

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNRISE OF WOODCLIFF LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675
--	--

(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: Census: 54</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/21/2020. 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.</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		
A1291	<p>8:36-18.3(a)(1) 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>1. In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, at N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel</p>	A1291		

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: 05a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNRISE OF WOODCLIFF LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675
--	--

(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
A1291	<p>Continued From page 1</p> <p>having these infections, diseases, or conditions;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of facility's "COVID-19 Quarantine vs. Isolation guidance," the facility failed to ensure newly admitted/readmitted residents were quarantined for 14 days in accordance with the Executive Directive 20-026 and the New Jersey Department of Health (NJDOH) and Communicable Disease Services (CDS) guidance, for four of four newly Executive Order 26, 4.b. Resident #1, Resident #2, Resident #3, and Resident #4, Executive Order 26, 4.b.</p> <p>This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: 1. EXECUTIVE DIRECTIVE NO. 20-0261 updated 10/20/2020 Directive for the Resumption of Services in all Long-Term Care Facilities licensed pursuant to N.J.A.C. 8:43, N.J.A.C. 8:39, N.J.A.C. 8:36 and N.J.A.C. 8:37 " ...3. Cohorting, PPE and Training Requirements in Every Phase: iv. Facilities must continue to follow current NJDOH orders, guidance and directives on admissions and readmissions. Facilities may receive residents who were tested</p>	A1291		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNRISE OF WOODCLIFF LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675
--	--

(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
A1291	<p>Continued From page 2</p> <p>prior to admission/transfer or shortly thereafter, in accordance with NJDOH Guidance: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf, Orders: https://www.state.nj.us/health/legal/covid19/4-13-20_EmergencyCurtailmentOfAdmissions.pdf and Directives"</p> <p>2. NJDOH Communicable Disease Services (CDS) "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities, " dated 10/22/2020, indicated, " ...Therefore, cohorting using traditional symptom-based screening alone should be avoided if possible but when necessary, done with caution given the risk of asymptomatic or pre-symptomatic infection. Cohorting is most effective when resources permit for rapid identification and isolation and when there are dedicated HCP and equipment per cohort ...</p> <p>d) Cohort 4 - New or Re-admissions: This cohort consists of all persons from the community or other healthcare facilities who are newly or re-admitted. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19 ...</p> <p>Outbreak Crisis Recommendation: ...Implement universal Transmission-Based Precautions using COVID-19 recommended PPE (i.e., N95 respirator or higher [or facemask if unavailable], eye protection, gloves, and isolation gown) for the care of all patients/residents, regardless of presence of symptoms or COVID-19 status.</p> <p>o Refer to CDC Optimizing Supply of PPE and Other Equipment during Shortages at https://www.cdc.gov/coronavirus/2019-ncov/hcp/p</p>	A1291		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNRISE OF WOODCLIFF LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675
--	--

(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
A1291	<p>Continued From page 3</p> <p>pe-strategy/index.html...."</p> <p>1. Licensed Practical Nurse (LPN #1) was interviewed on 11/21/2020 at 7:31 AM. The nurse said there were no COVID-19 positive residents and no residents currently in isolation. LPN #1 said they did have a couple of [redacted] residents. At 7:57 AM, the nurse said they had to quarantine the COVID-19 positive residents, but they currently did not have any positive residents.</p> <p>The Executive Director (ED) was interviewed on 11/21/2020 at 8:36 AM. She said they did have two newly admitted residents and two hospital returns. The ED said the [redacted] included Resident #1 [redacted] and Resident #4 [redacted]. The [redacted] from the hospital included Resident #2 [redacted] and Resident #3 [redacted].</p> <p>The ED was interviewed again on 11/21/2020 at 8:52 AM. She said that residents with signs or symptoms would have been placed in isolation. The ED said the residents would have been placed in [redacted] "if the resident went to the emergency room or had an extended doctor visit.</p> <p>The room for Resident #3 was observed on 11/21/2020 at 9:43 AM. There were no isolation signs on the resident's door, but a trash bin was located outside of the door. During an interview with LPN #1 at that time, the nurse stated was not aware why there was a trash bin outside of the room, because the resident was not in isolation.</p> <p>The room for Resident #1 was observed on 11/21/2020 at 9:46 AM. There were no isolation signs on the resident's door. There was no trash</p>	A1291		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNRISE OF WOODCLIFF LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675
--	--

(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
--------------------	--	---------------	---	--------------------

A1291	<p>Continued From page 4</p> <p>bin or PPE cart near the door.</p> <p>The room for Resident #2 was observed on 11/21/2020 at 9:48 AM and noted that there were no isolation signs on the resident's door. There was no trash bin or PPE cart near the door either.</p> <p>Care Manager (CM #1) was interviewed on 11/21/2020 at 10:02 AM. CM #1 said that residents from the hospital stayed in their rooms for 14-days and required PPE, including gowns, masks, face shield, and gloves. C M #1 indicated there were currently no residents in isolation and was not aware of any new admissions or hospital readmissions.</p> <p>The Resident Care Coordinator (RCC) was interviewed on 11/21/2020 at 10:10 AM. The RCC said that there were no residents in isolation in the Executive Order 26, 4.b. unit. The RCC said Resident #4 was Executive Order 26, 4.b.</p> <p>The room for Resident #4 was observed on 11/21/2020 at 10:16 AM. There were no isolation signs on the resident's door and no trash bin or PPE cart near the door.</p> <p>The ED was interviewed on 11/21/2020 at 10:26 AM. The ED said the residents did not have to isolate if they had two negative COVID-19 tests, with one test being prior to admission.</p> <p>The ED was interviewed again on 11/21/2020 at 11:44 AM. She said Resident #4 had a Executive Order 26, 4.b. and Executive Order 26, 4.b.. The ED said Resident #1 had Executive Order 26, 4.b. after admission on Executive Order 26, 4.b. and Executive Order 26, 4.b. Resident #3 was Executive Order 26, 4.b. on Executive Order 26, 4.b. and Executive Order 26, 4.b. Resident #2 was Executive Order 26, 4.b. and Executive Order 26, 4.b.</p>	A1291		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUNRISE OF WOODCLIFF LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675
--	--

(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
--------------------	--	---------------	---	--------------------

A1291	<p>Continued From page 5</p> <p>Executive Order 26. The ED said they placed the new admissions and readmission in "strict quarantine" not isolation.</p> <p>The memory care dining room was observed on 11/21/2020 at 12:42 PM. Resident #4 was observed in the dining room at a table alone for the lunch meal. The tables were spaced apart and the resident was not wearing a mask. The resident was observed to get up from the table multiple times. Staff were observed trying to get the resident to sit down multiple times. Multiple residents were observed in the dining room for the lunch meal. Resident #4 was not observed in isolation.</p> <p>Review of the facility's COVID-19 Quarantine vs. Isolation guidance, dated 11/18/2020, revealed in part, "For 'strict quarantine' personal protective equipment (PPE)...team members wear a medical mask and gloves...plus a face shield or goggles...For 'isolation' PPE ...team member wears an N95 mask (preferred) or medical mask, gloves, gown, and face shield (preferred) or goggles with each COVID-positive or suspected positive residents."</p>	A1291		
-------	---	-------	--	--

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05a007	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/29/2020	Y3
NAME OF FACILITY SUNRISE OF WOODCLIFF LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 430 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675		

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 A1291	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.3(a)(1)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	11/21/2020	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 11/21/2020		<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		

Sunrise Senior Living Plan of Correction Template

Name of Community: Sunrise of Woodcliff Lake
Address: 430 Chestnut Ridge Road
License number: _____
Inspection date(s): 11/21/2020
Name and Title of Sunrise Representative Signing the Plan of Correction:
Grace M. Cosgrove, NJ CALA
Signature of Sunrise Representative: Grace M. Cosgrove
Date of Submission: 12/18/20

Regulation	Target Date by Which Correction will be completed	Plan of Correction
8:36-18.3(a)(1)	11/21/2020 11/21/2020	<p>A. With respect to the specific resident/situation cited:</p> <p>The Community implemented a 14 day quarantine (full isolation) for newly admitted/re-admitted residents</p> <p>The Executive Director reviewed and educated the Resident Care Director and Resident Care Coordinator re: the recommendation of the NJ DOH Document “Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities” re: 14 day quarantine for newly admitted/re-admitted residents and all signage and supplies were posted immediately.</p> <p>All of the specific residents cited remained Executive Order 26, 4.b. through the Executive Order 26, 4.b. to the Community:</p> <p>Resident #1 Executive Order 26, 4.b. on Executive Order 26, 4.b. with a Executive Order 26, 4.b. Executive Order 26, 4.b. was subsequently Executive Order 26, 4.b. Executive Order 26, 4.b., and Executive Order with all results Executive Order 26, 4.b.</p> <p>Resident # 2 was Executive Order 26, 4.b. with a Executive Order 26, 4.b. Executive Order was subsequently Executive Order 26, 4.b., and Executive Order with all results Executive Order 26, 4.b..</p> <p>Resident # 3 was Executive Order 26, 4.b. with a prior Executive Order 26, 4.b.. He was subsequently Executive Order 26, 4.b. Executive Order, and Executive Order with all results Executive Order 26, 4.b.</p>

The submission of this response to the statement of deficiencies by the New Jersey Department of Health does not constitute an admission that the deficiency existed and/or required correction. This response is prepared, executed, and submitted solely as a requirement of the provisions of federal and/or state law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		<p>Resident #4 Executive Order 26, 4.b. with a Executive Order 26, 4.b. Executive Order 26, 4.b. .</p> <p>Executive Order 26, 4.b. was subsequently Executive Order 26, 4.b. and Executive Order 26, 4.b. with all results Executive Order 26, 4.b. Executive Order 26, 4.b. was also Executive Order 26, 4.b. Executive Order 26, 4.b. but Executive Order 26, 4.b. sample was Executive Order 26, 4.b.</p>
	11/21/2020	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>All in-house resident move-in dates were reviewed. There are no other residents that had moved in within the last 14 days.</p>
	11/21/2020	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>The community will follow the recommendation of the NJ DOH Document “Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities”, considering residents moving into the Community as Cohort #4 and therefore will be quarantined (full isolation) for 14 days after move-in to the community to monitor for symptoms that may be compatible with COVID-19.</p>
	12/16/2020	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The ED/Designee will monitor all new move-ins and returning residents for 3 months to confirm that the above recommendation is followed. Any discrepancies will be immediately corrected.</p> <p>The ED/Designee will report the findings of the above observation to the 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 reevaluate and initiate any necessary action or extend the review period.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

The submission of this response to the statement of deficiencies by the New Jersey Department of Health does not constitute an admission that the deficiency existed and/or required correction. This response is prepared, executed, and submitted solely as a requirement of the provisions of federal and/or state law.