

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/11/2020
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT EVESHAM ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 874 ROUTE 70 EAST MARLTON, NJ 08053
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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>Initial Comments</p> <p>Initial Comments: Census: 49</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/11/2020. 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.</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		
A1299	<p>8:36-18.3(a)(5) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p> <p>This REQUIREMENT is not met as evidenced</p>	A1299		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A1299	<p>Continued From page 1</p> <p>by: Based on observations, document review, staff interviews, and New Jersey Department of Health (NJDOH) issued Executive Directive 20-026-1, dated 10/20/2020, it was determined the facility failed to ensure staff wear the appropriate personal protective equipment (PPE) while going in and out of residents' rooms that were quarantined after being exposed to COVID-19 positive staff. Four of ten staff observed were not wearing appropriate PPE, during 20 observations of passing of meal trays and picking the trays back up to quarantined residents. The facility had a total of 41 residents that were persons under investigation due to exposure to a COVID-19 positive staff member. This occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJDOH issued Executive Directive 20-026-1, dated 10/20/2020, indicated the following; II. Required Core Practices for Infection Prevention and Control. 1. Regardless of a facility's current reopening phase, core infection prevention and control practices must be in place at all times. Maintaining core infection prevention and control practices is key to preventing and containing outbreaks and is crucial in ensuring the delivery of quality, safe care. In addition to the requirements in N.J.A.C. 8:39-20, the following practices shall remain in place even as LTCSP's resume normal activities, regardless of the facility's current reopening phase:</p> <p>1. A document titled, "(facility) Cohort Plan," dated 10/26/2020, indicated for PPE use for yellow coded residents (potentially incubating),</p>	A1299		

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A1299	<p>Continued From page 2</p> <p>"Respirator: (facemask if not available) eye protection, gown, gloves and masks on residents when staff enters room; mask resident if must leave room."</p> <p>Observation of dietary staff was made on 11/11/2020 at 12:15 PM, going in and out of residents' rooms, who were in isolation rooms on the third floor, without gowns and gloves.</p> <p>Observation of dietary staff on 11/11/2020 at 12:30 PM, going in and out of residents' rooms, who were in isolation rooms on the second floor, without gloves or gown.</p> <p>An interview was completed with Licensed Practical Nurse (LPN #1) on 11/11/2020 at 12:33 PM. She stated she observed dietary staff going into the isolation rooms without gloves and gown. LPN #1 stated all staff should have on gloves and gown when going into the isolation rooms.</p> <p>An interview was completed with Dietary Service Lead (DSL #1) on 11/11/2020 at 12:45 PM. DSL #1 reported dietary staff do not have to wear gowns or gloves to deliver trays to residents in isolation, because the dietary staff have no physical contact with the resident. DSL #1 stated all staff should sanitize their hands between each resident.</p> <p>An interview was completed with the Executive Director and the Director of Nursing on 11/11/2020 at 4:30 PM. Both reported that dietary staff do not have to wear the gowns to deliver trays to residents on isolation. The Executive Director also reported that the second and third floors were on yellow coding.</p>	A1299		

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A1303	Continued From page 3	A1303		
A1303	<p>8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p style="padding-left: 40px;">7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:</p> <p style="padding-left: 80px;">i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;</p> <p style="padding-left: 80px;">ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;</p> <p style="padding-left: 80px;">iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and</p> <p style="padding-left: 80px;">iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, it was determined that the facility failed to follow the</p>	A1303		

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A1303	<p>Continued From page 4</p> <p>manufacturer's recommendation for the correct usage of a disinfectant solution approved for use against COVID-19. Two of four staff interviewed did not know the correct kill time. This had the potential to affect all residents and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>1. On 11/11/2020 at 11:00 AM, an interview was completed with the Director of Maintenance (DOM). The DOM identified the disinfectant solution, NJ EX Order 26461, used for high touch surface areas in all residents' rooms and in the common areas in the facility. The DOM reported the kill time for this solution against COVID-19 was 30 seconds.</p> <p>On 11/11/2020 at 11:15 AM, an interview was completed with the Housekeeping Supervisor (HS). The HS identified the disinfectant solution, NJ EX Order 26461 used for high touch surface areas in all residents' rooms, and the common areas of the facility for disinfecting the facility. The HS reported that the kill time for the disinfectant solution against COVID-19 was three minutes.</p> <p>A review of the Environment Protection Agency (EPA) list of disinfectants for NJ EX Order 26461 revealed that the solution needed to set for 10 minutes to kill COVID-19.</p> <p>On 11/11/2020 at 4:30 PM, the Executive Director and Director of Nursing reported that the kill time for NJ EX Order 26461 was 10 minutes.</p>	A1303		

CareOne at Evesham Assisted Living (#03A001)

Plan of Correction

December 14 , 2020

Date of Survey: 11/1/20

Tag: A1299

8:36-18.3(a)(5) Infection Prevention and Control Services

- (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies, and procedures for the following:
5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident

Based on observations, document review, staff interviews and NJ DOH issued Executive Directive 20-026-1, dated on 10/10/20, it was determined the facility failed to ensure staff wear the appropriate personal protective equipment (PPE) while going in and out of residents' rooms that were quarantined after being exposed to COVID-19 positive staff member. Four of ten staff observed were not wearing appropriate PPE during 20 observations of passing of meal trays and picking back up the trays to quarantined residents. The facility had a total of 41 residents that were persons under investigation due to exposure of a positive staff member.

Findings included:

1. A document titled "(facility) Cohort Plan," dated 10/26/20 indicated for PPE use for yellow coded residents (potentially incubating), Respirator (facemask if not available) eye protection, gown, gloves and masks on residents when staff enters room; mask resident if must leave room."
 - a. Observation of dietary staff was made of staff going in and out of resident rooms on isolation without wearing gloves or gowns.
2. In 1 of 3 interviews, one staff member(nurse) stated gowns should be worn when passing out trays and 2 staff members (Food Service Director and Administrator) stated they should not be worn when passing trays

A. How the facility will identify other residents having the potential to be affected by the same deficient practice?

Infection control rounds continued, no other residents identified as having the potential to be affected.

B. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and

Wellness Director provided education to the staff related to PPE. This included delivering meal trays, care of residents, and general interactions with a resident that are on droplet precautions or considered in a yellow zone. This education was completed by 11/13/20.

C. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, ie., what program will be put into place to monitor the continued effectiveness of the systemic change:

The Wellness Director or designee will observe staff weekly and ask for demonstration of PPE in yellow zones including general interactions, tray delivery, and personal care. Five observations will occur weekly for four weeks, then monthly for two months.

- D. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

Results of the observations will be reviewed during facility Quality Assurance Performance Improvement (QAPI) committee monthly for three months for review and revise the plan if it is determined further action is needed.

An IDR submission has been initiated for this deficiency.

Tag: 1303

8:36-18.3(a)(7)(i-iv)

Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:

- .i. Care of utensils, instruments, solutions, dressings, articles, and surfaces*
- .ii. Selection, storage, use, and disposition of disposable and non-disposable resident care items. Disposable items shall not be reused*
- .iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and*
- .iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms*

This requirement was not met as evidenced by record and staff reviews, it was determined that the facility failed to follow the manufactures recommendation for the correct usage of a disinfecting solution for the use against Covid-19. Two of four staff reviewed, did not know the correct kill time.

- A. How the facility will identify other residents having the potential to be affected by the same deficient practice;

Infection control rounds continued, no other residents identified as having the potential to be affected.

- B. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; and

1. Housekeeping and Maintenance team were re-educated on use of disinfectant solution including the solution correct kill time. The Housekeeping team and Maintenance team demonstrated the use after the education was completed on 11/12/20

2. Staff were educated on proper usage of disinfectant solution including the solution correct kill time.
- C. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, ie., what program will be put into place to monitor the continued effectiveness of the systemic change:
1. Administrator or designee will observe staff weekly and ask for demonstration of proper use of the disinfectant solution
 2. The Maintenance Director or designee will monitor staff use of the disinfectant solution weekly to ensure proper usage.
- D. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
1. Results of the observations will be reviewed during facility Quality Assurance Performance Improvement (QAPI) committee monthly for three months for review and to determine if further action is needed.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 03A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/17/2020
NAME OF FACILITY CARE ONE AT EVESHAM ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 874 ROUTE 70 EAST MARLTON, NJ 08053

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 A1299	Correction	ID Prefix A1303	Correction	ID Prefix	Correction
Reg. # 8:36-18.3(a)(5)	Completed	Reg. # 8:36-18.3(a)(7)(i-iv)	Completed	Reg. #	Completed
LSC	11/13/2020	LSC	11/12/2020	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 11/11/2020
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO