New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	50A001		B. WING		12/1	7/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIGHT	ON GARDENS OF ED	ISON 1801 OAK EDISON, I	TREE ROA NJ 08820	D		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 000	Initial Comments:  A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 12/17/2021. 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.  The census was 87.  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,					
A1207	(a) The housekeep in paragraphs 1 through Application of this reindividual living environsideration residently of living:  11. When facility provided, items successive the successive provided items su	itation-Safety-Maintenance ing and sanitation conditions ough 12 below shall be met. equirement with respect to the rironment shall take into ents' personal preferences for ty housekeeping services are thas bedpans, s shall be disinfected, using a	A1207			

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

TITLE

(X6) DATE

03/09/22

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
BRIGHT	ON GARDENS OF ED	ISON 1801 OAK EDISON, I	TREE ROAI NJ 08820	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
A1207	Continued From pa process for disinfed by the facility; a	tion established	A1207			
	by: Based on observati review, and review Control and Preven determined that the housekeeping staff cleaning technique bathrooms. This de in 1 of 2 housekeep which had the poten	on, interview, facility policy of the Centers for Disease tion (CDC) guidelines, it was a facility failed to ensure exercised appropriate when cleaning residents' ficient practice was observed pers, Housekeeper (HSK) #1 intial to affect all residents of turned during the COVID-19				
	Prevention (CDC) Colleaning techniques and retrieved on 10 http://www.cdc.gov/leaning-procedures toilets-Toilets in pat (within a private par patients and visitors exposure (i.e., high frequently contaminal higher risk of pathogeneral patient are all environmental cluse the following general g	nters for Disease Control and General environmental s, last reviewed on 04/21/2020 1/25/2021 from //hai/prevent/resource-limited/c.html, indicated, "Patient area ient care areas can be private tient room) or shared (among s). They have high patient touch surfaces) and are nated. Therefore, they pose a gen transmission than in as." It further indicated: "For eaning procedures, always eneral strategies: Wipe general strategies (e.g.,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE : COMPL	
	50A001	B. WING		12/1	7/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIGHTON GARDENS OF ED	ISON 1801 OAK EDISON, I	( TREE ROA NJ 08820	D		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	.D BE	(X5) COMPLETE DATE
1. On 12/17/2021 at observed Houseke Room HSK # cleaning cart and w sprayed some clean bowl and washed the with the brush. The the toilet brush to w bathroom, including walls, tap, and the On 12/17/2021 at 1 interview that she he low-touch to high-touch to high-touch to observe the contact time for che told the surveyor the cleaning in the mare explained to the surveyor the cleaning in the mare explained to the surveyor the cleaning in the mare explained to the surveyor the cleaning in the mare explained to the surveyor the cleaning in the mare explained to the surveyor the cleaning in the mare explained to the surveyor the cleaning the toilet brush made it bathroom that would unreachable for he On 12/17/2021 at 1 Director (ED) states should not be using areas other than in On 12/17/2021 at 1 Preventionist (ICP) facility-wide training measures to prevention of the contact time for the cleaning that	to low, systematic manner)."  at 11:01 AM, the surveyor eper (HSK) #1 cleaning in #1 took a toilet brush from the vent into the bathroom. She ning solution into the toilet he inner portion of the toilet en HSK #1 continued to use vash other surfaces in the g the sink, faucet, shower shower floor.  at:17 AM, HSK #1 stated in an ead been trained to clean from ouch area, from clean to dirty, manufacturer recommended emical disinfectants. HSK #1 eat she always performed the ener observed above. HSK #1 rveyor that the bathroom was ted and it made no difference esh to clean other surfaces in rooms. HSK #1 stated that the treasier to access areas of the Id have otherwise been	A1207			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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BRIGHT	ON GARDENS OF ED	ISON	TREE ROAI	D		
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A1207	bathrooms was not instructed houseker resident rooms and A review of the und Senior Living House Procedures for CO' revealed, "Effective component in reduced to the component in reduced in the component	r surfaces within residents' acceptable. The ICP eping staff to re-clean the bathrooms.  ated policy titled, "Sunrise ekeeping: Cleaning VID-19 Virus Policy," cleaning is always a critical cing the spread of diseases."	A1207			
A1299	(a) Written policies established and imprevention and conto, policies and process. Techniques tresident contact, inc	and procedures shall be olemented regarding infection trol, including, but not limited cedures for the following:  o be used during each cluding handwashing before for a resident;	A1299			
	by: Based on observati Centers for Disease (CDC) guidelines, t an infection preven (IPCP) when staff fa between resident co or clothing and and hand hygiene befor	on, interview, and review of a Control and Prevention the facility failed to implement tion and control program ailed to perform hand hygiene ontact or touching their mask failing to assist residents with the eating their meal. This as observed by 2 of 2 dietary inch meal service.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A1299	Continued From pa	ge 4	A1299			
	Findings included:					
	Control and Prevent Guidance, retrieved https://www.cdc.gorelin.html, updated 112/19/2021, read in for hand hygiene mepisode. Following hand hygiene: Use sanitizer immediate before performing a an indwelling device medical devices, be soiled body site to a patient, after touchi immediate environmediately after gand water when ha caring for a person	w/handhygiene/providers/guid //30/2020, retrieved on part, "Multiple opportunities ay occur during a single care are the clinical indications for an alcohol-based hand by before touching a patient, an aseptic task (e.g., placing e) or handling invasive efore moving from work on a a clean body site on the same ing a patient or the patient's ment, after contact with blood, iminated surfaces, and love removal. Wash with soap inds are visibly soiled, after with known or suspected and after known or suspected				
	observed a group of dining room. Dietar proceeded to serve soup. The DAs ass moving their wheeled the residents sat cled DA #2 proceeded to resident's meal from meals on the table, surveyor observed intermittently adjust the residents on the	t 11:45 AM, the surveyor of 19 random residents in the y Aide (DA) #1 and DA #2 the residents small bowls of isted the residents with chairs and/or chairs so that oser to the table. DA #1 and or retrieve the individual on the kitchen and placed the During the meal service, the DA #1 and DA #2 their facemasks and patted eir backs as they served and esident to eat their meals. DA				

TACW OCI	sey Department of I	lealui				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		50A001	B. WING		12/1	7/2021
					1 12/1	.,
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIGHT	ON GARDENS OF ED	ISON	TREE ROA	D		
		EDISON,	NJ 08820			T
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
.,		,		DEFICIENCY)		
A1299	Oznatina and France in a		A1299			
A1299	Continued From pa	ige 5	A1299			
		ot use a serving tray when				
		up in the small bowls to the				
		s held the residents' bowls of				
		such that portions of their				
	fingers were touchi	ng the residents' soup as they				
		ident. DA #1 and DA #2 failed				
	contact They did n	giene between each resident ot offer or encourage the				
		n hand hygiene prior to the				
	meal service.	in hand myglene phon to the				
	modi con vico.					
	On 12/17/2021 at 1	:03 PM, the surveyor				
		and DA #2 together. They				
	stated that they had	d been trained on the need to				
	perform hand hygie	ene on themselves prior to				
		chen task, after they				
		sk, after they used the				
		etween resident contacts. Per				
		nanagers were responsible for				
		ents were offered and/or				
		form hand hygiene before the				
		he dining room. DA #1 and DA				
		thought the residents had and assisted with hand				
		y came in the dining room. DA				
		owledged that they failed to				
		ene and to offer the same to				
		ghout the meal service.				
	,	9				
		:34 PM, the surveyor				
		ecutive Director (ED), Dietary				
		nfection Control Preventionist				
		ve Director stated it was the				
		staff to ensure residents'				
		d appropriately when they ate				
		P stated that staff training on				
		actices had been ongoing				
		The Dietary Manager (DM)				
	stated that staff sho	ould not assume residents'				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A1299	hands were clean. staff should remind encourage resident they ate their meals staff should utilize splated meals by hopalm holding the sicholding the handles concluded that the DA #2's fingers tour	The DM stated that dietary, provide/offer, and/or is to clean their hands before is. The DM stated that dietary serving trays and handle lding the plates with opened des of the meal plates or by in the case of a cup. The DM observation of DA #1's and ching the residents' soup and ands or changing gloves after	A1299			

		STAT	E FORM: RE	VISIT REPORT			_
PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50A001 y1	MULTIPLE CON A. Building B. Wing	ISTRUCTIO	N			DATE <sub>Y2</sub> 3/9/2	OF REVISIT
NAME OF FACILITY BRIGHTON GARDENS OF ED	STREET ADDRESS, C 1801 OAK TREE ROA EDISON, NJ 08820						
This report is completed by a S corrective action was accomplis identification prefix code previo form).	shed. Each def	iciency sho	uld be fully ident	ified using either the r	egulation or LSC p	rovision numb	er and the
ITEM	DATE	ITEM		DATE	ITEM		DATE
Y4	Y5	Y4		<b>Y</b> 5	Y4		Y5
ID Prefix A1207	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # 8:36-17.3(a)(11) LSC	Completed 03/17/2022	Reg. # LSC	8:36-18.3(a)(5)	Completed 03/17/2022	Reg. # LSC		Completed
		1.30		00/11/2022			
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		_

SIGNATURE OF SURVEYOR

DATE

**REVIEWED BY** 

DATE

**REVIEWED BY** 

Name of Community/Provider: Brighton Gardens of Edison

Address of Community/Provider: 1801 Oak Tree Road, Edison, NJ 08820

Provider/Supplier/CLIA ID #: License: 061222/CLIA # 31D2242235

Date Survey Completed: 12/17/2021

Name/Title of Legal Entity Representative Signing the Plan of Correction:

Katrina Labayen

Signature of Sunrise Representative: Katrina Labayen

Date of Submission: 1/24/21

**hID PREFIX TAG: A1207** 

1. How the corrective action will be accomplished for those residents found to be affected by deficient practice.

The Maintenance/Housekeeping Coordinator immediately educated and in-serviced the Housekeeping staff on Infection Control and proper room-cleaning procedures on 12/17/21.

The community immediately purchased new cleaning brushes for the housekeepers to use when cleaning resident bathrooms and rooms on 12/17/21.

The Infection Control Preventionist instructed the Housekeeping staff to immediately re-clean the resident rooms and bathrooms on 12/17/21.

Completion Date: 12/17/21

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

All Housekeeping staff were provided refresher training on proper roomcleaning procedures and Infection Control by the Maintenance/Housekeeping Coordinator with return demonstration required. All other Housekeeping Staff demonstrated proper knowledge of room-cleaning procedures and all steps were completely and properly performed.

Completion Date: 12/17/21

Name of Community/Provider: Brighton Gardens of Edison

Address of Community/Provider: 1801 Oak Tree Road, Edison, NJ 08820

Provider/Supplier/CLIA ID #: License: 061222/CLIA # 31D2242235

**Date Survey Completed:** 12/17/2021

Name/Title of Legal Entity Representative Signing the Plan of Correction:

Katrina Labayen

Signature of Sunrise Representative: Katrina Labayen

Date of Submission: 1/24/21

3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur.

The community will follow the recommendation of the Centers for Disease Control and Prevention (CDC) General environmental cleaning techniques, last reviewed on 04/21/2020 and retrieved on 10/25/2021 indicating: "For all environmental cleaning procedures, always use the following general strategies: Wipe surfaces using the general strategies...(e.g., clean to dirty, high to low, systematic manner)."

Housekeeping staff will continue to wipe surfaces in a clean to dirty, high to low, and systematic manner. The Housekeeping staff also have long-handled cleaning brushes to use on hard-to-reach places. These cleaning brushes will be disinfected after every resident room with an EPA-approved disinfectant.

The Housekeeping/Maintenance Coordinator will continue to review proper room-cleaning procedures during monthly staff meetings.

Completion Date: 3/17/21

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

The Executive Director (ED)/Designee will monitor the Housekeepers, including HSK #1, conducting random weekly observations for 3 months to confirm that the above recommendation is followed. Any discrepancies will be immediately corrected.

The ED/Designee will report the findings of the weekly observation to the Quality Assurance Performance Improvement (QAPI) Committee for 3

Page 2 of 5

July

Name of Community/Provider: Brighton Gardens of Edison

Address of Community/Provider: 1801 Oak Tree Road, Edison, NJ 08820

Provider/Supplier/CLIA ID #: License: 061222/CLIA # 31D2242235

Date Survey Completed: 12/17/2021

Name/Title of Legal Entity Representative Signing the Plan of Correction:

Katrina Labayen

Signature of Sunrise Representative: Katrina Labayen

Date of Submission: 1/24/21

months to confirm that the processes outlined above are sustained. During and at the conclusion of the 3-month period, the Committee will reevaluate and initiate any necessary action or extend the review period. The ED is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

Completion Date: 3/17/21

### **ID PREFIX TAG: A1299**

1. How the corrective action will be accomplished for those residents found to be affected by deficient practice.

All Community Staff, including but not limited to Dining Staff, were immediately in-serviced on proper handwashing practices between resident contact or touching their mask or clothing on 12/17/21.

The Dining Services Coordinator (DSC) immediately educated DA#1 and DA#2 on proper meal-service procedures on 12/17/21 which included: avoiding touching the rim of glasses or cups and avoiding touching the eating surface of plates and bowls. Staff were also re-educated to assist residents with hand hygiene before eating their meal on the same day.

Completion Date: 12/17/21

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

Page **3** of **5** 

July

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.

Name of Community/Provider: Brighton Gardens of Edison

Address of Community/Provider: 1801 Oak Tree Road, Edison, NJ 08820

Provider/Supplier/CLIA ID #: License: 061222/CLIA # 31D2242235

Date Survey Completed: 12/17/2021

Name/Title of Legal Entity Representative Signing the Plan of Correction:

Katrina Labayen

Signature of Sunrise Representative: Katrina Labayen

Date of Submission: 1/24/21

All Dining Staff were provided refresher training on proper meal-service and handwashing practices by the Dining Services Coordinator with return demonstration required. All other Dining Staff demonstrated proper knowledge of proper meal-service procedures and handwashing practices.

Completion Date: 12/31/21

3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur.

The Community will continue to follow the Centers for Disease Control and Prevention (CDC) guidelines for Hand Hygiene to perform hand hygiene under the specified clinical indications including, but not limited to, before touching a patient, after touching a patient or the patient's immediate environment, and immediately after glove removal.

The Community will continue to follow the Sunrise Infection Control Program which indicates key situations where hand hygiene should be performed, including but not limited to, before eating, before, during and after preparing food, before beginning work, and before and after direct contact with a resident's intact skin or the resident's environment.

All Community Staff have been in-serviced on proper handwashing practices between resident contact or touching their mask or clothing beginning on 12/17/21. All Community Staff, including by not limited to Dining Staff, have been re-educated that all staff members must assist residents with hand hygiene prior to meal service. All Community Staff continue to be educated on proper handwashing practices at monthly Town Hall Meetings and bi-annually for required Staff training.

Name of Community/Provider: Brighton Gardens of Edison

Address of Community/Provider: 1801 Oak Tree Road, Edison, NJ 08820

Provider/Supplier/CLIA ID #: License: 061222/CLIA # 31D2242235

**Date Survey Completed: 12/17/2021** 

Name/Title of Legal Entity Representative Signing the Plan of Correction:

Katrina Labayen

Signature of Sunrise Representative: Katrina Labayen

Date of Submission: 1/24/21

Handwashing signage was placed at resident eye-level at the Dining Room entrance and additional Hand Sanitizers have been implemented throughout the dining room for ease of access to assist residents with hand hygiene.

Community will make available small portable hand sanitizers to all community staff members to have readily available.

Completion Date: 1/17/21

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

The Executive Director (ED)/Designee will monitor the Housekeepers for 3 months, conducting random weekly observations to confirm that the above recommendation is followed. Any discrepancies will be immediately corrected.

The ED/Designee will report the findings of the weekly observation to the Quality Assurance Performance Improvement (QAPI) Committee for 3 months to confirm that the processes outlined above are sustained. During and at the conclusion of the 3-month period, the Committee will re-evaluate and initiate any necessary action or extend the review period.

The ED is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

Completion Date: 3/17/21