

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30a000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/24/2020
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NAME OF PROVIDER OR SUPPLIER WINCHESTER GARDENS ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 333 ELMWOOD AVENUE MAPLEWOOD, NJ 07040
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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 CENSUS: 44 SURVEY DATE: 10/24/2020</p> <p>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		
A1297	<p>8:36-18.3(a)(4) 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;">4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A1297		

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

TITLE

(X6) DATE

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A1297	<p>Continued From page 1</p> <p>Based on observation and staff interviews it was determined that the facility failed to screen 1 of 1 visitor for COVID-19 before entry into the facility. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents in the facility, the census was 44. The deficient practice was evidenced by the following:</p> <p>On 10/24/20 at 8:35 a.m., the surveyor arrived at the facility and after stopping at the security checkpoint at the entry to the property, the surveyor was directed to the building by Security Officer (SO) 1. At that point the surveyor was not screened by SO 1. At 8:40 a.m. the surveyor was able to enter the front door of the facility, which was unlocked. After entering, the surveyor did not observe any staff in the lobby or reception area. The surveyor was able to walk down a hallway, where the administrative offices were, without encountering any staff. After taking the elevator to the second floor, the surveyor then observed a staff member, Registered Nurse (RN) 2.</p> <p>On 10/24/2020 at 8:47 a.m., the surveyor interviewed RN 2, who stated that the Security Officers were supposed to do temperature checks and the screening questionnaire on everyone who enters the campus.</p> <p>On 10/24/20 at 9:10 a.m. the surveyor interviewed SO 1, who confirmed that everyone that entered the campus was supposed to be screened by security staff before proceeding onto the property.</p> <p>On 10/24/2020 at 10:13 a.m. the surveyor interviewed the Executive Director (ED), who stated that everyone that enters the campus should be screened with a temperature check</p>	A1297		
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A1297	Continued From page 2 and screening questions by the Security Officers. The ED also stated that the front door to the facility was not locked during the day and there was no Receptionist present on the weekends.	A1297		