

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>03/04/2023</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><b>Initial Comments</b></p> <p>Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 03/04/2023. 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. The census was 76.</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		
A1271	<p><b>8:36-18.1(a) Infection Prevention and Control Services</b></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: Based on document review, interviews, and facility policy review, it was determined the facility failed to complete <u>Ex Order 26, 4B1</u> outbreak testing during a <u>Ex Order 26, 4B1</u> outbreak. This deficient practice had the potential to affect all 76 residents who currently resided in the facility.</p>	A1271		

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

TITLE

(X6) DATE

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A1271	<p>Continued From page 1</p> <p>Findings included:</p> <p>Review of the facility's policy titled, "Coronavirus (COVID-19) Testing Guidelines," dated 09/01/2022, indicated, "If a single new COVID-19 positive "in-house" acquired team member or resident case occurs: Conduct Outbreak Testing as follows." The policy indicated, "If accurate contract tracing CANNOT [be] performed: Test all residents and team members. Outbreak testing is required in response to a community COVID-19 positive case, regardless of the vaccination status of the team member or resident." The policy further indicated, "Continue repeat testing the above group every 3-7 days until the testing identifies no new positive COVID-19 among residents and team members for a period of at least 14 days since the most recent positive result."</p> <p>Review of a "Resident &amp; Staff <sup>Ex Order 26.4B1</sup> Line List" indicated the facility's <sup>Ex Order 26.4B1</sup> outbreak started on <sup>NJ Ex Order 26.4b1</sup> with Resident #4, who resided on the <sup>Ex Order 26.4B1</sup> floor and presented with a temperature. During the outbreak, 27 residents and eight staff members tested <sup>Ex Order 26.4B1</sup>. Of the 27 residents, 16 residents resided on the <sup>Ex Order 26.4B1</sup> floor, six residents resided on the <sup>Ex Order 26.4B1</sup> floor, and five residents resided on the <sup>Ex Order 26.4B1</sup> floor.</p> <p>On 03/04/2023 at 3:47 PM, an interview was conducted with the Executive Director (ED) and Licensed Practical Nurse (LPN) #8. LPN #8 stated the facility believed the outbreak started after a Super Bowl (football championship held on <sup>NJ Ex Order 26.4b1</sup>) party and Resident #4 was the first resident to test <sup>Ex Order 26.4B1</sup> on <sup>NJ Ex Order 26.4b1</sup>. The ED stated the resident had frequent visitors. LPN #8 stated Resident #4 presented with <sup>NJ Ex Order 26.4b1</sup></p>	A1271		
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A1271	<p>Continued From page 2</p> <p>and the facility tested any resident that presented with <u>Ex Order 26. 4B1</u> <u>NJ Ex Order 26.4b1</u>. LPN #8 stated Resident #4 was <u>NJ Ex Order 26.4b1</u>, and the facility started <u>NJ Ex Order 26.4b1</u> to see who the resident could have <u>NJ Ex Order 26.4b1</u>, which was all the residents on the <u>Ex Order 26. 4B1</u> floor. LPN #8 stated the facility staff then went to the other two floors and asked residents if they had any symptoms and if the residents had symptoms, the residents were tested for <u>Ex Order 26. 4B1</u>. LPN #8 stated some <u>Ex Order 26. 4B1</u> residents requested to be tested for <u>Ex Order 26. 4B1</u>. Both the ED and LPN #8 stated the facility only tested residents if the resident was <u>Ex Order 26. 4B1</u> or if the resident requested to be tested. The ED questioned the surveyor as to the reason all residents and staff would be tested and commented, "That's crazy." The ED stated she was <u>NJ Ex Order 26.4b1</u> ED position and was not aware of the <u>Ex Order 26. 4B1</u> protocol.</p> <p>During a telephone interview on 03/04/2023 at 4:30 PM, the <u>Ex Order 26. 4B1</u> Nurse stated she believed the facility's <u>Ex Order 26. 4B1</u> outbreak started after Super Bowl Sunday <u>NJ Ex Order 26.4b1</u>). The <u>Ex Or</u> Nurse stated a resident's family member called the facility after the Super Bowl party and stated someone at the party had tested <u>Ex Order 26. 4B1</u> and the family member wanted their loved one tested. The <u>Ex Or</u> Nurse stated she could not remember who the resident was. The <u>Ex Or</u> Nurse stated she did not participate in the testing but knew the facility conducted contract tracing to determine who needed to be tested.</p> <p>During an interview on 03/04/2023 at 5:31 PM, LPN #8 stated the residents who were tested after <u>Ex Order 26. 4B1</u> were tested due to being <u>Ex Order 26. 4B1</u> or because the resident requested to be tested.</p>	A1271		
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A1271	Continued From page 3  During an interview on 03/04/2023 at 5:42 PM, the ED acknowledged it was not the facility's policy to test all residents and staff during an outbreak.	A1271		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A002	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/3/2023	Y3
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 A1271	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/03/2023	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 3/4/2023		<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		