

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>08/05/2024</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 SEWELL, NJ 08080</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: Focused Infection Control</p> <p>Census: 76</p> <p>Sample: 3</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 8/5/24. 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		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and record review, it was determined that the facility failed to document in accordance with the standards of professional practice for 3 of 3 residents reviewed that were <b>NJ Ex Order 26.4(b)(1)</b>, Resident #'s 1, 2, and 3. This</p>	A1073		

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

TITLE

(X6) DATE

08/22/24

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A1073	<p>Continued From page 1</p> <p>deficient practice was evidenced by the following:</p> <p>1. On 8/5/2024, the surveyor reviewed Resident #1's medical record (MR) which revealed a move in date of <b>NJ ex order 26.4b1</b>, with diagnoses which <b>NJ ex order 26.4b1</b>. The surveyor also reviewed a document titled, "Progress Note" (PN) dated <b>NJ ex order 26.4b1</b> at 2:14 p.m., with a "late entry" notification that indicated Resident #1 <b>NJ ex order 26.4b1</b> and his/her family and physician were made aware.</p> <p>2. Resident #2's MR revealed a move in date of <b>NJ ex order 26.4b1</b>, with diagnoses that included <b>NJ ex order 26.4b1</b>. Review of Resident #2's MR revealed a PN dated <b>NJ ex order 26.4b1</b> at 2:15 p.m., documented by the Director of Nursing (DON), which indicated that Resident #2 <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b>; he/she <b>NJ ex order 26.4b1</b> and the family was aware of the <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>Further review of the PN revealed that it was created on <b>NJ Ex Order 26.4b1</b> at 2:17 p.m., after the surveyor's entrance and after the surveyor's request for documents.</p> <p>At 2:15 p.m., the surveyor reviewed a facility document titled, <b>NJ Ex Order 26.4(b)(1)</b> Testing Documentation Log," which indicated that Resident #2 <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. Additionally, another facility document titled, "24-Hour Report" revealed that on <b>NJ ex order 26.4b1</b>, Resident #2 <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> and his/her family was notified.</p> <p>3. Resident #3's MR revealed a move in date of <b>NJ ex order 26.4b1</b>, with diagnoses that <b>NJ ex order 26.4b1</b>. Review of Resident #3's MR revealed a PN created by the</p>	A1073		
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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 SEWELL, NJ 08080</b>
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A1073	<p>Continued From page 2</p> <p>DON dated <sup>NJ ex order 26.4b1</sup> at 2:11 p.m., which indicated that Resident #3 <sup>NJ ex order 26.4b1</sup>. The note also revealed that Resident #3 <sup>NJ ex order 26.4b1</sup> he/she <sup>NJ ex order 26.4b1</sup>, and the family was notified of the <sup>NJ ex order 26.4b1</sup>.</p> <p>Further review of the <sup>NJ ex order 26.4b1</sup> PN for Resident #3 revealed that it was created on <sup>NJ ex order 26.4b1</sup> at 2:14 p.m., after the surveyor's entrance and after the surveyor's request for documents.</p> <p>At 1:13 p.m., the surveyor interviewed the Director of Nursing (DON), who stated that he should have documented in the residents' PNs when <sup>NJ Ex Order 26.4(b)(1)</sup> started or when the residents <sup>NJ Ex Order 26.4(b)(1)</sup>, when the and families were made aware of the test results.</p> <p>The surveyor reviewed a 10/1/2017 policy titled, "Initiating Isolation Precautions" which indicated the following: "D. Documentation procedures include: a. Recording in the progress notes and care plan the need for isolation, types of isolation, duration of isolation, and resident and family education ..."</p>	A1073		
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:</p>	A1271		

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A1271	<p>Continued From page 3</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to implement and enforce its Infection Prevention and Control Program in accordance with Communicable Disease Control (CDC) and Prevention guidelines to prevent cross-contamination between residents and to ensure an updated line list was maintained. This deficient practice was evidenced by the following:</p> <p>On 8/5/2024 at 10:09 a.m., the surveyor observed the facility's second-floor isolation cart, which contained face shields, booties, and gloves. The surveyor did not observe face masks, gowns or an alcohol-based hand rub (hand sanitizer).</p> <p>The surveyor toured the second floor and observed a total of eleven rooms, which were in three separate hallways, with signs on the doors that indicated Personal Protective Equipment (PPE) was needed to be donned prior to entering the room. The surveyor observed that none of the rooms with isolation signs on the doors had an isolation bin with PPE supplies immediately outside the resident rooms.</p> <p>At 10:30 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) who stated that one isolation cart per floor was centrally located in the middle of the floor.</p> <p>At 10:41 a.m., the surveyor interviewed the Director of Nursing (DON), who confirmed that the isolation carts were kept in a central location and not outside each resident's room.</p> <p>At 1:13 p.m., the surveyor interviewed the DON who stated that the LPN's, and other nursing staff members were responsible to restock the isolation carts with PPE, however it was not</p>	A1271		

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A1271	<p>Continued From page 4</p> <p>officially delegated to a specific staff member.</p> <p>At 2:15 p.m., the surveyor reviewed the line list and observed an unsampled resident and Resident #1 was not on the line list. The surveyor requested an updated facility line list, which included the unsampled resident; however, Resident #1 was not identified/listed.</p> <p>The surveyor reviewed a 10/1/2017 facility policy titled, "Initiating Isolation Precautions" which indicated the following: "C. Isolation precautions are initiated, which include: a. Maintaining an adequate supply of isolation supplies (plastic container, gloves, gowns, masks, etc., as needed) near the isolation room so that appropriate protective clothing can be easily put on before entering the isolation room."</p> <p>The surveyor reviewed a 9/3/2020 facility policy titled, "Covid-19 Infection Control Mitigation Plan" indicated the following: "3. Personal Protective Equipment (PPE) "Necessary PPE is immediately available outside of the resident room when there are units with separate cohort spaces for both COVID-19 units and in other areas where resident care is provided ..."</p>	A1271		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/12/2024
NAME OF FACILITY WASHINGTON TOWNSHIP SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 600 MEDICAL CENTER DRIVE SEWELL, NJ 08080

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 A1073	Correction	ID Prefix A1271	Correction	ID Prefix _____	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. # 8:36-18.1(a)	Completed	Reg. # _____	Completed
LSC _____	09/20/2024	LSC _____	09/20/2024	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 8/5/2024		<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		