

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 06A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2024
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NAME OF PROVIDER OR SUPPLIER NEW STANDARD SENIOR LIVING AT MILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 VILLAGE DRIVE MILLVILLE, NJ 08332
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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: Type of Survey: Covid-19 Focused Infection Control Survey</p> <p>Census: 112</p> <p>Sample: 3</p> <p>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</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>by: Based on observation and review of pertinent facility documents, it was determined that the facility's administrator failed to implement and enforce the facility's policy and procedure titled "Out Break Response Plan." This deficient practice is evidence by the following:</p> <p>On 1/12/2024 at 9:45 a.m., while conducting a Focused Infection Control - COVID 19 survey, the surveyor interviewed the the Administrator who indicated that no infection control in-services or use of personal protective equipment (PPE) in-services had been conducted since the COVID-19 outbreak on 1/04/2024. The Administrator further reported the facility's Infection Preventionist was hired on NJ ex order 26.4b1 NJ ex order 26.4b1. The Administrator also reported that only positive COVID-19 residents' families were notified of the COVID-19 outbreak, but that signs mandating the use of masks in the facility were posted.</p> <p>At 10:45 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN #1) who stated that she did not have any infection control related in-services since her initial orientation in NJ ex order 26.4b1</p> <p>At 11:05 a.m., the surveyor interviewed LPN #2 who stated that she received training on proper hand-wasing technique during her orientation in NJ ex order 26.4b1 but NJ ex order 26.4b1.</p> <p>At 12:00 p.m., the surveyor reviewed the policy titled, "Out Break Response Plan" which states, "The Center will inform residents and their representatives within 12 hours of a single</p>	A 310		

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A 310	Continued From page 2 confirmed infection of COVID-19, Influenza or norovirus." The policy further states that the facility will conduct mandatory staff education which includes hand hygiene, outbreak disease symptoms, reporting the occurrence of symptoms of resident and staff and transmission-based precautions.	A 310		