

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>031446</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHELSEA AT MONTVILLE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>165 CHANGEBRIDGE ROAD</b> <b>MONTVILLE, NJ 07045</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: TYPE OF SURVEY: COVID-19 Focused Infection Control CENSUS: 125 SAMPLE SIZE: 3</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 1/23/23. 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> <p>TYPE OF SURVEY: Complaint COMPLAINT #: NJ00160422, NJ00160584 CENSUS: 125 SAMPLE: 3</p> <p>The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this survey.</p>	A 000		
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>	A1297		

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

TITLE

(X6) DATE

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A1297	<p>Continued From page 1</p> <p>4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, facility policy review, and review of the Centers for Disease Control and Prevention (CDC) guidance, the facility failed to ensure staff wore an N95 respirator mask when working with 1 (Resident #1) of 1 resident who was positive for COVID-19.</p> <p>Findings included:</p> <p>Review of the facility policy titled, "Communicable Disease - COVID-19 Infection Control," dated 10/03/2022, specified, "Infection control procedures including testing, screening, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) and ongoing Quality Assurance are all necessary to prevent infections from spreading."</p> <p>Review of the CDC guidance titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," updated 09/23/2022, specified, "HCP [healthcare personnel] who enter the room of a patient with suspected or confirmed SARS-CoV-2 [severe acute respiratory syndrome coronavirus 2] infection should adhere to Standard Precautions and use a NIOSH [National Institute for Occupational Safety and Health]-approved particulate respirator with N95</p>	A1297		

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A1297	<p>Continued From page 2</p> <p>filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face)."</p> <p>According to the "Post-COVID-19 Focused Infection Control (FIC) Survey Summary," dated 01/23/2023, (b) COVID-19 positive resident resided in the facility.</p> <p>During a tour of the facility on 01/23/2023 at 10:00 AM, an isolation cart outside the apartment of Resident #1 was observed to contain disposable gowns and gloves, goggles, face shields, and KN95 masks. There were no N95 masks in the isolation cart.</p> <p>In an interview on 01/23/2023 at 1:17 PM, Certified Medication Aide (CMA) #1 indicated the facility staff just started wearing KN95 masks a week ago.</p> <p>On 01/23/2023 at 1:45 PM, the isolation cart outside the apartment of Resident #1 was observed to have gowns, gloves, face shields, and KN95 masks. There were no N95 masks in the isolation cart.</p> <p>During an interview on 01/23/2023 at 2:20 PM, the Health Services Director (HSD) stated the facility did not require staff to wear an N95 mask when going into a COVID-19 positive room. The HSD revealed it was her understanding that the KN95 and N95 masks "did the same thing."</p> <p>On 01/23/2023 at 2:30 PM, Certified Nursing Assistant (CNA) #3 was interviewed. CNA #3 wore a black-colored KN95 mask. Per CNA #3, she used the KN95 mask when she provided care to a COVID-19 positive resident.</p>	A1297		
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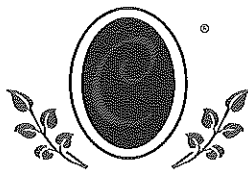
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A1297	<p>Continued From page 3</p> <p>On 01/23/2023 at 2:33 PM, the isolation cart outside Resident #1's apartment now contained N95 masks.</p> <p>During an interview on 01/23/2023 at 3:36 PM, CMA #5 indicated Resident #1 was part of her assignment on the day of the survey and stated Resident #1 was positive for COVID-19. CMA #5 indicated the facility provided the staff with the KN95 mask to wear when they provided care for COVID-19 positive residents. CMA #5 was asked to observe the PPE supplies in the isolation cart outside Resident #1's apartment. CMA #5 observed the N95 masks and commented on how they were not in the isolation cart earlier that day. CMA #5 stated that was not the kind of mask she wore into the resident's apartment. According to CMA #5, she wore a KN95 mask.</p> <p>In an interview on 01/23/2023 at 3:50 PM, CMA #6 stated when she entered the apartment of a COVID-19 positive resident, she wore a KN95 mask. CMA #6 was noted to wear a tie-dyed pink and purple KN95 mask.</p> <p>In an interview on 01/23/2023 at 3:58 PM, Home Health Aide #7 stated the staff wore the KN95 mask when they provided care for the COVID-19 positive residents.</p> <p>During an interview on 01/23/2023 at 4:30 PM, the Executive Director (ED) first stated he was having a hard time purchasing N95 masks, and then stated he had found two boxes (40 masks) in the back of a storage closet.</p> <p>On 01/23/2023 at 4:40 PM, an interview was conducted with the HSD and ED. The HSD stated she thought the KN95 mask was okay to use when staff provided care for a COVID-19 positive</p>	A1297		

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A1297	Continued From page 4 resident.	A1297		



# THE CHELSEA AT MONTVILLE

03/15/2023

Re: Response to D.O.H. visit Infection Control

Prefix tag A1297

POC Response

- 1.) Staff was in serviced on proper PPE that needs to be worn when entering a Covid positive resident's room or when entering a resident's room when they are resident under investigation. The in services that were completed are N95 mask, Hand Hygiene, Face Shield/goggles and the donning and doffing of all PPE. . These in services were completed between 1/24/23 to 1/26/23
  
- 2.) All Residents and staff were currently being antigen tested on 01/23/23 (during our infection control survey) as per our weekly testing for outbreak status. The following week on Monday 01/30/23 all residents and staff were tested again as per our weekly outbreak testing required by the local department of health. All residents and staff continued to test negative. (01/30/23)
  
- 3.) Health Service Director or nurse on duty will check each isolation room before each shift to ensure the proper PPE is available to the staff. Staff have also been in serviced on not to enter a room should there not be PPE available and to notify the nurse to refill the cart. This was completed on 01/24/2023
  
- 4.) A check list has been developed for the HSD or nurse on duty to ensure that the proper PPE is available in each isolation cart. As stated above, the staff have been in serviced on what to do if all the supplies have been utilized and the cart is empty. This was completed on 01/24/2023

Len Polillo

Executive Director