

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE OF MADISON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 MADISON AVENUE MADISON, NJ 07940</b>
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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: Census: 57</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		
A1299	<p>8:36-18.3(a)(5) 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>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p> <p>This REQUIREMENT is not met as evidenced</p>	A1299		

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

TITLE

(X6) DATE

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A1299	<p>Continued From page 1</p> <p>by: Based on observation, interviews and Centers for Disease Control (CDC) guidelines, the facility failed to ensure dietary staff performed hand hygiene between tasks and between gloves changes for two of two dietary staff observed; and failed to ensure staff performed appropriate hand hygiene after performing peri-care for one of one care manager observed. This failed practice had the potential to affect multiple residents living in the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, updated 01/30/2020, read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores."</p> <p>"When using alcohol-based hand sanitizer, put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds."</p>	A1299		

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A1299	<p>Continued From page 2</p> <p>"When cleaning hands with soap and water, wet hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Avoid using hot water, to prevent drying of skin. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."</p> <p>1. On 11/21/2020 at 9:19 AM, Care Manager (CM) #1 cleaned the food preparation surfaces with a cloth rag and solution from a red bucket. After finishing, the CM doffed the gloves in a trash can, adjusted her face mask, proceeded to serving and was observed plating a meal. The CM failed to perform hand hygiene her after cleaning the food preparation counter or after doffing her gloves.</p> <p>On 11/21/2020 at 9:22 AM, the Executive Chef (EC) put dirty dishes into the dishwashing machine. He then continued prepping food with his bare hands without washing his hands or using a hand sanitizer.</p> <p>On 11/21/2020 at 1:07 PM, the EC and the Administrator were interviewed. The EC stated dietary staff received hand hygiene training weekly and they had been instructed by the Director of Nursing (DON). The EC said he was trained to wash his hands when they were visibly soiled, between completing different tasks, and before/after wearing gloves. He acknowledged he did not perform hand hygiene after he returned to prepare food after putting dirty dishes in the</p>	A1299		

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A1299	<p>Continued From page 3</p> <p>dishwashing machine. The Administrator said she would follow through with adequate training of staff.</p> <p>On 11/21/2020 at 9:50 AM, Care Manager (CM) #4 exited a resident's room with gloves on. The gloves had a <b>NO EX OVER 2000</b> substance consistent with <b>RESIDUE</b>. CM #4 went down the hall and returned with a white cloth that she used trying to remove the substance her from her gloves.</p> <p>On 11/21/2020 at 9:55 AM, CM #4 was interviewed. She said she was last trained on hand hygiene a few weeks ago. She said she was required to perform hand hygiene before she donned a new glove, after she doffed gloves, after performing peri-care, after toilet use, etc. She confirmed the substance on her gloves was <b>RESIDUE</b>. She acknowledged she should have removed the gloves and washed her hands before exiting the room.</p> <p>On 11/21/2020 at 11:48 AM, the Director of Nursing (DON) was interviewed. The DON said it was important for nursing staff to doff gloves and wash their hands after peri-care and before they exited the resident's room. She said she would provide increased training to staff across the board and inform the interdisciplinary team of the observed concerns.</p>	A1299		
A1303	<p>8:36-18.3(a)(7)(i-iv) 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>	A1303		

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A1303	<p>Continued From page 4</p> <p>7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;</li> <li>ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;</li> <li>iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and</li> <li>iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of the Environmental Protection Agency (EPA) List N website, the facility failed to ensure one of two certified medication technicians disinfected shared vital signs equipment (pulse oximeter and blood pressure monitor) with a product listed on the Environmental Protection Agency (EPA) List N of disinfectants that was effective to kill COVID-19 for one of two medication carts observed. This failed practice had the potential to</p>	A1303		

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A1303	<p>Continued From page 5</p> <p>affect multiple residents living in the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>1. On 11/21/2020 at 9:31 AM, Certified Medication Technician (CMT #1) was interviewed. The CMT said nursing staff used disinfecting wipes to clean vital sign equipment between residents. The CMT was observed accessing a box containing wipes with the <b>NJ EX Order, 264b1</b> Wipes. Review of the product package label revealed instructions for use "For handwashing to decrease bacteria on the skin." No instructions were provided to disinfect surfaces. A review of the EPA List N website indicated this product was not a disinfectant approved effective against the COVID-19 virus.</p> <p>On 11/21/2020 at 1:07 PM, the Administrator said, "I did not find anything that said it killed COVID-19." The Administrator stated the facility had another product that was on the EPA approved list of disinfectants against COVID-19, and that was what the nursing staff should have been using.</p>	A1303		
A1333	<p>8:36-18.4(k) Infection Prevention and Control Services</p> <p>(k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record</p>	A1333		

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A1333	<p>Continued From page 6</p> <p>review, the facility failed to ensure the sanitizer used to disinfect the food preparation surfaces in the kitchen and cooking utensils met the required parts per million (PPM) for three of three sanitization buckets; and failed to ensure the high-temperature dishwasher met the manufacturer's recommended wash and rinse temperature for one of one dishwasher. This failed practice had the potential to affect all residents living in the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 11/21/2020 at 9:19 AM, dietary staff were observed in the kitchen. Dietary Aide (DA) cleaned the counter tops in the kitchen with a solution in a red bucket labelled "Sanitizer solution." In another bucket of similar description as the foregoing were portioning scoops and spoons. The DA tested the solution in the buckets described above and reported the solution recorded zero PPM.</li> <li>On 11/21/2020 at 1:07 PM, the Executive Chef (EC) and the Administrator were interviewed. The EC stated that dietary staff completed a log which recorded the PPM of the sanitizing solution. He said it was the individual staff's responsibility to ensure the solution was changed out as needed to ensure it maintained its recommended concentration. The EC said the sanitizing solution needed to be at a minimum of 200 PPM to be considered potent enough to perform its sanitizing function. He confirmed the sanitizing solution recorded zero PPM when the DA used it.</li> <li>During an observation on 11/21/2020 at 9:27 AM, the Executive Chef (EC) operated the high-temperature dishwasher on four continuous</li> </ol>	A1333		

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A1333	<p>Continued From page 7</p> <p>cycles. The temperature gauges on the machine failed to rise to the manufacturer's recommended range. Specifically, the manufacturer's recommended ranges for wash and rinse temperature reported 150 degrees Fahrenheit (F) and 180 degrees F. Conversely, the dishwasher indicated a wash temperature of 149 degrees F and rinse temperature of 169 degrees F, after four continuous cycles.</p> <p>On 11/21/2020 at 1:07 PM, the Executive Chef (EC) and the Administrator were interviewed. The EC acknowledged that the kitchen had cooked and served meals with utensils and dishes which came out of the dishwasher. He said that by the dishwasher failing to rise to the manufacturer's recommended wash and rinse temperature, the dishwasher's current operating condition failed to ensure that food preparation and serving utensils were properly sanitize, and hence, failed to ensure residents' meals were prepared under sanitary condition. The EC acknowledged that the consequence of the foregoing was that food preparation surfaces, dishes, cooking pots and other utensils were not sanitized appropriately and could result in spread of infection across the facility. The EC said he would provide more education to dietary aides going forward. The Administrator (Admin) added that the kitchen was central to the facility. She said when there was a breach in infection control practice in the kitchen, it affected the entire population of the residents as they all ate meals which came from the kitchen. The Admin said she would follow through with ensuring adequate training with the dietary staff.</p>	A1333		



**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60A009	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/17/2020
NAME OF FACILITY SUNRISE OF MADISON		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MADISON AVENUE MADISON, NJ 07940

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	Correction	ID Prefix A1303	Correction	ID Prefix A1333	Correction
Reg. # 8:36-18.3(a)(5)	Completed	Reg. # 8:36-18.3(a)(7)(i-iv)	Completed	Reg. # 8:36-18.4(k)	Completed
LSC	12/16/2020	LSC	12/16/2020	LSC	12/16/2020
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? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

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A 000	<p><b>Initial Comments</b></p> <p>Initial Comments: Census: 57</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		
A1299	<p><b>8:36-18.3(a)(5) Infection Prevention and Control Services</b></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>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A1299		

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

TITLE

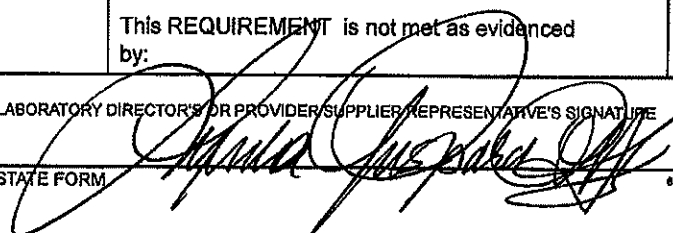
(X6) DATE

STATE FORM

6899

3X9J11

If continuation sheet 1 of 8

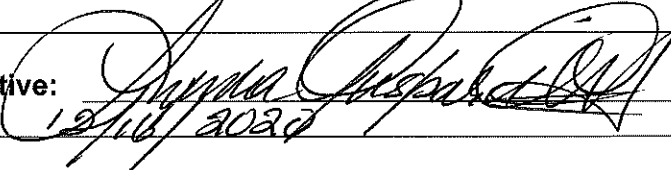


*Executive Director*

*12/11/2020*

## Sunrise Senior Living Plan of Correction

**Name of Community:** Sunrise of Madison  
**Address of Community:** 215 Madison Ave, Madison, NJ 07940  
**License number:** 60A009  
**Inspection date(s):** 11/21/2020  
**Name/Title of Legal Entity Representative Signing the Plan of Correction:**  
 Lynda Gaspard-Craan CALA

**Signature of Sunrise Representative:**   
**Date of Submission:** 12/10/2020

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A1299	11/23/2020	<p><b>1. Corrective Action for the Affected Residents:</b>            There are no residents at this time that have been affected by the reported deficient practice. Currently, there are no residents with COVID-19 in the facility.</p> <p>On 11/23/2020 the Registered Nurse re-trained Care Manager # 1 on hand washing, donning and doffing of gloves and a skills demonstration review was completed.</p>
	11/24/2020	<p>On 11/24/2020 Registered Nurse re-trained the Dining Services Coordinator (Executive Chef, EC) on hand washing and donning and doffing of gloves and a skills demonstration review was completed.</p>
	11/24/2020	<p>CM #4 was immediately verbally counseled by the Administrator. CM #4 no longer is employed by Sunrise Senior Living as of 11/24/2020.</p>
	12/5/2020	<p><b>2. Corrective Action for Other Residents:</b>            COVID-19 screenings were completed daily until 12/4/2020. As of 12/5/2020 COVID-19 screenings are completed on all shifts, including vital signs and symptom screening, while the residents are awake.</p>
	12/8/2020	<p>All team members have been in-serviced on Infection Prevention and Control Policies and Procedures including but not limited to, hand washing, donning and doffing, proper glove use, and sanitation.</p>
	12/9/2020	<p>The Facility has retained the services of The Infectious Disease Consultant and The Certified Infection Control Preventionist (ICP.) The Infectious Disease Consultant completed an initial training on COVID-19 base infection control and hand hygiene on 12/4/2020. Additional education was provided on hand hygiene, infection control hygiene, PPE, and equipment disinfection.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	<p data-bbox="370 363 506 390">11/24/2020</p> <p data-bbox="370 485 506 512">12/16/2020</p>	<p data-bbox="618 212 1224 239"><b>3. Systemic Correction to Prevent Recurrence:</b></p> <p data-bbox="667 243 1430 331">Hand sanitizer dispensers are strategically placed throughout the community to encourage frequency and consistency of hand hygiene.</p> <p data-bbox="667 363 1463 422">An audit of Infection Control Practices is scheduled to be completed weekly for the next four weeks by the Administrator or designee.</p> <p data-bbox="618 453 878 480"><b>4. Monitoring Plan:</b></p> <p data-bbox="667 485 1463 667">During the monthly Quality Assurance and Performance Improvement (QAPI) meeting the Administrator will review the Plan of Correction and the results of the Infection Control audit with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training in order to correct any deficient practices.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A1303		<p><b>1. Corrective Action for the Affected Residents:</b> There are no residents at this time that have been affected by the reported deficient practice. Currently, there are no residents with COVID-19 in the facility.</p>
	11/21/2020	CMT #1 was retrained immediately on 11/21/2020 on the proper approved products to use when disinfecting vital sign equipment between residents.
	11/21/2020	<p><b>2. Corrective Action for Other Residents:</b> The Resident Care Director (RN) and Maintenance Coordinator did a complete audit if all medication carts, and cleaning supplies on 11/21/2020 to verify the correct disinfectant are being utilized by the staff. No further unapproved items were found. At this time, EPA approved products on List N of the EPA Website are in place for all disinfection of shared vital sign equipment not limited to blood pressure monitor and pulse oximeters.</p>
	12/10/2020	All team members were in-serviced on correct use of Environmental Protection Agency (EPA) approved products noted on List N of EPA Website of approved chemicals to kill COVID-19.
	12/10/2020	The Resident Care Director (RN) & Maintenance Coordinator has completed a training with the Certified Medication Aides to ensure the correct cleaning supplies are utilized during medication administration.
	12/10/2020	<p><b>3. Systemic Correction to Prevent Recurrence:</b> All products used for sterilization, disinfection and cleaning in the facility are all EPA approved products. The facility will continue to utilize (EPA) approved products to clean all the medical equipment in between uses, not limited to blood pressure monitor and pulse oximeters.</p>
	11/21/2020	The Administrator or designee verifies that supplies purchased for use are from the approved (EPA) List N of disinfectants to kill COVID-19. Decontamination equipment and supplies will be maintained according to manufacturer's specification.
	11/21/2020	Weekly checks will be completed for 4 weeks by the Administrator/designee, to ensure proper disinfectant products are being used for shared medical equipment.
12/16/2020	<p><b>4. Monitoring Plan:</b> During the monthly Quality Assurance and Performance Improvement (QAPI) meeting the Administrator will review the Plan of Correction and the results of the Infection Control audit including proper disinfectant products being available and used, with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training in order to correct any deficient practices.</p>	

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A1333		<p>1. <b>Corrective Action for the Affected Residents:</b> There are no residents at this time that have been affected by the reported deficient practice. Currently, there are no residents with COVID-19 in the facility.</p>
	11/21/2020	The Dining Service Coordinator (Executive Chef EC) has been re-trained by Senior Dining Service Coordinator in proper use of correct testing strips and corresponding chemicals to ensure PPM levels are within range on 11/21/2020.
	11/24/2020	All dietary staff have been trained to know the proper procedure for filling the sanitation buckets with the correct amount of sanitizing solution to ensure proper PPM perimeters. This will be verified with testing of sanitizing buckets and logging of results to ensure food preparation surfaces and cleaning utensils are properly disinfected.
	11/24/2020	The Maintenance Coordinator re-trained the Dining Service Coordinator on proper protocol to ensure dishwasher meets optimal temperatures for sanitation.
	11/24/2020	All dietary staff have been trained on adequate testing of dishwasher to ensure it meets the manufacturer's recommended range (150-degree Fahrenheit (F) for wash cycle and 180-degree F for rinse cycle.
	11/24/2020	<p>2. <b>Corrective Action for Other Residents:</b> Eco Lab was contacted and serviced the dishwasher on 11/24/2020, to ensure it will meet optimal temperatures for proper sanitation.</p>
	11/24/2020	<p>3. <b>Systemic Correction to Prevent Recurrence:</b> All sanitation buckets will be tested to verify the correct amount of PPM level prior to use. The test will be documented.</p>
	11/24/2020	The dishwasher is tested prior to use to verify adequate temperature are achieved within the manufacturer's recommended range (150-degree Fahrenheit(F) for wash cycle and 180-degree F for rinse cycle.
11/24/2020	An Infection Control audit will be completed weekly for 4 weeks and will include verification that sanitation buckets are within correct PPM range, and dishwasher's wash and rinse cycles are maintaining correct temperature range.	
12/16/2020	<p>4. <b>Monitoring Plan:</b> During the monthly Quality Assurance and Performance Improvement (QAPI) meeting the Administrator will review the Plan of Correction and the results of the Infection Control audit with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training in order to correct any deficient practices.</p>	