

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15a007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/07/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALLEGRIA AT THE FOUNTAINS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 HAYES MILL ROAD ATCO, NJ 08004</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 98 Sample Size: 5</p> <p>Standard Survey of 82 residential units</p> <p>The facility is not in substantial compliance with all of the standards in New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</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		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 891		

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

TITLE

(X6) DATE

03/08/22

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A 891	<p>Continued From page 1</p> <p>Based on observations, interviews, New Jersey Administrative Code (NJAC) 8:24, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to prepare, distribute, and serve food under sanitary conditions. Specifically, the facility failed to ensure dietary staff performed hand hygiene in between tasks for 2 of 4 staff observed in the kitchen, Dietary Aide #1 and Cook #1. Both failed to ensure sanitizing solution used in cleaning food preparation surfaces was of the appropriate parts per million (PPM).</p> <p>This deficient practice had the potential to affect all residents in the facility that received food from the facility kitchen and occurred during the COVID-19 pandemic. Findings included:</p> <p>Reference: N.J.A.C. 8:24-2.3, Personal cleanliness, indicates, "(f) Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: 1. After touching bare human body parts other than clean; hands and clean, exposed portions of arms; 2. After using the toilet room; 3. After caring for or handling service animals or aquatic animals; 4. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking, except as specified in N.J.A.C. 8:24-2.4(a)2; 5. After handling soiled equipment or utensils; 6. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; 7. When switching between working with raw food and working with ready-to-eat food; 8. Before donning gloves for working with foods; and 9. After engaging in other activities that contaminate the hands."</p>	A 891		

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A 891	<p>Continued From page 2</p> <p>Reference: CDC Hand Hygiene Guidance, retrieved from <a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a> (updated 01/30/2020 and retrieved on 12/09/2021), read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores."</p> <p>1. On 12/07/2021 at 11:24 AM, the surveyor toured the kitchen and observed that Cook #1 stood behind the meal preparation table and was responsible for cutting and preparing the vegetable salad which was to be served to residents. Although Cook #1 wore a pair of gloves during the food handling process described above, she intermittently adjusted her mask and reached in her pocket during the meal preparation, thereby contaminating her gloves. Cook #1 failed to remove her gloves and perform hand hygiene after her gloved hands had been contaminated.</p> <p>On 12/07/2021 at 11:30 AM, Cook #1 stated that she did not know that there was the potential to cross-contaminate the vegetable salad after</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>intermittently adjusting her mask and reaching in her pocket. Cook #1 acknowledged that she did not perform glove changes and hand hygiene after the identified practice. Cook #1 stated that she received hand hygiene training every week through facility-wide in-services.</p> <p>On 12/07/2021 at 11:36 AM, the surveyor observed Dietary Aide #1 in the kitchen as she placed washed cooking pots on what she identified as the ready-to-use pot rack. Dietary Aide #1 repeatedly adjusted her mask, and without performing glove changes or hand hygiene, she continued to place cooking pots on the rack which contained the ready-to-use cooking pots. Dietary Aide #1's handling of the pots was such that her hands were in contact with the inner cooking portions of the pots.</p> <p>On 12/07/2021 at 12:51 AM, Dietary Aide #1 stated that she did not know that there was the potential she had contaminated the washed and ready-to-use pots when she handled them in the manner described above after intermittently adjusting her mask. She stated that she last received hand hygiene training the week before the survey. Per Dietary Aide #1, she was trained on the need to wash her hands after any bodily contact, after using the bathroom, and in between tasks.</p> <p>2. On 12/07/2021 at 11:27 AM, the surveyor observed dietary staff in the kitchen. Cook #1 cleaned the food preparation countertop before she set lettuce and other vegetables, which she was preparing to make vegetable salads with, on the countertop. After Cook #1 was observed to have performed the identified procedure, the surveyor clearly made Cook #1 aware that the solution in the bucket was to be tested, and the</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>Assistant Director of Food Service (ADFS) had gone to retrieve the test strip. After being clearly instructed about the aforementioned information, Cook #1 immediately grabbed the bucket containing the sanitizing solution and poured the contents into the sink, thereby hindering the surveyor from testing the sanitizing solution. Nonetheless, the ADFS tested the sanitizing solution in use by Dietary Aide #2 and reported the solution recorded 100 PPM after approximately five minutes of contact time.</p> <p>On 12/07/2021 at 1:07 PM, the surveyor interviewed the ADFS and the Certified Assisted Living Administrator (CALA). The ADFS stated that dietary staff completed a log which recorded the PPM of the sanitizing solution. The ADFS stated that it was the individual dietary staff's responsibility to ensure the sanitizing solution was changed as needed to ensure it maintained its recommended concentration. The ADFS stated that the sanitizing solution needed to be at a minimum of 200 PPM to be considered potent enough to perform its sanitizing function. He acknowledged, however, that the sanitizing solution recorded 100 PPM when Dietary Aide #2 used the solution as explained above.</p> <p>The ADFS acknowledged that the consequence of not having the sanitizing solution at the correct strength meant the surfaces and other utensils were not sanitized appropriately and could result in the spread of food-borne infection across the facility. The CALA stated that when there was a breach in infection control practice in the kitchen, it affected the entire population of the residents as they all ate meals which came from the kitchen. Per the CALA, Cook #1 would be educated not to impede the survey process going forward.</p>	A 891		

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A 891	Continued From page 5  The facility's undated, Sanitizer Use Concentrations For Food Service And Food Production Facilities Policy, read in part, "A quaternary ammonium compound solution shall have a minimum temperature and contact time based on the concentration as listed in the following chart 150-400 PPM 75°F 30 Seconds ..."  On 12/07/2021 at 2:53 PM, the ADFS clarified the facility's policy regarding their use of quaternary ammonium compound solution. Per the ADFS, the interpretation of the policy was that the sanitizing solution was to be at a minimum of 150 PPM and maximum of 400 PPM.	A 891		
A1041	8:36-14.3(a) Emergency Services and Procedures  (a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills.	A1041		

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A1041	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, document review, and facility policy review, it was determined that the facility failed to perform the required monthly fire drills. Specifically, the facility failed to ensure four fire drills occurred on the 3:00 - 11:00 PM shift annually. This failed practice could endanger the lives of the residents by possibly delaying response/evacuation time. Findings included:</p> <p>1. On 12/07/2021 at approximately 1:38 PM, the Certified Assisted Living Administrator (CALA) provided the logs of the fire drills conducted by the facility. The logs revealed the facility conducted a total of six fire drills on the 7:00 AM to 3:00 PM shift and a total of six fire drills on the 11:00 PM to 7:00 AM shift. However, the log revealed the facility completed only one of the required four fire drills on the 3:00 PM to 11:00 PM shift, on 11/17/2021.</p> <p>On 12/07/2021 at 4:15 PM, the Maintenance Director stated that he <b>NJ Ex Order 26.4b1</b> and did not find a log which reported any additional fire drills that were conducted on the identified evening shift. He clarified that the facility had not scheduled a drill for the rest of the year.</p> <p>On 12/07/2021 at 4:18 PM, the CALA stated the fire drills on the 3:00 PM to 11:00 PM "were just not done."</p> <p>The undated facility policy, titled, "Fire Training, Fire Drills, Fire Regulations/Procedure Posting," reported under the policy portion, "It is the policy of the Fountains at Cedar Parke to comply with the requirement of NJAC 8:39-31-6(a-c) regarding employee fire training, fire drills and fire regulations/procedure posting." It was further</p>	A1041		

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A1041	Continued From page 7  reported under the procedure portion of the policy, "Fire drills shall be conducted a total of 12 times per year, with at least one drill on each shift and one drill on a weekend."	A1041		
A1043	8:36-14.3(b) Emergency Services and Procedures  (b) The facility shall request of the local fire department that at least one joint fire drill be conducted annually. Upon scheduling a joint fire drill, the facility shall notify first aid and civil defense agencies of this drill and shall participate in community-wide disaster drills.  This REQUIREMENT is not met as evidenced by: Based on interviews, facility document review, and facility policy review, it was determined that the facility failed to request the local fire department conduct at least one joint drill with the facility. This failure had the potential to delay response/evacuation time in the event of a fire. Findings included:  1. On 12/07/2021 at approximately 1:38 PM, the Certified Assisted Living Administrator (CALA) provided the logs of the fire drills conducted by the facility. The logs revealed the facility conducted a total of six fire drills on the 7:00 AM to 3:00 PM shift, one fire drill on the 3:00 PM to 11:00 PM shift, and a total of six fire drills on the 11:00 PM to 7:00 AM shift. However, the record indicated that none of the fire drills were conducted jointly with the local fire department.  On 12/07/2021 at 4:15 PM, the Maintenance	A1043		

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A1043	<p>Continued From page 8</p> <p>Director stated that he <b>NJ Ex Order 26.4b1</b> and did not find any report which indicated a drill was conducted with the local fire department. He clarified that the facility had not scheduled a drill for the rest of the year.</p> <p>On 12/07/2021 at 4:18 PM, the CALA stated that the facility did not conduct a fire drill with the local fire department because they were overwhelmed with COVID-19. She added that the facility had issues congregating residents (referring to the inability to maintain social distancing).</p> <p>The undated facility policy, titled, "Fire Training, Fire Drills, Fire Regulations/Procedure Posting," reported under the policy portion, "It is the policy of the Fountains at Cedar Parke to comply with the requirement of NJAC 8:39-31-6(a-c) regarding employee fire training, fire drills and fire regulations/procedure posting."</p>	A1043		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, Centers for Disease Control and Prevention (CDC) guidelines, and New Jersey Department of Health (NJDOH) Executive Directive 20-026-1, last revised 01/06/2021, it was determined that the facility failed to implement an Infection Prevention</p>	A1271		

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A1271	<p>Continued From page 9</p> <p>and Control Program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to ensure unvaccinated staff wore masks over their nose when they congregated with other staff and were less than six feet apart. This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic. Findings included:</p> <p>Reference: NJDOH issued Executive Directive No. 20-026-1, last updated 01/06/2021, indicated the following: "3. Cohorting, PPE and Training Requirements in Every Phase:</p> <p>i. Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE, if applicable. All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g., breakroom).</p> <p>ii. Facilities shall implement universal source control for everyone in the facility."</p> <p>Reference: A review of the CDC publication, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", last updated 09/10/2021, indicated, "Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to</p>	A1271		

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A1271	<p>Continued From page 10</p> <p>high community transmission or who have: Not been fully vaccinated ..."</p> <p>A review of the regional positivity rate reported in the COVID-19 Activity Level Index (CALI) weekly report at the time pertinent to the survey revealed the facility was in a region (Southwest) which was noted to be a region with a high CALI score of 3 (A score which indicated the community transmission rate of COVID-19).</p> <p>1. Surveyor observation in the facility's main kitchen on 12/07/2021 at 11:24 AM revealed the Assistant Director of Food Service (ADFS), Dietary Aide #1, Dietary Aide #2, Dietary Aide #3, Dietary Aide #4, and Cook #1 wore their masks below the jaw and stood in close proximity of (approximately 2 feet) from each other.</p> <p>On 12/07/2021 at 12:51 PM, Dietary Aide #1 stated that she had been educated to always wear her mask above the nose. Per Dietary Aide #1, her mask slipped down her nose when she talked. Dietary Aide #1 acknowledged she had the mask below her jaw.</p> <p>On 12/07/2021 at 12:59 PM, ADFS stated that although he had been educated to always wear his mask over his nose, it was hard to keep it up because the mask repeatedly slipped.</p> <p>On 12/07/2021 at 3:49 PM, during an interview with the Infection Control Preventionist (ICP), she stated all staff were trained to wear masks, regardless of vaccination status. She said staff had to wear masks for staff-to-staff and staff-to-resident interactions. She stated that the facility was just cleared of an outbreak status a few days prior to the survey due to a staff member who tested positive for COVID-19. The</p>	A1271		

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A1271	<p>Continued From page 11</p> <p>ICP verified that the facility was in a high CALI region, and it was pertinent that staff and residents adhered to the requirement dictated for when the facility was in such a region. The ICP stated a surgical mask was to be worn by staff at all times. The ICP stated that proper wearing of masks over the nose and mouth was important because it helped prevent cross-contamination between residents and/or staff.</p> <p>On 12/07/2021 at 12:02 PM, the Certified Assisted Living Administrator (CALA) provided the vaccination list of all staff members at the facility. A review of the list revealed [REDACTED] against COVID-19. Addressing the observation, the CALA stated that although the facility's weekly test last conducted on 12/02/2021 did not indicate that [REDACTED] NJ Ex Order 26.4b1, she clarified that if they were carriers, there was the potential they had contaminated the staff who were present in the kitchen. The CALA concluded that the facility would keep the staff and residents on closer monitoring.</p>	A1271		

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NAME OF PROVIDER OR SUPPLIER  FOUNTAINS AT CEDAR PARKE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 114 HAYES MILL ROAD ATCO, NJ 08004
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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: 98 Sample Size: 5</p> <p>Standard Survey of 82 residential units</p> <p>The facility is not in substantial compliance with all of the standards in New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</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		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 891	<p><b>NJ Ex Order 26.4b1</b></p>	2/14/22

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

**NJ Ex Order 26.4b1**

(X6) DATE

2/4/22

ID Prefix Tag A891

- 1.Cook #1 and all other dietary staff were inserviced on hand hygiene, cross contamination and proper glove use by the dietary director and IP. Sanitizer will be changed every 2 hours and tested for proper concentration levels.
2. Upon review all residents are vulnerable and were potentially affected by this deficiency.
3. Frequent observations while preparing food and all other dining services have been put into place. Spot checks will be done by the dietary director and or manager.
4. The Director of Dining or the manager on duty will be using a checklist to ensure all issues are resolved. Dietary compliance will be discussed during QAPI quarterly by the Administrator to ensure effectiveness.

Completion Date: 2/7/22

ID Prefix Tag A1041

- 1 The facility has hired a company to conduct fire drills, **NJ Ex Order 26.4b1**
2. Upon review all residents are vulnerable and were potentially affected by this deficiency.
3. Fire Drills will be conducted monthly in this order 7-3, 3-11, 11-7. Repeating drills every quarter for a total of (4) 7-3, (4) 3-11, (4) 11-7 for Annually.
4. The administrator will ensure that fire drills are done and included quarterly at QAPI.

Completion Date: 2/14/22

ID Prefix Tag A1043

1. An annual fire drill with the local fire and emergency services will be done annually.
2. Upon review all residents are vulnerable and were potentially affected by this deficiency.
3. The director of maintenance has reached out to the local fire department to collaborate on an annual fire drill.
4. The administrator will ensure that a yearly drill with the local fire department will be done.

Completion Date: 2/14/22

ID Prefix Tag A1271

- 1.Cook #1, Dietary aides 1,2,3 and 4 were inserviced/educated on proper mask wearing,PPE donning/doffing and social distancing by dietary director and IP.
2. Upon review all residents are vulnerable and were potentially affected by this deficiency.
3. Director of dietary and/or managers will spot check the kitchen for mask wearing and social distancing.

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4.Administrator will ensure that dietary staff has been educated and inserviced, and will be part of the quarterly QAPI.

Completion Date: *2/7/22*