

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
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NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009
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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: 72</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 10/8/20. 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 record review it was determined that the Administrator failed to ensure the facility policy and procedure on infection control was implemented. This</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>deficient practice was evidenced by the following:</p> <p>On 10/8/20 the surveyor completed a COVID-19 focused infection control survey and observed the following:</p> <ol style="list-style-type: none"> 1. During a tour of the facility the surveyor observed on the [REDACTED] unit that the residents were seated in the dining area waiting for lunch. The surveyor observed that there were 5 tables with two to three residents seated at one table. The residents were not spaced at least 6 feet. The surveyor interviewed the direct care staff that were working with those residents and who were serving the residents lunch. Interview with one of the CHHAs revealed that the residents are always seated that way. <p>The surveyor interviewed the DON, who came to the unit and observed the seating and confirmed that the residents were seated within close proximity of each other, she stated that there wasn't enough room to socially distance all of the residents so they would have to have more than on seating.</p> <p>According to facility policy on infection control, "Social Distancing Protocol," "In accordance with Federal, State, and Local guidelines, measures to promote "Social Distancing" whenever possible, shall be observed by all staff, and encouraged of all residents. More explicitly, occupants and staff of the community shall not be permitted to congregate, where avoidable. When possible, a distance of 6 feet or more should be kept between all individuals."</p> <ol style="list-style-type: none"> 2. During the initial tour of the building the surveyor interviewed residents and staff. During the interview with the resident, it was ascertained that a staff member was in the building with no 	A 310		

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A 310	<p>Continued From page 2</p> <p>mask. The surveyor interviewed the staff member that was reported as not wearing a mask, and she confirmed that she did not have a mask on when she entered the building on the day of the survey, as well as on the Saturday the week before the survey. The staff member stated that her mask broke both times and she needed to walk to the Wellness office to retrieve a mask.</p> <p>The surveyor asked the staff to show the surveyor where she entered the building and where the Wellness office was located. The surveyor observed that the Wellness office is located quite a distance from the main entrance of the building, which meant the staff walked from the main entrance of the building quite some distance with out a mask on.</p> <p>According to facility policy and procedure on infection control, "Masks: In accordance with recently revised CDC Guidelines, masks are to be worn by all members of staff within the community." The surveyor interviewed the Administrator who agreed that the staff should have worn a mask prior to entering the building and could have called someone to bring a mask.</p>	A 310		