

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2021
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NAME OF PROVIDER OR SUPPLIER AMBOY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 LINDBERG AVENUE PERTH AMBOY, NJ 08861
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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
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S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of New Jersey Department of Health (NJDOH) Executive Directive No. 20-026-1, the facility failed to ensure residents were monitored for signs/symptoms of [REDACTED]. The facility was currently in Phase 0 of reopening. This deficient practice occurred during the [REDACTED] pandemic and had the potential to affect 107 of 111 residents who resided in the facility. (Four residents in the persons under investigation [PU] unit had their [REDACTED] taken and were screened for signs/symptoms [REDACTED] at least daily.) This deficient practice affected three residents (Residents #10, #17, and #18) out of three residents reviewed for screening/monitoring for signs and symptoms of [REDACTED]</p> <p>Findings included:</p> <p>Reference: NJDOH Executive Directive No. 02-026-1, last updated 01/06/2021, indicated. IV. Required standards for services during each phase. 1. Phase 0 iv. Facilities shall screen all residents, at minimum during every shift, with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure, temperature, and pulse oximetry.</p> <p>1. Resident #10 had no evidence of [REDACTED]</p>	S 560	<p>Tag- 560</p> <p>1. Resident #10, #17 and #18 were immediately screened and monitored for [REDACTED]. The IP (Infection Preventionist) and LPN #2, LPN #1 were in-serviced by the Corporate Consultant (IP) as to the proper policy and procedure for screening and monitoring of residents for [REDACTED] monitoring.</p> <p>2. All residents have the potential to be affected by this deficient practice when residents do not receive the proper screening/monitoring for [REDACTED]. All residents were screened/monitored for [REDACTED] with vital signs including heart rate, blood pressure, temperature and pulse oximetry.</p> <p>3. On 1/15/2021, The nurses were in-serviced by the Director of Nurses and Assistant Director of Nurses as to the policy and procedure for screening/monitoring residents three times a day (once a shift) for [REDACTED] screening. The nurses were in-serviced that the screening must include heart rate, blood pressure, temperature and pulse oximetry.</p> <p>4. The Director of Nurses and the</p>	2/2/21
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/28/21

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>██████████ his/her ██████████ record.</p> <p>Resident #17 had no evidence of ██████████ and/or ██████████ in his/her ██████████ record.</p> <p>Resident #18 had no evidence of ██████████ and/or ██████████ in his/her ██████████</p> <p>On 01/13/2021 at 5:58 PM during a telephone interview, the Infection Preventionist was asked about the facility's surveillance plan for identifying, tracking, monitoring and/or reporting fever, respiratory illness and/or other signs/symptoms (s/s) of ██████████. She stated residents were not monitored for signs/symptoms of ██████████ regularly or even on a daily basis. She stated residents' ██████████ were taken and documented weekly or monthly as ordered by the physician. The facility was in Phase 0 of reopening.</p> <p>01/14/2021 at 8:51 AM, Licensed Practical Nurse (LPN #2) stated the residents in Rooms ██████████ had ██████████. She stated no residents' ██████████ or ██████████ screening was completed on a daily basis. She stated residents in rooms which included the ██████████ unit (with no current residents) and PUI units, had ██████████ taken every shift and were screened for signs/symptoms of ██████████ on the 7-3 and 3-11 shifts. The LPN verified there was no evidence of ██████████ and/or ██████████ in the ██████████ of Residents #17 and #18.</p> <p>On 01/14/2021 at 11:07 AM, LPN #1 stated ██████████ were taken weekly for residents on the ██████████</p>	S 560	Assistant Director of Nurses will monitor 10 resident charts daily for ██████████ screening, then 5 charts twice a week, 3 charts weekly x 30 days. All information will be reviewed at the Quality Assurance meeting x 2 quarters.	

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S 560	Continued From page 2 and there was no evidence residents were monitored for signs/symptoms (s/s) of [REDACTED] She verified no [REDACTED] or screening for s/s of [REDACTED] was in the [REDACTED] record of Resident #10.	S 560		