

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30a003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE ASSISTED LIVING AT WEST ESSEX</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 GREENBROOK ROAD FAIRFIELD, NJ 07004</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 63</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 3/8/2021. 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 interview and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to develop a policy that</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>ensured the implementation of resident screening in Phase 0 of reopening in accordance with the requirements of the New Jersey Department of Health (NJDOH) Executive Directive No. 20-026<sup>1</sup> to minimize sources and transmission of COVID-19 virus for 5 of 5 residents reviewed for infection prevention and control, Resident #'s 1, 2, 3, 4 and 5. This deficient practice was evidenced by the following:</p> <p>Reference: NJDOH Executive Directive No. 20-026<sup>1</sup>, updated 1/6/21, indicated the following: " ... Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS) ... Section IV. Required standards for services during each phase. 1. Phase 0 ... iv. Facilities shall screen all residents, at minimum during every shift with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure (BP), temperature and pulse oximetry ...."</p> <p>On 3/8/21 at 9:30 a.m., during the entrance conference of the survey, the ED stated that the facility was in Phase 0. She stated that the facility concluded its COVID-19 outbreak, which began with a COVID-19 positive case on [REDACTED]. She further stated that the facility planned to submit their attestation to move and advance into the next phase of the reopening, but was still in Phase 0. The surveyor asked the ED how the facility screened its residents for COVID-19 and the frequency of the screenings. The ED stated that the facility screened the residents with a full set of vital signs and assessed for signs and symptoms of COVID-19 two times a day, while the residents were awake.</p> <p>At 11:15 a.m., the surveyor reviewed the facility</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>provided documents, titled, "COVID-19 Screening-V 6" for the five residents. Review of the screening forms for each of the five residents revealed documented that the residents were assessed for signs and symptoms of COVID-19 and a temperature check one time.</p> <p>During interview at 11:40 a.m., the surveyor asked the ED to provide multiple days of the screening assessment for each of the five residents. The ED provided a screen shot of the assessment section in the electronic medical record, including the, "COVID-19 Screening- V 6" document, which revealed that the screenings were conducted twice a day during their COVID-19 outbreak period.</p> <p>The surveyor then asked the ED if the vital signs were documented in another section of the electronic medical record. The ED stated "yes." The surveyor then asked the ED to provide documentation of the screening of vital signs for each of the [REDACTED] residents for the month of March, Resident #1 was not in the facility during that time fam.</p> <p>At 1:00 p.m., the surveyor reviewed the facility provided document titled, "Weights and Vitals Summary" for each of the [REDACTED] residents and observed that resident there was no documented evidence that the required screening process of a temperature, blood pressure, pulse, oxygen saturation and screening for signs and symptoms of COVID-19 was consistently performed three times a day during the facility's COVID-19 outbreak period.</p> <p>At 12:10 p.m., the surveyor interviewed the ED regarding the screening process for residents during the COVID-19 outbreak period. The ED stated that the facility screened residents two</p>	A 310		

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A 310	Continued From page 3  times a day, and that the facility does not screen the residents on the third shift because they are sleeping. She added that the staff first write it on paper and then put it in the electronic health record.  The surveyor reviewed the facility provided policy titled, "COVID-19 Mitigation and Response Plan" with a revised date of [REDACTED] which included the following: Under the section titled, "Management/Containment: Known/Confirmed (positive) or Suspected COVID-19 Cases Institute Community Management Protocols" documented, "Communities with a confirmed case of COVID-19: Residents are screened at least twice daily for fever and symptoms of COVID-19." This facility policy did not include all screening services required in accordance with the NJDOH Executive Directive No. 20-026 <sup>1</sup> .	A 310		
A1289	8:36-18.2(d) Infection Prevention and Control Services  (d) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, incorporated herein by reference, as amended and supplemented, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine in accordance with N.J.A.C. 8:36-4.1(a). The General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, which are available on the Internet at <a href="http://www.cdc.gov/nip/publications/acip-list.htm">http://www.cdc.gov/nip/publications/acip-list.htm</a> .	A1289		

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A1289	<p>Continued From page 4</p> <p>The facility shall provide or arrange for pneumococcal vaccination of residents who have not received this immunization, prior to or on admission unless the resident refuses offer of the vaccine.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documented evidence that residents were offered, or that assistance was provided in making arrangements for residents to receive the ( ) vaccinations prior to or upon admission for 3 of 5 residents reviewed for ( ) administration, Resident #'s 2, 3 and 5. This deficient practice was evidenced by the following:</p> <p>On 3/8/21, at 10:15 a.m., during the entrance conference of a COVID-19 Focused Infection Control survey, the surveyor requested to review documented evidence of ( ) and ( ) vaccination administration for Resident #'s 1, 2, 3, 4 and 5. At 11:29 a.m., the surveyor reviewed the vaccination records provided and observed that they failed to contain documented evidence that the residents were offered the ( ) vaccination.</p> <p>At 12:04 p.m., the surveyor interviewed the Executive Director (ED), who stated that residents were assessed for ( ) vaccination administration prior to admission. She stated that if it was determined that the vaccine was not previously administered, a Physician's order was required for administration.</p> <p>At 12:25 p.m., the surveyor interviewed the</p>	A1289		
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A1289	<p>Continued From page 5</p> <p>Resident Care Director who stated that the pneumococcal vaccination was offered to residents annually at the flu clinic.</p> <p>At 12:45 p.m., the ED provided the surveyor with Resident [REDACTED] Vaccination Consent (RPVC) forms for Resident #'s 1, 2, 3, 4 and 5, which revealed that there was no documented evidence that the residents received the [REDACTED] vaccine as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #2: The RPVC indicated that the resident's responsible party consented for the resident to receive the [REDACTED] Vaccination on [REDACTED], which was a date prior to the resident's admission to the facility. The facility failed to provide documented evidence that the vaccine was administered.</li> <li>2. Resident #3: The RPVC indicated that the resident's responsible party consented for the resident to receive the [REDACTED] Vaccination on [REDACTED] which was a date prior to the resident's admission to the facility. The facility failed to provide documented evidence that the vaccine was administered or that the resident was assisted to receive the vaccination.</li> <li>3. Resident #5: The RPVC indicated that the resident's responsible party consented for the resident to receive the [REDACTED] Vaccination on [REDACTED], which was a date prior to the resident's admission to the facility. The facility failed to provide documented evidence that the resident received the [REDACTED] vaccine.</li> </ol> <p>In a later interview with the ED at 12:51 p.m., she stated that if the resident did not receive the [REDACTED] vaccination prior to admission, a Physician's order was obtained and arrangements were made for the resident to</p>	A1289		
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A1289	<p>Continued From page 6</p> <p>receive it at the Physician's office. The ED further stated that she did not know why the residents that consented for the [REDACTED] Vaccination did not receive it as required prior to admission to the facility.</p> <p>Review of the facility policy, "Infection Prevention and Control Program for Assisted Living Communities" (August 2018) revealed the following: "Upon move-in, the resident's immunization status is evaluated and vaccination is offered if not previously vaccinated. Additionally, the [REDACTED] vaccination is offered yearly at the [REDACTED] clinics. A physician's order is required...."</p>	A1289		

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A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 63</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 3/8/2021. 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 interview and review of pertinent facility documents, it was determined that the Executive</p>	A 310		

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TITLE

(X6) DATE

*Maureen Semmeris* Executive Director 4/6/21



## Sunrise Senior Living Plan of Correction

**Name of Community:** Sunrise of West Essex  
**Address of Community:** 47 Greenbrook Road Fairfield, NJ 07004  
**License number:** 30a003  
**Inspection date(s):** 3/08/21  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
Maryssa Semineio, Executive Director  
**Signature of Sunrise Representative:** *Maryssa Semineio*  
**Date of Submission:** 4/10/21

Regulation	Target Date by Which Correction will be completed	Plan of Correction
8:36-3.4(a)(1)	3/9/21	<p><b>1. Corrective Action for the Affected Residents:</b> No residents have been affected by this deficient practice. If the community is in Phase 0 of re-opening, all residents will be screened at a minimum of two times daily, with questions and observations for signs or symptoms of COVID-19. Residents will not be awakened from sleep, during the night, but if awake, a third screening will be conducted. Vital signs will be monitored and recorded and will include heart rate, blood pressure, temperature, and pulse oximetry while in Phase 0.</p>
	3/10/21	<p><b>2. Corrective Action for Other Residents:</b> All residents have the potential to be affected by the deficient practice. Currently, all residents remain COVID-19 free. At this time, the community is in Phase 2 and COVID screenings are completed on all shifts, including temperature and symptom screening, while the residents are awake.</p>
	3/10/21	<p><b>3. Systemic Correction to Prevent Recurrence:</b> The Resident Care Director will review and in-service the care team on screening protocols, including blood pressure, pulse, respirations, temperature, and pulse oximetry while in Phase 0. Required vital signs, determined by Phase/CALI level will be assigned in the electronic health record (Point of Care) and will be obtained and documented by staff on all shifts while the resident is awake. If the resident is asleep, but later awakes, the appropriate vital signs and screening will occur. Our Current mitigation plan states that following "It is the policy of this community to manage suspected and confirmed COVID-19 (novel coronavirus) cases in accordance with Organizational, Federal, State/Provincial and Local laws, regulations and guidelines and guidance from the Centers for Disease Control &amp; Prevention and applicable public health authorities."</p> <p><b>4. Monitoring Plan:</b> The Resident Care Director (RCD) and the Executive Director (ED) will monitor compliance by reviewing the residents' records. The Resident Care Director (RCD) and the</p>

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	March 31, 2021 and ongoing for 3 months	<p>Executive Director (ED) will ensure appropriate vital signs are documented for each resident weekly for the next four weeks. In addition, the Resident Care Director (RCD), the Executive Director (ED), and team, will review findings and ensure re-training is completed as necessary as well as quality improvement put in place. This plan of correction will be reviewed at Quality Assurance Performance Improvement (QAPI) on a monthly basis for 3 months to assure that screening of all residents is occurring according to the Executive Order and standards of practice are being maintained. As stated, any trends will be discussed, retraining will be planned as appropriate and quality improvement plans will be put into effect as needed.</p>

