STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A111	A. BUILDING: _____ B. WING _____	11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD COURTYARD, THE	52 MADISON AVENUE LAKEWOOD, NJ 08701

(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	Initial Comments Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/05/2020. 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 74. 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.	A 000		
A1271	8:36-18.1(a) Infection Prevention and Control Services (a) The facility shall develop and implement an infection prevention and control program. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, it was determined that the facility failed to ensure a private duty aide wore a face covering or mask. This affected 1 of 1 (Private Duty Aide #2) private duty aide observed. This had the potential to affect all residents.	A1271		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A111	A. BUILDING: _____ B. WING _____	11/05/2020

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LAKEWOOD COURTYARD, THE	52 MADISON AVENUE LAKEWOOD, NJ 08701

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A1271	Continued From page 1 Findings included: During an initial tour of the facility on 11/05/2020 at 11:27 a.m., PDA #2 was observed in the facility's Executive Order 26, 4.b. not wearing a facial covering or mask. When interviewed, PDA #2 stated, "I can't breathe, and I don't like them." PDA #2 confirmed knowing it was the policy of the facility to wear a facial covering. PDA #2 did not comment when asked if she wore the facial covering when working with the resident. On 11/05/2020 at 12:30 p.m., the Director of Nursing (DON) was interviewed. The DON stated all private duty aides were expected to follow the rules of the facility. She also stated they had to go through the facility's orientation and sign off on the facility's policies. The facility's undated policy, titled, Use of Private Duty Aides, read in part, " ...6B. Private Duty Aides must follow the policy and procedures of the facility."	A1271		
A1299	8:36-18.3(a)(5) Infection Prevention and Control Services (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: 5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;	A1299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A111	A. BUILDING: _____ B. WING _____	11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD COURTYARD, THE	52 MADISON AVENUE LAKEWOOD, NJ 08701

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A1299	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, it was determined that the facility failed to ensure a certified nursing assistant (CNA #8) performed hand hygiene between residents, Resident #1 and #2. Findings included: Resident #1 Executive Order 26, 4.b. [redacted] Resident #2 Executive Order 26, 4.b. [redacted]. On 11/05/2020 at 10:55 AM, CNA #8 was observed exiting Resident [redacted]s apartment carrying a bathroom type scale and proceeded down the hallway and entered Resident [redacted] apartment. CNA #8 did not perform hand hygiene prior to entering and after exiting Resident #1's apartment. On 11/05/2020 at 11:15 AM, CNA #8 was interviewed. CNA #8 stated she did not wash and/or sanitize her hands between the two resident apartments. She stated she did not think about it because she was only going in to get residents' weights. CNA #8 stated she received numerous trainings on the importance of hand washing and hand sanitizing. On 11/05/2020 at 11:20 AM, the Executive	A1299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A111	A. BUILDING: _____ B. WING _____	11/05/2020

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LAKEWOOD COURTYARD, THE	52 MADISON AVENUE LAKEWOOD, NJ 08701

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A1299	Continued From page 3 Director (ED) was interviewed. The ED stated all employees had received training on how to properly wash and/or sanitize their hands. On 11/05/2020 at 12:30 PM, the Director of Nursing (DON) was interviewed. The DON stated that the expectation was for all employees to wash and/or sanitize their hands prior to entering a resident's apartment and upon leaving a resident's apartment.	A1299		
A1303	8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services (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: 7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following: i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused; 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 iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment,	A1303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A111	A. BUILDING: _____ B. WING _____	11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1303	Continued From page 4 and other devices and equipment that provide a portal of entry for pathogenic microorganisms; This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review, it was determined that the facility failed to consistently implement facility policy "Disinfection of Resident Care Equipment" to ensure a certified nursing assistant (CNA #8) was disinfecting equipment for 2 of 2 residents, Resident #1 and #2. Findings included: Resident #1 Executive Order 26, 4.b. [redacted] Resident #2 Executive Order 26, 4.b. [redacted] On 11/05/2020 at 10:55 AM, CNA #8 was observed exiting Resident [redacted] apartment carrying a bathroom type scale. CNA #8 did not disinfect the scale after exiting Resident [redacted] apartment. She then entered the apartment of Resident [redacted], failing to disinfect the scale prior to entering the apartment. CNA #8 did not disinfect the scale after exiting Resident [redacted] apartment.	A1303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65A111	A. BUILDING: _____ B. WING _____	11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1303	Continued From page 5 On 11/05/2020 at 11:10 AM, CNA #8 was interviewed. CNA #8 stated she did not disinfect the scale between resident apartments. She stated did not think about it because the residents were wearing socks when they stepped onto the scale and because Resident [redacted] was [redacted] CNA #8 stated she did not know the scale had to be disinfected between resident's use. On 11/05/2020 at 11:15 AM, the Executive Director (ED) was interviewed. The ED stated all employees had received training on the importance of cleaning equipment between residents. On 11/05/2020 at 12:30 PM, the Director of Nursing (DON) was interviewed. The DON stated the expectation was for all employees to disinfect equipment between residents. A record review of an in-service on 10/27/2020, revealed CNA #8 attended training on the importance of disinfecting and how to disinfect equipment. The policy titled, Disinfection of Resident Care Equipment, read in part " ...3A. Each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident." CNA #8 failed to consistently follow this facility policy to prevent potential spread of infection between residents.	A1303		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
65A111 Y1	A. Building B. Wing Y2	12/8/2020 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD COURTYARD, THE	52 MADISON AVENUE LAKEWOOD, NJ 08701

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 A1271 Reg. # 8:36-18.1(a) LSC	Correction Completed 01/04/2021	ID Prefix A1299 Reg. # 8:36-18.3(a)(5) LSC	Correction Completed 01/04/2021	ID Prefix A1303 Reg. # 8:36-18.3(a)(7)(i-iv) LSC	Correction Completed 01/04/2021
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
11/5/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

Mordechai Horovitz, LNHA
Executive Director

Tuesday, December 08, 2020

New Jersey Department of Health
Via DOH-POCAL HFEL HFEL.POCAL@doh.nj.gov
ATTN: Lynor Bagtas
Via: Lynor.Bagtas@DOH.NJ.GOV

Dear Ms. Bagtas,

As per your request, please find attached the modified (on the facility's letterhead) Plan of Corrections (2567) for the Nov 5th Covid Survey.

Please feel free to reach out to me if you have any questions or concerns.

Sincerely,

Mordechai Horovitz, LNHA

Executive Director

The Lakewood Courtyard
52 Madison Ave,
Lakewood, NJ 08701
Phone: (732) 905-2055
Direct: (732) 865-8129
Fax: (732) 905-4030
mordechai@lakewoodcourtyard.com

Mordechai Horovitz, LNHA
Executive Director

Tuesday, December 08, 2020

Plan of Corrections:

A1271

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

- No residents have actually been identified to be negatively affected by this deficient practice.

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

- All residents in the community have the potential to be negatively affected by this deficient practice.

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

- Administrator and DON will review and revise as needed the policy and procedure for infection prevention and control services.

- In service all staff and private duty companions with the infection prevention and control services, and specifically using and wearing a face covering or masks as well as the risk factors associated with not wearing a face covering or mask.

- The companion mentioned in this citation was promptly in serviced by the Director of Nursing on the day of the observation of the surveyor. The resident and his family were made aware of the companion's deficient practice.

Mordechai Horovitz, LNHA
Executive Director

Tuesday, December 08, 2020

- The facility will be adding additional visuals and graphics for proper face mask placements and/or reminders to wear face coverings and masks throughout the building.

- All private duty companions and staff will be handed a visual reminder pertaining to wearing facial coverings when working with a resident, and while in common areas.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Administrator and DON will develop and implement a monitoring system and QA audit tool to be utilized to monitor compliance of all staff and private duty companions to ensure compliance with the community's policy and procedure pertaining to wearing face covering masks.

- The Administrator, DON, and/or designee will perform the audits daily x 1 week, and weekly x 1 month; and thereafter as needed until deficient practice is corrected.

- The results of the audit shall be reviewed by the Administrator to ensure that the POC is effective and the deficient practice is corrected. If concerns are identified the corrective plan will be revised.

COMPLETE DATE: Ongoing - On or prior to January 4th, 2021

Mordechai Horovitz, LNHA
Executive Director

Tuesday, December 08, 2020

A1299

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

- Based on nursing assessments and weekly Covid-19 negative test results, it was evident that both residents' health (residents #1 and #2) was not actually affected negatively by this deficient practice.

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

- All residents in the community have the potential to be affected by this deficient practice. Based on daily nursing assessments and weekly Covid-19 negative test results, it was evident that no other residents' health have been impacted in any way by this deficient practice.

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

- Administrator and DON will review and revise as needed the policy and procedure for infection prevention and control services, specifically pertaining to hand washing and infection prevention.

- In service all staff and private duty companions with the infection prevention and control services, and specifically pertaining to hand washing and infection prevention, as well as the risk factors associated with not performing proper hand washing and infection prevention practices, while caring for residents, between residents, and before and after rendering care and direct contact with a resident.

Mordechai Horovitz, LNHA
Executive Director

Tuesday, December 08, 2020

- CNA #8 mentioned in this citation was promptly in serviced by the Director of Nursing on the day of the observation by the surveyor. CNA #8 understood that additional disciplinary action would be initiated if this deficient practice re-occurred.

- The facility will be adding throughout the building additional visuals and graphics for proper hand washing and infection prevention.

- All staff and private duty companions will be handed a visual reminder pertaining to hand washing and infection prevention.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Administrator and DON will develop and implement a monitoring system and QA audit tool to be utilized to monitor compliance of all staff and private duty companions to ensure compliance with the community's policy and procedure pertaining to hand washing and infection prevention.

- The Administrator, DON, and/or designee will perform the audits daily x 1 week; weekly x 1 month; and thereafter as needed until the deficient practice is corrected.

- The results of the audit shall be reviewed by the Administrator to ensure that the POC is effective and the deficient practice is corrected. If concerns are identified, the corrective plan will be revised.

COMPLETE DATE: Ongoing - On or prior to January 4th, 2021

Mordechai Horovitz, LNHA
Executive Director

Tuesday, December 08, 2020

1303

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

- Based on nursing assessments and weekly Covid-19 negative test results, it was evident that both residents' health (residents #1 and #2) was not actually affected negatively by this deficient practice.

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

- All residents in the community have the potential to be affected by this deficient practice. Based on daily nursing assessments and weekly Covid-19 negative test results, it was evident that no other residents' health have been impacted in any way by this deficient practice.

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

- Administrator and DON will review and revise as needed the policy and procedure for infection prevention and control services, specifically pertaining to Disinfection of Resident Care Equipment and infection prevention.

- In service all staff and private duty companions with the infection prevention and control services, and specifically pertaining to Disinfection of Resident Care Equipment between residents and after use, as well as the risk factors associated with not disinfecting Resident Care Equipment between residents and after each use.

Mordechai Horovitz, LNHA
Executive Director

Tuesday, December 08, 2020

- CNA #8 mentioned in this citation was promptly in serviced by the Director of Nursing on the day of the observation of the surveyor. CNA #8 understood that additional disciplinary action would be initiated if this deficient practice re-occurred.

- The portable floor scale mentioned in The Statement of Deficiencies will ideally be stored in a bin to include sanitizing products and instructional directions for sanitation. Sanitizing product and directions will be checked frequently, and be replaced as needed. All staff and private duty companions will be in serviced on the new practices for scale storage and sanitation.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Administrator and DON will develop and implement a monitoring system and QA audit tool to be utilized to monitor compliance of all staff and private duty companions to ensure compliance with the community's policy and procedure pertaining to the proper use of and disinfection of the portable floor scale between residents and after each use.

- The Administrator, DON, and/or designee will perform the audits daily x 1 week; weekly x 1 month; and thereafter as needed until deficient practice is corrected.

- The results of the audit shall be reviewed by the Administrator to ensure that the POC is effective and the deficient practice is corrected. If concerns are identified, the corrective plan will be revised.

COMPLETE DATE: Ongoing - On or prior to January 4th, 2021