

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2020
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
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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: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/09/2020. 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. The census was 91.</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 by: Based on observation, interview, and review of facility's policy "Communicable</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>Disease-COVID-19 Infection Control' and the "New Jersey Department of Health Guidelines" it was determined that the facility failed to ensure staff wore the proper personal protective equipment (PPE) when caring for 1 of 2 residents (Resident #1) who were on isolation for potential exposure to COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Public Health Guidance: "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities," dated 10/22/2020 which states, " ...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>"The Outbreak Crisis Recommendation: In situations where COVID-19 positive persons are located on multiple units/wings, the facility should follow the below recommendations: 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>During an observation on 11/09/2020 at 1:30 p.m., Licensed Practical Nurse (LPN) #1 was observed entering the room of Resident #1, a resident newly admitted on [REDACTED], who was on isolation for potential exposure to COVID-19.</p>	A1299		

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A1299	<p>Continued From page 2</p> <p>The resident's door had an orange sign "check with the nurse." LPN #1 entered the resident's room wearing a mask only. LPN #1 was observed less than six feet apart from the resident, as she spoke with the resident.</p> <p>LPN #1 was interviewed on 11/09/2020 at 1:34 p.m. The nurse stated that the sign on the door directed others to check with the nurse prior to entering. LPN #1 stated that she should have donned a gown, face shield, and gloves before entering Resident #1's room. LPN #1 confirmed that she did not utilize appropriate PPE before entering the room.</p> <p>Additionally, review of the facility's policy titled, "Communicable Disease-COVID-19 Infection Control," dated 11/02/2020, documented, "All employees...are trained and capable of implementing infection control procedures, including use of personal protective equipment" This facility policy was not consistently followed.</p>	A1299		