New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25a002	A. BUILDING: ______ B. WING ______	11/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING OAK ASSISTED LIVING AT VINELAND	**1611 SOUTH MAIN ROAD VINELAND, NJ 08360**

(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	Initial Comments Initial Comments: Census: 87 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. 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.	A 000		
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; This REQUIREMENT is not met as evidenced	A1299		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1299	Continued From page 1 by: Based on observations, interviews and review of the New Jersey Department of Health (NJDOH) Executive Directive 20-026-1, dated 10/20/2020, it was determined that the facility failed to ensure staff wore the appropriate mask while working in a health care setting for 11 out of 22 staff observed. This occurred during the COVID-19 pandemic and had the potential to affect all residents in the facility. Findings included: Reference: NJDOH issued Executive Directive 20-026-1, dated 10/20/2020, indicated; 3. Cohorting, PPE and Training Requirements in Every Phase: i. "All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g. breakroom)." 1. On 11/11/2020 at 12:05 PM, the surveyor observed Certified Nursing Assistant (CNA #1) wearing a cloth mask while passing lunch meal trays to Executive Order 26, 4.b.. On 11/11/2020 at 12:20 PM, the surveyor observed Housekeeping Aides #2 and #3 wearing a cloth mask while dusting light fixtures in the Executive Order 26, 4.b. . On 11/11/2020 at 12:30 PM - 12:33 PM, the surveyor observed Certified Medication Aide (CMA #4) and CNA #5 wearing a cloth mask in the Executive Order 26, 4.b. unit. The surveyor observed Activities Aide #6 wearing a cloth mask in the Executive Order 26, 4.b. unit. The activities aide was sitting in the dining room where residents were seated	A1299		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1299	Continued From page 2 at the tables. On 11/11/2020 at 12:35 PM, the surveyor observed the Activities Director wearing a cloth mask while walking throughout the facility. On 11/11/2020 at 12:30 PM, the surveyor observed the Executive Order 26, 4.b. wearing a cloth mask while walking throughout the facility. On 11/11/2020 at 1:04 PM, the surveyor observed CMA #7 wearing a cloth mask while walking throughout through the facility. On 11/11/2020 at 1:24 PM, the surveyor interviewed the Executive Order 26, 4.b., who indicated she was not aware that facility staff could not wear cloth masks in the facility. The Executive Order 26, 4.b. indicated that if she was assisting a resident, she would put on a surgical mask. On 11/11/2020 at 1:37 PM, the surveyor interviewed the Director of Nursing (DON). She indicated she was not aware that facility staff could not wear cloth masks in the facility. The DON further indicated that she would take care it. On 11/11/2020 at 3:54 PM, the surveyor observed Activities Aide #8 in the activity room wearing a cloth mask. No residents were observed in the activity room. On 11/11/2020 at 4:04 PM, the surveyor observed CNA #9 wearing a cloth mask while serving dinner to residents in the Executive Order 26, 4.b. unit dining room. On 11/11/2020 at 4:06 PM, the surveyor observed Activities Aide #6 wearing a cloth mask while	A1299		

New Jersey Department of Health

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A1299	Continued From page 3 serving dinner to residents in the Executive Order 26, 4.b. Executive dining room. On 11/11/2020 at 4:10 PM, the surveyor observed CNA #10 wearing a cloth mask while serving dinner to residents in the Executive Order 26, 4.b. dining room. On 11/11/2020 at 4:15 PM, the surveyor observed Maintenance Assistant #11 wearing a cloth mask while walking in the hallway where residents reside. On 11/11/2020 at 5:21 PM, the surveyor interviewed the Executive Director (ED), who indicated she was not aware that nursing staff could not wear the cloth mask. The ED further indicated that early on during the COVID-19 pandemic, the nursing staff could wear cloth mask. The ED indicated that the facility had plenty of surgical masks on hand.	A1299		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
25a002 Y1	Y2	12/17/2020 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING OAK ASSISTED LIVING AT VINELAND	1611 SOUTH MAIN ROAD VINELAND, NJ 08360

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 Reg. # 8:36-18.3(a)(5) LSC	Correction Completed 12/14/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**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**

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING OAK ASSISTED LIVING AT VINELAND	1611 SOUTH MAIN ROAD VINELAND, NJ 08360

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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; This REQUIREMENT is not met as evidenced by:	A1299		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn Watkins | TITLE: Admin | (X6) DATE: 12-10-20

New Jersey Department of Health

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A1299	Continued From page 3 unit dining room. On 11/11/2020 at 4:10 PM, the surveyor observed CNA #10 wearing a cloth mask while serving dinner to residents in the Executive Order 26, 4.b. unit dining room. On 11/11/2020 at 4:15 PM, the surveyor observed Maintenance Assistant #11 wearing a cloth mask while walking in the hallway where residents reside. On 11/11/2020 at 5:21 PM, the surveyor interviewed the Executive Director (ED), who indicated she was not aware that nursing staff could not wear the cloth mask. The ED further indicated that early on during the COVID-19 pandemic, the nursing staff could wear cloth mask. The ED indicated that the facility had plenty of surgical masks on hand.	A1299		

Surgical Mask Wearing during Covid-19 Pandemic **8:36-18.3 a5**

POLICY

It is the policy of Spring Oak ALF of Vineland to have all staff wear surgical masks while in the community during the Covid-19 Pandemic, except when a different type of mask may be indicated. (Such as an N95 mask when caring for a Covid-19 positive resident)

PROCEDURE

1. All staff are required to utilize surgical-type masks for daily use when moving throughout the community, including when entering the rooms of residents who are not known (and not suspected) carriers of the virus.

IN-SERVICE TRAINING REPORT

(PERSONNEL ATTENDANCE RECORD ON REVERSE)

Facility: Sav Department: Wellness

Date: 11.24.20 From: 1145 To: 2115

Employee group(s) present: Wellness

Topic: PPE Donning + Doffing

Contents or summary of training session *(if related to OSHA standard bloodborne pathogens training indicate "See Below" and use the convenient check-off list below):*

Discussion
Q+A
handout
Demonstration

OSHA standard bloodborne training requirements. Check those topics covered. Use space above to clarify.

- ☐ Explanation of regs (1910.1030)
- ☐ Epidemiology & symptoms
- ☐ Modes of transmission
- ☐ Exposure control plan
- ☐ Recognizing tasks/activities that pose risk or risk potential
- ☐ Methods to prevent/reduce exposure
  - ☐ Engineering controls ☐ Work practices
  - ☐ Protective equipment
- ☐ Personal protective equipment (must include types, use, removal, handling, decontamination, disposal, & selection)
- ☐ Hepatitis B vaccine
- ☐ Reporting and responding to exposure occurrences, employer post-exposure evaluation and follow-up responsibilities
- ☐ Signs & labels and/or color coding used to identify equipment used to store or transport blood or potentially infectious material

Conducted by: Denise M Carter BSN, RN, DON
Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions:

Signature of person completing report: Denise M Carter Title: BSN, RN

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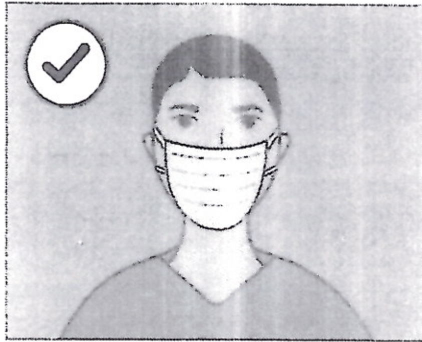
BRIGGS Healthcare

NAMES AND JOB TITLES OF PERSONNEL ATTENDING	NAMES AND JOB TITLES OF PERSONNEL ATTENDING
Jessica [illegible] HHA	REGINA MANTE
BARBARA AKERM[illegible]	[illegible] MT
[illegible] CNA	Beverly [illegible] MT
Kiyana Jackson CNA	Robin Dick, MT
Sharice [illegible] CHHA	Judy Flores MT
Cathy [illegible]	[illegible]
[illegible], MT	[illegible]
K[illegible] Perez	[illegible]
[illegible]	[illegible]
Sonia Edwards	Colleen [illegible]
[illegible]	Jessica Juliano
[illegible]	[illegible] Rodriguez Act Dir
[illegible]	Liz Arce
Kelly [illegible]	[illegible]
[illegible] CNA	[illegible]
Linda McGuigan	Lucy Maldonado
Christina [illegible]	[illegible]
[illegible] Reyes MT	[illegible]
Ebelin Emiliano MT	[illegible] McDonough
Ebony [illegible] CNA	Liz Espinosa
Felicia [illegible] CNA	[illegible]
Patricia [illegible] CNA	[illegible] Sanchez
Margaret Bempong-Kontoh	Chloe Travis
[illegible] MT	Andrea Matthews
[illegible]	Brenda [illegible]
[illegible] CNA	Stephanie Nichols
Kathleen [illegible] MT	T. [illegible]

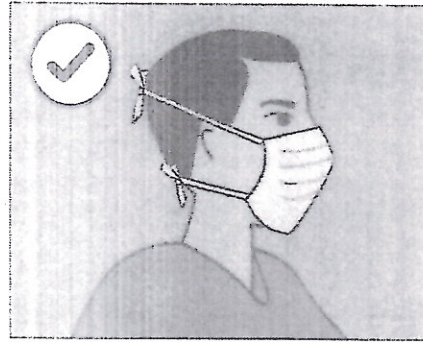
NAMES AND JOB TITLES OF PERSONNEL ATTENDING	NAMES AND JOB TITLES OF PERSONNEL ATTENDING
Kara Kauffman, MT	[illegible] LPN
Denetrics Bailey	[illegible] Selby
Shariya Woods	
[illegible] Santiago MT	
Jaquelin Emiliano (activities)	
Sharon Seward	
[illegible] Crasell	
[illegible]	
Barbara Johnson	
Rose Miller	
[illegible] Boone	
[illegible]	
[illegible]	
Kimberly [illegible]	
Joan Walter	
Melinda Coursey	
[illegible]	
Kathleen Mauer	
Malloy Delvalle	
[illegible]	
[illegible]	
[illegible]	
Ana Hoyos	
Melissa [illegible]	
Esmeralda Lopez	
[illegible] Lopez	
Patricia Pulley	
Kianna Robinson	

Facemask Do's and Don'ts
For Healthcare Personnel

When putting on a facemask
Clean your hands and put on your facemask so it fully covers your mouth and nose.

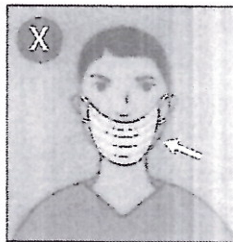


DO secure the elastic bands around your ears.

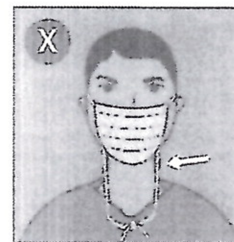


DO secure the ties at the middle of your head and the base of your head.

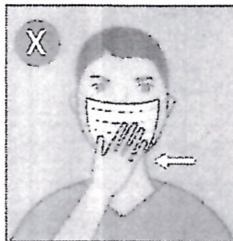
When wearing a facemask, don't do the following:



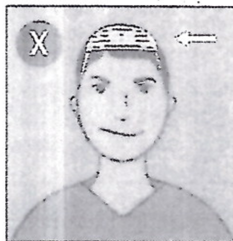
DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. **DON'T** cross the straps.

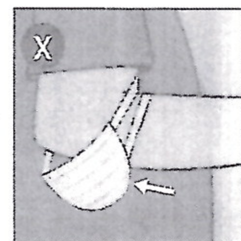


DON'T touch or adjust your facemask without cleaning your hands before and after.



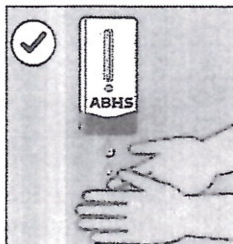
DON'T wear your facemask on your head.

DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask
Clean your hands and remove your facemask touching only the straps or ties.

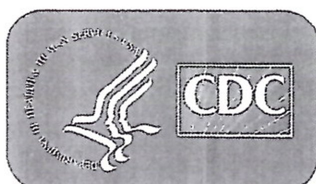


DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.

DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.



cdc.gov/coronavirus

CS 316480A June 2, 2020 11:30 AM

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

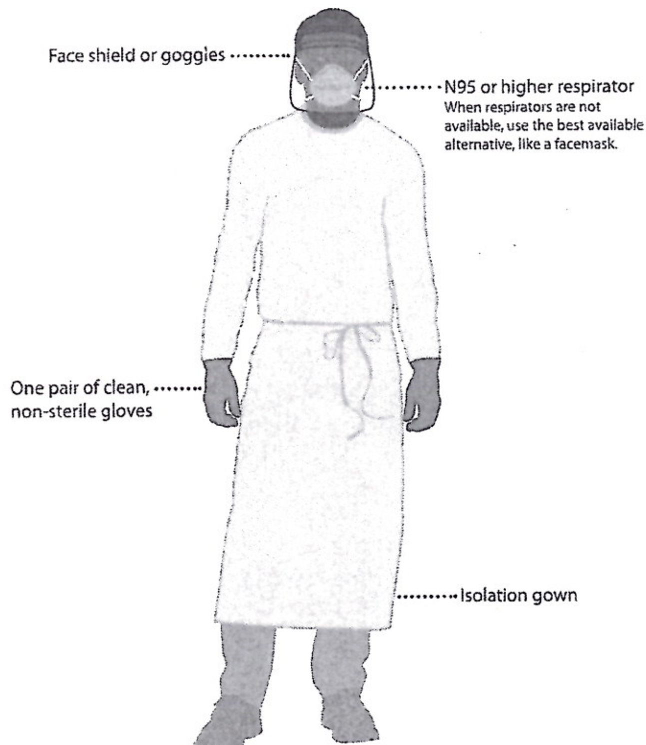
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

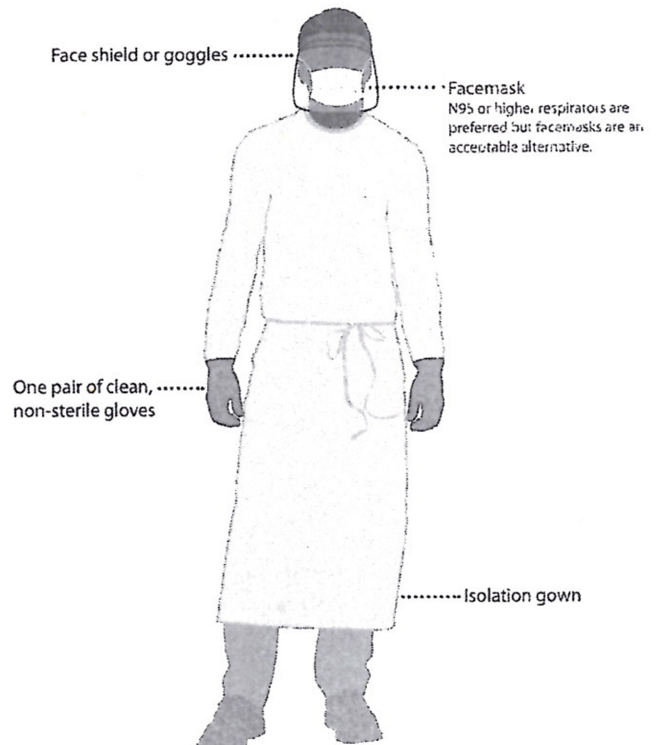
Remember:

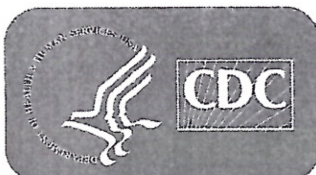
- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask





www.cdc.gov/coronavirus

CS 316124-A 06/03/2020

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
   - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).*** Do not touch the front of the respirator or facemask.
   - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.