

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/23/2020
NAME OF PROVIDER OR SUPPLIER VILLA AT FLORHAM PARK, INC THE		STREET ADDRESS, CITY, STATE, ZIP CODE 190 PARK AVENUE FLORHAM PARK, NJ 07932		
(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: Complaint and COVID-19 Focused Infection Control COMPLAINT # NJ00132438 CENSUS: 48 SAMPLE SIZE: 5 SURVEY DATE: 10/23/20</p> <p>The facility is 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, based on this Complaint Survey.</p> <p>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, based on this COVID-19 Focused Infection Control Survey.</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 315	<p>8:36-3.4(a)(5) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p>	A 315		

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

TITLE

(X6) DATE

05/24/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/23/2020
NAME OF PROVIDER OR SUPPLIER VILLA AT FLORHAM PARK, INC THE		STREET ADDRESS, CITY, STATE, ZIP CODE 190 PARK AVENUE FLORHAM PARK, NJ 07932		
(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 315	<p>Continued From page 1</p> <p>5. Establishing and maintaining liaison relationships and communication with facility staff and services and with residents and their families;</p> <p>This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to inform residents and responsible parties of the COVID-19 status in the facility, during the COVID-19 pandemic. This affected all residents. The facility reported a census of 48.</p> <p>Findings included:</p> <p>Copies of the letters given to residents and mailed to the residents' responsible parties were reviewed. Dates on the letters were 05/24/20, 05/26/20, 06/16/20, 06/19/20, 09/18/20 and 10/19/20.</p> <p>The Director of Nursing, interviewed on 10/23/20 at 6:30 PM, confirmed the facility failed to provide notification to residents and representatives weekly regarding the COVID-19 status of the building.</p>	A 315		