

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
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NAME OF PROVIDER OR SUPPLIER ARTIS SENIOR LIVING OF EVESHAM, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 302 LIPPINCOTT DRIVE EVESHAM, 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 53</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 8/28/20. 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>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility records, it was determined that the facility's Executive Director (ED) failed to implement the policy to manage, and control the</p>	A 310		

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

TITLE

(X6) DATE

09/29/20

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>spread of Covid-19 in accordance with April 4, 2020 instructions issued by the Commissioner of the Department of Health. (DOH).</p> <p>This deficient practice was evidenced by:</p> <p>During a tour of the facility on 8/28/20 with the Registered Nurse (RN) the surveyor observed on the [redacted] wing, 12 residents in a common area that were seated next to each other and less than 6 feet apart watching television. Residents were observed to be participating in a group activity, were sitting within arm's reach of each other and not wearing masks. The April 4 instructions issued by the DOH stated that "The facility shall cancel all resident group activities."</p> <p>The surveyor interviewed the RN who stated that she was not aware that the residents could not be out of their apartment and seated in a group activity.</p> <p>On 8/28/20 at 11:30 a.m., the surveyor interviewed two care managers that worked on the [redacted] wing of the facility and both stated that they were not aware that the residents could not be out in a common area in group setting seated next to each other and less than 6 feet apart.</p> <p>The ED did not ensure group activities were restricted in accordance with the instructions of the DOH issued on 4/4/20.</p>	A 310		
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September 29, 2020

NJ EX Order 28461, RN, BSN, CPM
Supervisor of Inspections
Health Facility Survey and Field Operations
New Jersey Department of Health

Dear Ms. [REDACTED]

Enclosed please find the Plan of Correction for the Covid Survey conducted at Artis of Evesham on August 28, 2020.

I would like to add that the survey team was excellent and used the opportunity to not only assist us in correcting any outstanding issues but also used the time in our community to educate our associates. They were knowledgeable and professional throughout their time in our community.

Should you have any further questions concerning the POC please feel to reach out at rheaney@artismgmt.com or by phone at 732-606-5983. Thank you

Sincerely,

Richard Heaney
Regional Vice President
Artis Senior Living



Plan of Correction for Artis Senior Living of Evesham

1. The corrective action for the residents that were affected by the deficient practice was to provide sufficient alternate space for the residents. This was accomplished by providing an in service to associates on COVID 19 policies and procedures including a social distancing and infection control protocols to help prevent a COVID 19 outbreak.
2. There were no other residents affected by this deficient practice.
3. The following measures will be put in place to ensure the deficient practice is corrected. The facility will assign a Department Head or Supervisor to make rounds of the community to ensure proper COVID 19 protocols are taking place including social distancing.
4. The facility will continue this practice of monitoring social distancing until the DOH lifts such regulations. The facility will also continue to include the COVID 19 policy and procedures in services for all associates. These checks will be conducted by the Administrator, the Registered Professional Nurse or the Licensed Practical Nurse Supervisor. The above mentioned checks will take place 2x's per shift. These actions are currently in effect and in full compliance as of 10/1/2020.



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