the facility's ICP, who stated that microfiber mop heads should be used in resident rooms and changed after each room. The facility general housekeeping policy was not comprehensive and did not include instructions that mirrored the ICPs, and the standard for disinfection during an outbreak of COVID-19 to prevent cross contamination from one resident area to another.	A 310		
A1185	8:36-17.2(b) Housekeeping-Sanitation-Safety-Maintenance (b) Housekeeping personnel shall be trained in cleaning procedures, including the use and care of equipment. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility's housekeeping failed to follow	A1185		

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A1185	Continued From page 3	A1185		

proper cleaning procedures to reduce the potential for cross-contamination of the resident's environment during an NJ ex order 26.4b1 This deficient practice was evidenced by the following:

On 7/15/2024 at 9:30 a.m., the surveyor interviewed the facility's Infection Control Preventionist (ICP), who stated that there were [redacted] cases in the facility.

At 12:26 p.m., the surveyor observed housekeeper (HK) #1 in the hallway with a cleaning cart and a yellow bucket, which contained a large string mop head with a handle. The surveyor interviewed the HK, who stated that when the residents' rooms were cleaned, the mop head and water were changed between every two rooms.

At 12:34 p.m., the surveyor interviewed HK #2, who indicated that the mop head and mop water should be changed after every two to three rooms were cleaned. Continued interview revealed that microfiber mop heads were used in resident bathrooms only and changed after each bathroom was cleaned.

At 12:42 p.m., the surveyor interviewed the HK Director, who stated that housekeeping staff used string mop heads to clean resident rooms, and the mop water and mop heads were changed every two to three rooms. Additionally, the HK Director confirmed that the microfiber mop heads were used to clean the floor in the residents' bathrooms only, and the microfiber mop heads were changed after each room.

At 1:30 p.m., the surveyor interviewed the facility's ICP who stated that microfiber mop

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A1185	Continued From page 4 heads should be used in resident rooms and changed after each room.	A1185		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
YMOSFX		8/22/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 08/08/2024	ID Prefix A1185 Reg. # 8:36-17.2(b) LSC	Correction Completed 08/08/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/15/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: RWFP12