

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20A002 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 11/03/2020 |
| NAME OF PROVIDER OR SUPPLIER UNITED METHODIST COMMUNITIES AT THE SHORES | | STREET ADDRESS, CITY, STATE, ZIP CODE 2201 BAY AVENUE OCEAN CITY, NJ 08226 | | |
| (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: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/03/2020. 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 the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The census was 132.</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 473 | <p>8:36-5.1(g) General Requirements</p> <p>(g) The assisted living residence, comprehensive personal care home, or assisted living program shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility document review, the facility failed to ensure visitors wore a mask for the duration of a visit for 1 (Resident #1) of 1 resident observed with visitors. This occurred during the COVID-19 pandemic and had the potential to affect all</p> | A 473 | | |

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

TITLE

(X6) DATE

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| A 473 | <p>Continued From page 1</p> <p>residents in the facility. The census was 132.</p> <p>Findings included:</p> <p>Review of the facility guidelines titled, "Indoor visits at United Methodist Communities," revised on 09/11/2020, read in part, "10. Food should not be consumed during the visits. 11. For the duration of the visits, residents must wear face coverings or masks, and visitors must wear face coverings or masks."</p> <p>On 11/03/2020, the surveyor visited the assisted living residence (ALR) and reviewed the medical record of Resident #1. The resident moved into the facility on [REDACTED] with diagnoses which included essential [REDACTED] and [REDACTED]</p> <p>On 11/03/2020 at 3:22 PM, the surveyor observed two family members visiting in Resident #1's apartment. No one was wearing a mask and family members were drinking out of a cup.</p> <p>On 11/03/2020 at 3:23 PM, the surveyor interviewed the family members and asked if they were told to wear masks. They indicated they were told to wear the mask coming up to the room, but they had not been advised about masks once they were in the resident's room.</p> <p>On 11/03/2020 at 6:08 PM, the surveyor interviewed the Executive Director (ED), who indicated that she expected visitors to wear their mask during the entire visit while visiting with a resident. The ED further indicated that family members had been given the indoor visit guidelines and she also mentioned it on the Zoom calls that Resident #1's family member participated in.</p> | A 473 | | |

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| A1297 | Continued From page 2 | A1297 | | |
| A1297 | <p>8:36-18.3(a)(4) 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>4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to properly screen 1 of 5 (Certified Nursing Assistant (CNA) #3) facility employees for COVID-19 before entry to the facility. This occurred during the COVID-19 pandemic and had the potential to affect all residents in the facility. The census was 132.</p> <p>Findings included:</p> <p>On 11/03/2020 at 2:55 PM, the surveyor observed CNA #3 entering the facility and approached the front desk. Receptionist #4 greeted CNA #3 and took CNA #3's temperature and indicated to CNA #3, "you are good to go."</p> <p>On 11/03/2020 at 3:00 PM, the surveyor interviewed Receptionist #4, who indicated that she knew CNA #3, but should have asked her the screening questions for COVID-19.</p> <p>On 11/03/2020 at 3:29 PM, the surveyor interviewed CNA #3, who indicated that Receptionist #4 did not ask her the screening</p> | A1297 | | |

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| A1297 | Continued From page 3 questions for COVID-19. CNA #3 stated that when the virus first started, the screening questions were asked all the time before entering the building. On 11/03/2020 at 5:05 PM, the surveyor interviewed the Executive Director (ED), who indicated the screening questions should have been asked before CNA #3 starting her shift. The ED further indicated that there were typically two staff sitting at the desk during shift change, one took the temperature and one asks the screening questions. | A1297 | | |
| A1299 | 8:36-18.3(a)(5) Infection Prevention and Control Services (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: 5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident; This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure staff serve cups of water to the residents in a sanitary manner, and failed to perform hand hygiene after touching their mask for 2 of 2 staff (Certified Medication Aide (CMA) #1 and #2) observed for infection control practices. This occurred during the COVID-19 pandemic and had the potential to affect all residents in the facility. The census was 132. | A1299 | | |

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| A1299 | <p>Continued From page 4</p> <p>Findings included:</p> <p>1.a. On 11/03/2020 at 10:07 AM, the surveyor observed CMA #1 carrying two cups of water with her fingers around the rim of the disposable cup.</p> <p>On 11/03/2020 at 10:08 AM, the surveyor observed CMA #1 pulling up her mask and proceeded to pour up six cups of water prior to washing her hands and carried the six disposable cups to the table with her fingers down in the cup.</p> <p>1.b. On 11/03/2020 at 12:14 PM, the surveyor observed CMA #2 pulling up her mask with gloved hands and proceeded to serve food from the steam table without changing her gloves and washing hands.</p> <p>On 11/03/2020 at 5:05 PM, the surveyor interviewed the Executive Director (ED), who indicated that it was her expectation that cups be carried from the base and hands should be washed after adjusting one's mask.</p> | A1299 | | |