

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
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NAME OF PROVIDER OR SUPPLIER COUNTRY HOME OPERATIONS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TABOR ROAD MORRIS PLAINS, NJ 07950
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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
R 000	<p>Initial Comments</p> <p>Complaint #: NJ00157278 and COVID-19 Focused Infection</p> <p>Census: 34</p> <p>Sample: 5</p> <p>The Facility is not in Compliance with all of the standards in the New Jersey Administrative Code N.J.A.C. 8:37 Standards for Licensure of Dementia Care Homes.</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 1/19/23. The facility was found not to be in compliance with the New Jersey Administrative Code 8:37 infection control regulations standards for Licensure of Dementia Care Homes and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p>	R 000		
R 016	<p>8:37-1.1(b) Purpose and Scope</p> <p>This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities.</p> <p>This STANDARD is not met as evidenced by: NJ00157278</p> <p>Based on interview and record review, it was</p>	R 016		

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

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(X6) DATE

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R 016	<p>Continued From page 1</p> <p>determined that the facility administrator failed to investigate NJ Exec Order 26.4b1 which required hospitalization for 1 of 5 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 1/18/23 at 11:50 a.m., the surveyor reviewed Resident #2's closed medical record (MR) which showed that Resident #2 moved into the facility on NJ Exec Order 26.4b1 and was discharged on NJ Exec Order 26.4b1. According to the Medical Doctor's (MD) progress notes dated NJ Exec Order 26.4b1 Resident #2 was diagnosed with NJ Exec Order 26.4b1.</p> <p>NJ Exec Order 26.4b1. In addition, the MD notes showed that Resident #2 had an NJ Exec Order 26.4b1 and was diagnosed with a NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed Resident #2's "Charting Notes" (CN) and identified on NJ Exec Order 26.4b1 10:36 a.m., the Administrator (ADM) documented that Resident #2 "woke with NJ Exec Order 26.4b1, no NJ Exec Order 26.4b1 R/O [ruled out] NJ Exec Order 26.4b1 R/O [ruled out] NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, sent to ER [Emergency Room] for EVal and tX [evaluation and treatment]."</p> <p>During MR review, documentation in the ER "After Visit Summary" dated NJ Exec Order 26.4b1 under "Reason for Visit [was] NJ Exec Order 26.4b1 [and] NJ Exec Order 26.4b1," and under "Diagnoses [was] NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 initial encounter."</p> <p>On 1/18/23 at 1:00 p.m., the ADM who was also the Director of Nursing (DON), explained to the surveyor Resident #2 had a history of NJ Exec Order 26.4b1</p>	R 016		
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R 016	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1, and on NJ Exec Order 26.4b1 Resident #2 woke with NJ Exec Order 26.4b1 and had to be sent to the ER. In addition, she, the ADM, found Resident #2 with the NJ Exec Order 26.4b1 and documented the findings in the aforementioned.</p> <p>On 1/19/23 at 10:10 a.m., the surveyor continued to interview the ADM regarding the documented NJ Exec Order 26.4b1 and ER visit on NJ Exec Order 26.4b1. The ADM explained that according to Resident #2's Universal Transfer Form (UTF), Resident #2 was found on NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 and was sent to the ER with NJ Exec Order 26.4b1</p> <p>On 1/19/23 at 10:45 a.m., the surveyor reviewed the UTF dated NJ Exec Order 26.4b1 with time of transfer as 10:00 a.m., and the reason for transfer was documented as follows: NJ Exec Order 26.4b1 - NJ Exec Order 26.4b1</p> <p>On 1/19/23 at 12:40 p.m., the surveyor asked the ADM about Resident #2's NJ Exec Order 26.4b1 and how NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 was ruled out. The ADM, explained that an investigation was not conducted and that she, the ADM, attributed the NJ Exec Order 26.4b1 to Resident #2's NJ Exec Order 26.4b1 and called the NJ Exec Order 26.4b1.</p> <p>On 1/20/23 at 12:53 p.m., post survey, the surveyor spoke with the Registered Nurse (RN) by telephone who explained she, the RN, was aware Resident #2 was sent to the ER with NJ Exec Order 26.4b1, but was not sure of date and was not aware of Resident #2's NJ Exec Order 26.4b1 or a NJ Exec Order 26.4b1</p>	R 016		
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R 016	<p>Continued From page 3</p> <p>On 1/23/22 at 12:46 p.m., the surveyor interviewed Resident #2's Medical Doctor (MD) by telephone regarding Resident #2's [redacted] and [redacted]. The MD explained to the surveyor, Resident #2 was seen on [redacted] for [redacted] and was treated for [redacted]. Also, Resident #2 was [redacted] and there was no [redacted] on assessment. The MD explained that she, the MD was not aware of a [redacted], knew nothing about any [redacted] or [redacted] and was made aware during rounds at the facility that Resident #2 was discharged and had been sent out for [redacted].</p> <p>The facility failed to investigate [redacted] which required Resident #2 to be hospitalized, and instead attributed the [redacted] to a diagnosis of [redacted], which was not a part of Resident #2's medical diagnosis or history.</p>	R 016		
R 100	<p>8:37-2.3(a) Licensing: Administrator</p> <p>Each dementia care home shall have an administrator who is responsible for the day-to-day operations of the dementia care home.</p> <p>This STANDARD is not met as evidenced by: NJ00157278</p> <p>Based on observation, interview, and record review it was determined that the facility Administrator (ADM) failed to ensure visitors and staff were screened on entrance to the facility in accordance with the State of New Jersey Department of Health (NJDOH) Executive Directive NO. 21-0121 dated 11/24/21 and failed to ensure staff wore face masks when working with residents for 4 of 11 staff observed (3 Home</p>	R 100		

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R 100	<p>Continued From page 4</p> <p>Health Aides and an Activity Aide). In addition, the facility failed to provide documentation of staff training on maintaining Infection Prevention and Control for COVID-19 and Personal Protective Equipment (PPE.) The facility also failed to follow the NJDOH Executive Directive 20-0261 dated for 10/20/20. This deficient Practice was evidenced by the following:</p> <p>Reference: NJDOH issued Executive Directive NO. 21-121 dated 11/24/21, on page 3, lists "II. Screening Requirement 1. The facility must log and screen everyone (except for EMS personnel) entering the facility per the requirements in this directive, regardless of their vaccination status ... III. Screening Standards 1. The screening process for visitors is to consist of the completion of a questionnaire about symptoms and potential exposure"</p> <p>1. On 1/18/23 at 11:15 a.m., during entrance to the facility the surveyor observed that the kiosk (IPAD- machine used to screen persons entering the facility) screen was not turned on. Also, the surveyor was not screened on entrance to the facility. The surveyor interviewed the Certified Medication Aide (CMA) who explained she, the CMA, performed visitor screening which includes temperature check, rapid test, and a screening questionnaire.</p> <p>On 1/19/23 at 12:40 p.m., the surveyor interviewed the ADM who explained the kiosk (IPAD) contained the screening questionnaire and the kiosk no longer worked. Upon request, the ADM provided the surveyor with visitor screening logs which included documented temperature checks, but was not able to provide documentation of COVID - 19 questionnaire screening for visitors. Also, the ADM, explained</p>	R 100		
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R 100	<p>Continued From page 5</p> <p>staff do temperature checks upon entrance to the building, but there was no documentation of temperature screening.</p> <p>On 1/19/23 at 12:50 p.m., the surveyor reviewed the facility's COVID Outbreak plan that listed "Screen visitor for illness IPAD questionnaire ...Daily monitoring of ...staff to rule out illness, Temps [temperature] and IPAD Questionnaire."</p> <p>Reference: NJDOH Executive Directive NO. 20-261, dated 10/20/20, Item "III. 3. i. Facilities shall train and provide staff with all recommended COVID-19 PPE ... All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g., breakroom)."</p> <p>2. On 1/18/23 and 1/19/23, during tour of the facility, the surveyor observed 4 staff without facial coverings or facemask while interacting with residents in common dining and activity areas.</p> <p>a. On 1/18/23 at 1:50 p.m., the surveyor observed Home Health Aide (HHA #1), in the common dining area interacting with the residents without a face mask. The surveyor also observed the residents did not wear face mask. The surveyor asked HHA #1, "did the facility have enough PPE?" HHA #1 answered, the facility had enough PPE and she, the HHA, was NJ Exec Order 20.4b1 and wore her mask sometimes.</p> <p>b. On 1/19/23 at 11:15 a.m., the surveyor observed HHA #2 without a face mask assisting residents in the community bingo activity. Upon inquiry, HHA #2 explained to the surveyor she received training on Infection prevention and PPE</p>	R 100		
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R 100	<p>Continued From page 6</p> <p>and she, HHA #2, was about to put facemask on.</p> <p>c. On 1/19/23 at 12:00 p.m., the surveyor observed HHA #3 in the common area tending to residents without a facemask. Upon Inquiry, HHA #3 explained the facility had enough masks and other PPE and she did have her facemask on, but had just removed the facemask.</p> <p>d. On 1/18/23 at 1:00 p.m., the surveyor interviewed the ADM regarding the staff not wearing face masks, and she, the ADM, does not require the staff to wear face masks because the residents would not be able to recognize staff.</p> <p>e. On 1/19/23 at 12:40 p.m., the surveyor requested staff training from the ADM on Infection Prevention and Control, COVID-19, and PPE. The ADM provided the surveyor with documented staff training on handwashing dated 8/3/2022, but was unable to provide surveyor with documented COVID-19 and PPE training.</p> <p>The facility ADM failed to follow the NJDOH Executive orders for staff and visitor screening upon entrance to the facility by failing to log screening and failing to complete COVID-19 screening questionnaires. In addition, the facility failed to ensure staff wore face masks while in residential areas, and provide documentation for staff training regarding infection prevention and control for COVID-19 and PPE.</p>	R 100		

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{R 000}	Initial Comments	{R 000}		
{R 016}	<p>8:37-1.1(b) Purpose and Scope</p> <p>This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities.</p> <p>This STANDARD is not met as evidenced by:</p>	{R 016}		
{R 100}	<p>8:37-2.3(a) Licensing: Administrator</p> <p>Each dementia care home shall have an administrator who is responsible for the day-to-day operations of the dementia care home.</p> <p>This STANDARD is not met as evidenced by:</p>	{R 100}		

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

TITLE

(X6) DATE

02/17/23



March 3, 2023

(R016) The facility failed to investigate **NJ Exec Order 26.4b1** which required Resident #2 to be hospitalized, and instead attributed the **NJ Exec Order 26.4b1** to a diagnosis of **NJ Exec Order 26.4b1**, which was not a part of Resident #2's medical diagnosis or history. Resident #2 returned from the hospital on **NJ Exec Order 26.4b1** and was assessed and treated appropriately with no further **NJ Exec Order 26.4b1**.

All Residents have the potential to be affected, All incidents, unwitnessed fall or unknown injury with look back, witnessed fall or witnessed injury will be documented and provide root cause analysis as well as update service plans as needed.

Fall and Injury meetings will be held monthly with all staff to go over past falls and new interventions. Incident reports and hospitalizations will be reviewed 3x per week for 4 weeks to ensure that injuries of unknown origin are reported and investigated appropriately.

Full house skin and pain assessments During showers, staff will notify MED TECH and or Supervisor to perform head to toe skin assessment and will be documented in **NJ Exec Order 26.4b1** Charting under SKIN ASSESSMENT.

Staff educated to report any injuries of unknown origin to the Administrator/DON immediately on **Date** by the Administrator/DON or designee.

Staff to continue monthly education and an internal review of the audits will be conducted by the QAPI/Administration, and DON team during quarterly reviews.

Completion Date February 19th 2023

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1



(R-100)The facility's ADM failed to follow the NJDOH Executive orders for staff and visitor screening upon entrance to the facility by failing to log screening and failing to complete COVID-19 screening questionnaire, during 1/19/23 inspection. In addition, the facility failed to ensure staff wore face masks while in residential areas, and provide documentation for staff training regarding infection prevention and control for COVID-19 and PPE.

Staff meeting was held on February 19th 2023, The facility will ensure that visitors and staff are screened on entrance to the facility in accordance with the State of New Jersey Department of Health (NJDOH) Executive Directive NO. 21-0121 dated 11/24/21, staff wear face masks when working with residents, provide staff training on maintaining Infection Prevention and Control for COVID-19 and Personal Protective Equipment (PPE.), and follow the NJDOH Executive Directive 20-0261 dated for 10/20/20 going forward.

All resident do have the potential to be affected,

Monthly meetings will continue to address Infection Control, ADMIN/DON will finish Infection Preventionist no later than 3/31/23, IPAD(KIOSK) has been repaired and paper forms available at all times



Staff to continue monthly education and an internal review of the audits will be conducted by the QAPI/Administration, and DON team during quarterly reviews.

Completion Date February 19th 2023

NJ Exec Order 26.4b1