

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35A002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON TOWNSHIP SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 MEDICAL CENTER DRIVE</b> <b>SEWELL, NJ 08080</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint and Focused Infection Control-Covid 19</p> <p>COMPLAINT #: NJ00154921</p> <p>CENSUS: 70</p> <p>SAMPLE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 07/20/22. 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>	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>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the Executive Director (ED) failed to implement and enforce the facility's policies and procedures titled, "Coronavirus" regarding employee use of surgical and KN95 masks while in the assisted living facility. This deficient practice was evidenced by the following:</p> <p>On 7/19/2022, the surveyor observed the facility's Activity Aide, Chef, Contractor, Physical Therapist, ED, Concierge, and Marketing Director without masks in place. In addition, the surveyor observed facility visitors without masks in place.</p> <p>On 7/19/22 at 10:23 a.m., the surveyor interviewed the ED in reference to the use of mask by the facility's employees. The ED stated that all facility employees should have worn masks. The ED also stated the use of masks depended on the county rate as follows, the use of masks is mandatory if the county rate is "a</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>high" and the use of masks is optional if the county rate is "medium or low". The ED stated the county rate was "high" at the time of the survey. In addition, the ED stated the use of masks for visitors was optional.</p> <p>On 7/20/2022, the surveyor observed the facility's Bus Driver and Construction Contractor without masks.</p> <p>On 7/20/22, the surveyor interviewed the facility's Physical Therapist, Concierge, Bus Driver, and Marketing Director who all acknowledged they were not wearing a mask. The facility's Chef and Activity Aide were not available for interview at the time of the survey, although the ED acknowledged both employees did not have on masks.</p> <p>On 7/20/22, the surveyor reviewed a document titled, "Coronavirus" which revealed:</p> <p>COMMUNITY LEVEL OF OPENING:</p> <p>Fully Open:</p> <p>a. community is considered "fully open" if the following criteria are satisfied: a. No resident or team member COVID-19 cases in the last 14 days; AND</p> <p>b. LOW/MODERATE Community Transmission Rate.</p> <p>Restricted: a community is considered "restricted" if either of the following criteria exist:</p> <p>a. Presence of COVID-19 team member or resident cases in the last 14 days; OR</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>b. MODERATE/SUBSTANTIAL Community Transmission Rate* ....</p> <p>To reduce the risk of Covid-19 transmission, the following team member guidelines regarding the use facemask are required:</p> <p>1. Surgical/KN95 Masks:</p> <p>Community status is "Fully Open". Mask use is optional for fully vaccinated team members. Mask use is required for ream members who are unvaccinated.</p> <p>Community status is "Restricted". Mask use is required for all team members, regardless of vaccination status.</p>	A 310		
A1257	<p>8:36-17.8(a)(4) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) Written policies and procedures shall be established and implemented for the facility's laundry services, including, but not limited to, policies and procedures regarding the following:</p> <p>4. Handling and laundering of resident's clothing and personal items separately from other laundry.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00154921</p> <p>Based on observation, interview, and record</p>	A1257		

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A1257	<p>Continued From page 4</p> <p>review it was determined the facility failed to ensure that laundry detergent was provided to residents for the purpose of sanitation and infection control. This deficient practice was evidence by the following:</p> <p>On 7/19/22 at 10:37 a.m., the surveyor observed the Maintenance Director (MD) remove a Wellness Enhancer from the facility's automatic laundry detergent dispense connected to the facility's resident washer machines and replace it with laundry detergent.</p> <p>Wellness Enhancer is described as "an industry-first technology that immediately starts rejuvenating old, dingy linens."</p> <p>On 7/19/22 at 10:38 a.m., the surveyor interviewed the MD who stated he did not know how or who connected the Wellness Enhancer. The MD also stated he ensured all Wellness Enhancers were removed from the resident's washer machines prior to the date of the survey. In addition, the MD stated he did not know there was a difference between the brand's Wellness Enhancer and laundry detergent until it was brought to his attention.</p> <p>On 7/19/22 at 10:40 a.m., the surveyor toured the facility's maintenance area and observed a half-filled container of Wellness Enhancer (not in use) in the hallway leading to the facility's commercial sized laundry room. At that time the MD stated he thought all the containers of Wellness Enhancer were disposed of.</p> <p>On 7/20/22 at 10:25 a.m., the surveyor interviewed the Executive Director (ED) who stated the Housekeeping Supervisor accidently ordered the incorrect product. The ED also stated</p>	A1257		

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A1257	Continued From page 5  the facility's MD typically orders the laundry products.	A1257		
A1275	<p>8:36-18.2(a)(1) Infection Prevention and Control Services</p> <p>(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review it was determined that the facility failed to perform proper hand hygiene technique in accordance with the Centers for Disease Control (CDC) and facility's policy for 2 of 4 staff members observed for handwashing. The deficient practice was evidenced by the following:</p> <p>On 7/20/2022 at 11:38 a.m., the surveyor observed the Executive Chef (EC) washing her hands at the handwashing sink located in the facility's kitchen. The EC washed her hands for 15 seconds, which was not in accordance with the facility's handwashing policy and procedure.</p>	A1275		

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A1275	<p>Continued From page 6</p> <p>The surveyor also observed the EC retrieve a paper towel from the dispenser and utilized the paper towel to dry her hand and turn off the faucet. The EC then proceeded to remove the lid from a large trash can with her bare hands, dispose of the paper towel into the large trash can and then put the lid back on the large trash can. The surveyor noted a step trash can at the base of the handwashing sink.</p> <p>Post handwashing, the EC explained to the surveyor that she was educated to wash hands for 15 seconds and to use two paper towels to open the garbage can lids. She acknowledged that she had not done so. The surveyor then asked the EC if she should have used the step trash can and the EC replied; " yes, I forgot it was there."</p> <p>The facility's handwashing Policy and Procedure revealed, "Method/Steps: c. Rub hands together using friction for 20 (CDC guidelines) seconds. Front and backs of hand, fingers, in between the fingers, around the nail, cuticle and under the nails should all be thoroughly cleaned... g. Discard paper towel in appropriate container."</p> <p>On 7/20/2022 at 11:41 a.m., the surveyor observed the facility's cook washing her hands at the handwashing sink located in the facility's kitchen. The Cook washed her hands in accordance with the facility's handwashing policy and procedure. However, after the Cook finished rinsing her hands, she removed a paper towel from the dispenser and proceeded to lift the lid of a large trash can with her bare hands and disposed of the paper towel. Post handwashing, the cook explained to the surveyor that she was educated on hand washing. The surveyor then asked if she should have touched the garbage</p>	A1275		

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A1275	<p>Continued From page 7</p> <p>can lid, she verbalized she should have used the step garbage can.</p> <p>The surveyor reviewed the facility's handwashing policy titled, "HAND WASHING" revision date 1/17/16, which revealed, "Method/Steps: f. Turn water off using a dry paper towel (prevents hands from becoming re-contaminated). g. Discard paper towel in appropriate container."</p>	A1275		