

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJNDFH9U	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CARE ONE AT EAST BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816
---	--

(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
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 interviews, facility policy review, and New Jersey Department of Health (NJDOH) Executive Directive No. 20-026-1, dated 10/20/2020, the facility failed to ensure residents were monitored for signs/symptoms of COVID-19 every shift while in Phase 0 of reopening. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all 89 residents who resided in the facility.</p> <p>Findings included:</p> <p>Reference: NJDOH issued Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following: 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. On 01/05/2021 at 4:00 PM, the Infection Control Preventionist (ICP) was asked about the surveillance of residents for COVID-19. She stated residents were screened twice daily, including temperature, heart rate, blood pressure, respirations, pulse oximeter reading, and signs/symptoms of COVID-19. The staff worked 8 hour shifts.</p>	S 560	<p>#1 How the corrective action will be accomplished for those residents found to have been affected by the practice.</p> <p>Residents had their COVID screening frequency increased back to every shift from twice daily</p> <p>#2 How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents within the facility were identified as not receiving COVID Screens each shift will now have screens each shift.</p> <p>#3 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>Education and training was conducted for licensed personnel to reflect COVID-19 screenings will be performed in accordance with Center's current Phase. In accordance with Phase Zero, Screens are currently returned to each shift.</p> <p>#4 How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, I.E., What QA program will be put into place.</p>	2/1/21

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

Electronically Signed

TITLE

(X6) DATE

02/03/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NJNDFH9U	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CARE ONE AT EAST BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816
---	--

(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
S 560	<p>Continued From page 1</p> <p>On 01/06/2021 at 3:20 PM, the Director of Nursing and ICP were asked to verify the phase of reopening the facility was in. They both stated the facility was in Phase 0 of reopening due to a current COVID-19 outbreak. They stated residents were screened for COVID-19 twice daily.</p> <p>The facility's policy "Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures," revised 07/2020, indicated: "...Residents are screened daily for fever and symptoms of COVID-19..."</p>	S 560	<p>Five records will be reviewed weekly for completion of COVID-19 screening each shift, then five records every two weeks for one month, then monthly for two months. Record reviews will be conducted by DON or designee</p> <p>Results of the audits will be forwarded to the QA Committee monthly for 3 months for tracking, trending and updating as necessary</p>	