

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315187</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/16/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ECHELON CARE &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1302 LAUREL OAK ROAD</b> <b>VOORHEES, NJ 08043</b>		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS  COMPLAINT # NJ 153072, 154593, 155483, 155484.  CENSUS: 194  SAMPLE SIZE: 5  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584			7/12/22

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

TITLE

(X6) DATE

Electronically Signed

07/07/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 154593</p> <p>Based on observations, interviews and review of pertinent facility documents on 6/13/2022, 6/15/2022, and 6/16/2022, it was determined that the facility failed to maintain a clean, sanitary, and home-like environment in good repair in accordance with their policy for resident's rooms on the 4th and 5th floor, elevators and a Day Room. This deficient practice is evidenced by the following:</p> <p>During a tour of the 5th floor on 6/13/2022 at 12:05 p.m., accompanied by the Unit Manager (UM) and the Administrator, room 519 was observed with buildup of dust on the windowsill,</p>	F 584	<p>F584</p> <p>1)Concerning the dust buildup that was observed in multiple areas of rooms and bathrooms in room's, 519,429,414, and 430 Housekeeping immediately began high dusting all areas in those rooms.</p> <p>1B) The loose chair rail in room 519 was repaired.</p> <p>1C) the sharp wooden frame of the door in 519 that was found to have jagged edges exposed, was repaired.</p> <p>1D) the day room on 4th floor observed with dust buildup was immediately cleaned.</p> <p>1E) The walls and floors in all elevators that had dirt along the edges, and walls covered with marks were all cleaned.</p>		

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F 584	<p>Continued From page 2</p> <p>the chair rail, closet, and on the floors. In a section near the door the chair rail was loose with an exposed nail sticking out. The door was observed to have pieces of the wood frame separating from the door with jagged edges exposed.</p> <p>During interviews on 6/13/2022 at 12:12 p.m., the Administrator stated that room 519 was ready for an admission despite the condition of the room.</p> <p>During the tour on the 4th floor on 6/15/2022 from 11:00 a.m. to 11:40 a.m., rooms 429 and 430 were observed with a buildup of dust on the chair rail, on top of the refrigerators, on the floors, under the beds, in the bathrooms and residents' call bell.</p> <p>On 6/15/2022 unsampled residents on the 4th floor were interviewed and reported, they were not happy with the cleanliness of the rooms. The residents reported that the housekeeper had already cleaned their rooms that morning but, they never dust. The residents stated, they had informed the administration several times that the rooms were dusty, however, nothing was ever done.</p> <p>On 6/16/2022, during a tour of the facility with the HKD from 11:30 a.m., to 12:30 p.m., the following were observed:</p> <ul style="list-style-type: none"> <li>-the walls and floors inside two elevators were observed to be dirty. The floors had a buildup of dirt along the edges and the walls were covered with marks. The HKD agreed that the elevator walls and floors needed to be cleaned.</li> <li>- Resident's room 414 with buildup of dust on the chair rail, on the top of the toilet tank lid, on the</li> </ul>	F 584	<p>There were no negative effects to any residents as a result of above-mentioned findings.</p> <p>2) The deficiencies cited are related to housekeeping and maintenance. All residents have the potential to be affected by these deficient practiced.</p> <p>3) The housekeeping staff were in-serviced on 6/17/2022 on room carbolization and proper cleaning of rooms. The Maintance staff was in-serviced on 6/17/2022 on how to properly maintain resident rooms.</p> <p>4)The housekeeping and Maintenance director are inspecting and conducting audits of all areas of the facility daily to ensure cleanliness and proper maintenance for 4 weeks and biweekly thereafter for 2 months. All findings will be reviewed quarterly at facility QA meeting.</p>		

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F 584	<p>Continued From page 3</p> <p>windowsill and on the heating unit. The mirror hanging on the bathroom door was cloudy from dirt and dust. At the time of the observation room 414 was occupied. The HKD agreed the room was very dusty and appeared that it had not been dusted for some time.</p> <p>- On the 4th floor Day Room, the windowsills and heating/air conditioner units (4) had a buildup of dust covering the tops of the units.</p> <p>During an interview on 6/16/2022 at 11:15 a.m., the Housekeeping Director (HKD) reported that they have one housekeeper on each floor and that housekeeper is responsible to clean 32 rooms. The cleaning should consist of cleaning the entire room, they should dust from high to low areas, sweep, and mop the floors, clean the bathroom toilet, sink and showers. The walls, window frames, baseboards, and floors, should be dusted and wiped down.</p> <p>During an interview on 6/16/2022 at 11:45 a.m., the housekeeper assigned to the 4th floor reported that he already cleaned room 414 that day between 7:30 and 8:00 a.m., however, he did not dust the room.</p> <p>A review of the Resident Council Minutes for May 2022 revealed a complaint by the residents on the 4th and 5th floor that the housekeepers were not properly cleaning the rooms. It was noted in the minutes that the facility addressed the issue by in servicing the housekeepers on proper cleaning of the rooms.</p> <p>During an interview on 6/16/2022 at 1:50 p.m., the Administration reported that the facility did not have a staffing shortage in the housekeeping department, that it was normal to only have 1</p>	F 584			

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F 584	Continued From page 4 housekeeper on each floor/unit; however, they could use more help and it would be nice to have 2 housekeepers on each floor.  A review of the facility policy titled "Quality of Life - Homelike Environment" revealed the following under Policy Statement: Residents are provided with a safe, clean, comfortable, and homelike environment..."  NJAC 8:39-31.4(a)	F 584			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315187	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/20/2022
NAME OF FACILITY ECHELON CARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1302 LAUREL OAK ROAD VOORHEES, NJ 08043	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0584	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/12/2022	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/16/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO