

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1a006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE ASSISTED LIVING, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>45 ROUTE 206 HAMMONTON, NJ 08037</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: 78</p> <p>Sample: 3</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 9/21/21. 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		
A1291	<p>8:36-18.3(a)(1) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>1. In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, at N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel having these infections, diseases, or conditions;</p>	A1291		

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

TITLE

(X6) DATE

10/25/21

New Jersey Department of Health

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A1291	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure that the Executive Director (ED) developed and implemented a policy for resident and staff screening in Phase 0 of reopening in accordance with the requirements of the New Jersey Department of Health (DOH) Executive Directive No. 20-026 to <b>Executive Order 26, 4.b.</b> of <b>Executive Order 26, 4.b.</b> for 3 of 3 residents reviewed for <b>Executive Order 26, 4.b.</b> Residents #'s 1, #2, and #3. This deficient practice was evidenced by the following:</p> <p>Reference: NJDOH Executive Directive No. 20-026, updated 1/6/21, indicated the following " ...Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS) ... Section IV (iv). Required standards for services during each phase. 1. Phase 0 ... Facilities shall screen all residents at minimum during every shift with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure (BP), temperature and pulse oximetry ... Section IV (ii) Screen and log all persons entering the facility and all staff at the beginning of each shift in accordance with section (III)(2)(i) to (xi) of this Directive ...Section 2(iv.) Facilities must actively screen all persons entering the building (except EMS personnel during an emergency) for signs and symptoms of COVID-19. Screening is to include: ...b. Completion of a questionnaire about symptoms and potential exposure ...."</p> <p>On 9/21/21 at 10:00 a.m., the Executive Director</p>	A1291		
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A1291	<p>Continued From page 2</p> <p>informed the surveyor that Resident #1 was <b>Executive Order 26, 4.b.</b> in the month <b>Executive Order 26, 4.b.</b>. The ED further explained that Resident #1 was <b>Executive Order 26, 4.b.</b> in the resident's room. In addition, the ED reported that one staff member was <b>Executive Order 26, 4.b.</b> on <b>Executive Order 26, 4.b.</b>, and two staff members <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b> on <b>Executive Order 26, 4.b.</b> that had not been exposed to Resident #1 or each other identifying that the facility was in Phase 0. The surveyor asked the ED how the facility screened the residents and staff members for COVID-19. The ED replied that the staff were tested for COVID-19 twice a week and the residents were tested based on symptoms as of the day of survey 9/21/21. The facility performed PCR (polymerase chain reaction) testing for COVID. Also, the resident's vital signs were taken three times a day.</p> <p>1. At 11:30 a.m., the surveyor interviewed the Director of Nursing (DON) who stated that the facility did not have a resident COVID-19 screening tool. However, the DON informed the surveyor that the residents were monitored for COVID-19 symptoms by care staff who took resident temperatures daily after breakfast. The DON confirmed that the staff just performed temperature checks and no other vital signs (Blood Pressure, Pulse, Pulse Oximetry) as required in the Executive Order (EO).</p> <p>The surveyor asked to review the resident screening logs for three shifts. The surveyor was provided with a copy of the facility <b>Executive Order 26, 4.b.</b> " forms for the dates <b>Executive Order 26, 4.b.</b>, which displayed columns for temperature, B/P, pulse, and pulse oximetry with a list of facility residents. Further surveyor review of the <b>Executive Order 26, 4.b.</b> identified that</p>	A1291		
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A1291	<p>Continued From page 3</p> <p>the temperature column was completed but the B/P, the pulse, and the pulse oximetry columns were left blank.</p> <p>At 11:45 a.m., the surveyor reviewed Resident #1's medical record which indicated that Resident #1 was <b>Executive Order 26, 4.b.</b> with <b>Executive Order 26, 4.b.</b></p> <p><b>Executive Order 26, 4.b.</b> In addition, surveyor review of Resident #1's "Resident Notes" revealed that the Licensed Practical Nurse (LPN) documented on <b>Executive Order 26, 4.b.</b> that Resident #1 had a <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b> and was <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> The LPN further documented on <b>Executive Order 26, 4.b.</b> that Resident #1 remained <b>Executive Order 26, 4.b.</b></p> <p>The surveyor reviewed Resident #1's "Routine Medications" which indicated that a <b>Executive Order 26, 4.b.</b></p> <p>Additionally, the surveyor reviewed the <b>Executive Order 26, 4.b.</b> for Resident #1, Resident #2 and Resident #3 which indicated that the facility did not perform a full set of vital signs after receiving a <b>Executive Order 26, 4.b.</b> which placed the facility in Phase 0.</p> <p>The surveyor noticed during record review, that there was no documented evidence that the required screening process of a temperature, blood pressure, pulse, pulse oximetry, and screening for symptoms of COVID-19 was consistently performed every shift during the facility outbreak period in accordance with NJDOH Executive Directive No. 20-026, updated 1/6/21.</p> <p>2. At 12:30 p.m., the surveyor asked the Concierge to explain the facility visitor and staff screening process. The Concierge informed the surveyor that the visitors' temperatures were</p>	A1291		
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A1291	<p>Continued From page 4</p> <p>taken prior to entering the facility and a COVID-19 questionnaire was completed. The Concierge further informed the surveyor that she did not perform staff screening. The staff were screened in the Health and Wellness office located on the second floor.</p> <p>The surveyor conducted interviews with facility staff regarding daily screening when entering the facility which revealed the following:</p> <p>a) Certified Nursing Aide #1 (CNA) informed the surveyor that she enters the facility and reports to the Health and Wellness office where she had her temperature checked before beginning her assignment.</p> <p>b) CNA #2 explained to the surveyor that she was screened with a temperature check in the Health and Wellness office and sanitized her hands prior to beginning her assignment.</p> <p>c) Certified Home Health Aide (CHHA) #1 explained to the surveyor that she was screened in the Health and Wellness office daily with a temperature check but did not complete a questionnaire.</p> <p>d) CHHA #2 informed the surveyor that she goes to the Health and Wellness office to get her temperature checked and there was no questionnaire to fill out.</p> <p>e) Activities Director informed the surveyor that the activity staff were screened in her office on the first floor next to the Concierge desk. Additionally, the Activities Director explained that she had performed a temperature check daily on staff and kept record. The AD confirmed that there was no questionnaire for COVID-19</p>	A1291		

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A1291	<p>Continued From page 5</p> <p>symptoms. The surveyor was provided with a copy of the Activity staff "Temperature List" which indicated that daily temperature checks and times the checks were performed.</p> <p>f) LPN #1 informed the surveyor that staff were screened daily with a temperature checks in the Health and Wellness office as they come in to receive their assignments. Additionally, the staff did not fill out a COVID-19 symptom questionnaire.</p> <p>At 2:30 p.m., the surveyor reviewed the facility staff "Temperature List" that was provided by the DON as evidence of staff screening. The "Temperature List" dated 8/29 thru 9/24/21, displayed a list of staff names with columns for day, time and temperature that were completed.</p> <p>The surveyor noticed during facility record review that there was no documented evidence of a COVID-19 symptom questionnaire being completed by facility staff as required by the above listed NJDOH Executive Directive for screening.</p>	A1291		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 1a006 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/8/2021 <span style="float: right;">Y3</span>
NAME OF FACILITY HERITAGE ASSISTED LIVING, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 45 ROUTE 206 HAMMONTON, NJ 08037

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 A1291	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.3(a)(1)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	11/08/2021	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 9/21/2021		<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		