

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15A116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARTIS SENIOR LIVING OF BRICK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>466 JACK MARTIN BOULEVARD BRICK, NJ 08724</b>
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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: Type of Survey: Covid-19 Focused Infection Control</p> <p>Census: 66</p> <p>Sample size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 02/15/2022. 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		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p>	A1271		

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

TITLE

(X6) DATE

05/13/22

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A1271	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to consistently implements its infection control prevention program in accordance with the Communicable Disease Control (CDC) and Prevention guidelines and facility's "Personal Protective Equipment (PPE) and Technique" policy to ensure two staff members, Dietary Aide (DA) #1 and DA #2 and a resident family member, Resident #1's family member, utilized face mask and wore them appropriately while at the facility.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: CDC's Recommendation "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," last updated 2/2/2022, retrieved 3/9/22, revealed, " ... Wear a mask - Everyone ages 2 years and older should properly wear a well-fitting mask indoors in public in areas where the COVID-19 Community Level is high, regardless of vaccination status ... - If you are in an area with a high COVID-19 Community Level and are ages 2 or older, wear a mask indoors in public ... - If you are at increased risk for ... or live with or spend time with someone at higher risk, speak to your healthcare provider about wearing a mask</p>	A1271		

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A1271	<p>Continued From page 2</p> <p>...."</p> <p>1. On 02/15/2022 at 10:23 AM, the surveyor conducted a meal preparation observation in the facility's main kitchen with the Director of Environmental Services (DES) present and observed Dietary Aide (DA) #1 and DA #2 not wearing a mask at all.</p> <p>During an interview on 02/15/2022 at 10:25 AM, DA #1 and DA #2 both stated that they were not wearing masks because they were not in the resident care area. During the same interview, DA #1 and DA #2 stated that they had been educated to always wear their mask while at the facility.</p> <p>2. On 02/15/2022 from 10:35 AM through 10:43 AM, the surveyor, in the presence of the DES, conducted an observation in the facility's living unit on <b>Executive Order 26, 4.b.</b> unit which had residents who <b>Executive Order 26, 4.b.</b> in the unit. During the observation, Resident #1's family member was observed in the hallway with Resident #1. The family member wore the mask below his/her jaw. The observation indicated that several residents were exposed to Resident #1's family member in the hallway due to the residents <b>Executive Order 26, 4.b.</b> The surveyor did not observe staff members encouraged Resident #1's family member to wear his/her mask over the nose and mouth at the time of the observation.</p> <p>On 02/15/2022 at 11:30 AM, the Executive Director (ED) stated that the facility had 100% of staff and residents vaccinated. According to the ED, the facility did two days of orientation with all staff on the facility's infection control policies</p>	A1271		

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A1271	<p>Continued From page 3</p> <p>which included the use of personal protective equipment (PPE), hand hygiene, and cough etiquette before they worked on the floor. The ED stated that it was her expectation that all staff and visitors would wear their masks. The ED stated the facility constantly reminded staff and visitors of the importance of wearing their mask while at the facility. The ED stated that a mask mandate reminder was posted at the main entrance of the facility and was also included in the visitation agreement sent to residents' family members. The ED reported that it had been an issue with the resident's family not obeying the facility's mask mandate in the past. The ED stated that in accordance with the directive of the New Jersey Department of Health, resident's family members could have an indoor visit with the resident inside their private suite or room and may not be required to wear a mask. However, the ED clarified that the family member was required to wear their mask once they exited the resident's room into the hallway. The ED concluded that the facility would continue to re-educate staff and residents' families on the importance of compliance with mask use.</p> <p>On 02/15/2022 at 12:10 PM, the surveyor interviewed the Director of Health and Wellness (DHW) who stated that the facility was still considered to be in an outbreak of COVID-19. The DHW added that all staff had been trained to wear masks, regardless of vaccination status, while at the facility and that all staff had to wear surgical mask for staff-to-staff and staff-to-resident interactions. The DHW reiterated the resistance the facility met regarding Resident #1's family compliance with the facility's mask use policy. The DHW stated that the facility's expectation was that all staff and visitors</p>	A1271		

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A1271	<p>Continued From page 4</p> <p>complied with the facility's policy by wearing a mask appropriately at all times, regardless of their vaccination status.</p> <p>According to the facility's policy titled, "Personal Protective Equipment (PPE) &amp; Technique During COVID-19 Pandemic," dated September 2007, "All associates in the community are required to utilize appropriate PPE as part of Standard Precautions to protect themselves and others from the possible transmission of COVID-19 ...."</p>	A1271		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A116	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/13/2022
NAME OF FACILITY ARTIS SENIOR LIVING OF BRICK	STREET ADDRESS, CITY, STATE, ZIP CODE 466 JACK MARTIN BOULEVARD BRICK, NJ 08724	

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 A1271	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/22/2022	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 _____	
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 2/15/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



April 21, 2022

Jacqueline Jones, RN, BSN, CPM  
Supervisor of Inspections  
Health Facility Survey and Field Operations  
PO Box 358  
Trenton, NJ 08625-0358

Dear Ms. Jones,

Enclosed and attached please find the plan of correction for the Infection Control Survey conducted at Artis of Brick on February 15, 2022. I apologize for the delay, however there seemed to have been a miscommunication with the former Administrator / Executive Director with completion this POC.

Deficiency #1, Tag #A 1271 –

1. No negative effects were found with the identified resident.
2. To identify any other residents that may have been affected the community conducted follow up PCR COVID-19 testing in which there were 0 positive results.
3. The following measures were put into place to ensure corrective action and prevent a recurrence.
  - o An in-service was provided to all associates on proper PPE policy and procedures
    - Dietary Aide #1 completed the in-service on 4/21/2022.
    - Dietary Aide #2 completed the in-service on 4/21/2022.
  - o A communication was transmitted via e-mail to all resident family members to reinforce and review the proper policy and procedure for visitation and masking during community visits.
4. The community will continue to monitor the effectiveness of the corrective action by having the Executive Director, the Director of Health and Wellness and the Manager on Duty perform spot checks on residents and visitors to ensure proper mask placement within the community. These spot checks will occur at minimum three times daily: morning, lunchtime, and evening. The addition of this monitoring has been discussed with all Managers in QA meetings.

These actions will all be in place and completed no later than 4/22/2022. Once again thank you for reviewing this document and enclosures. I apologize for the confusion and delay in response. If you have any questions, please feel free to reach out to me at [JOryniak@artismgmt.com](mailto:JOryniak@artismgmt.com) or at (732) 475-7040.

Sincerely,

Jamie Oryniak CALA  
Executive Director  
Artis of Brick



466 Jack Martin Boulevard | Brick, NJ 08724 | 732.475.7040

***Creating positive partnerships the Artis way***