

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>65A113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING OAK OF TOMS RIVER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2145 WHITESVILLE ROAD TOMS RIVER, NJ 08755</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: Type of Survey: Covid-19 Focused Infection Control</p> <p>Census: 67</p> <p>Sample size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 02/11/2022. 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		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p>	A1271		

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

TITLE

(X6) DATE

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A1271	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to implement an infection control prevention program in accordance with the Centers for Disease Control and Prevention (CDC) guidelines to ensure facility staff wore the appropriate personal protective equipment (PPE) and wore them correctly, covering the nose and mouth, for source control in a community with high Covid-19 transmission rate for two of two facility staff observed, Dietary Aide [DA] #1 and Housekeeper [HSK] #1.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: A review of the "CDC Updated Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" (Updated on 02/02/2022 and retrieved on 02/23/2022) indicated, " ...Cloth mask: Textile (cloth) covers that are intended primarily for source control in the community. They are not personal protective equipment (PPE) appropriate for use by healthcare personnel ...."</p> <p>On 02/11/2022 at 10:07 AM, the surveyor conducted a meal service preparation in the facility's main kitchen with the Executive Director (ED) present. Dietary Aide (DA) #1 was observed in the kitchen with her mask worn under her jaw. Further observation revealed (DA) #1 was wearing a cloth type of face covering instead of</p>	A1271		
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A1271	<p>Continued From page 2</p> <p>the required surgical grade mask.</p> <p>During an interview on 02/011/2022 at 10:12 AM, DA #1 told the surveyor that she had been educated to always wear her mask over her nose. She stated that she wore the cloth mask because she could breathe better with this mask. DA #1 clarified that she was aware that the facility had an adequate supply of personal protective equipment (PPE), including surgical masks.</p> <p>On 02/11/2022, from 10:25 AM through 10:43 AM, the surveyor observed Housekeeper (HSK) #1 during room cleaning service in Room [REDACTED]. The surveyor's initial observation revealed that HSK #1 exited the room while wearing her mask below the jaw, exposing her mouth and nose. Upon seeing the surveyor, HSK #1 was observed as she pulled up her mask, covering her mouth and nose. The observation revealed that the resident who occupied the room when HSK #1 cleaned the room was not wearing a mask.</p> <p>Upon completing the cleaning task in the room (Room #217), HSK #1 proceeded to clean Room [REDACTED]. Further surveyor's observation revealed that HSK #1 wore a cloth mask instead of the required surgical grade mask.</p> <p>During an interview on 02/11/2022 at 10:45 AM, HSK #1 verified that she was wearing a cloth mask. HSK #1 stated that she had the cloth mask from home and forgot to pick up a surgical mask when she entered the facility that day. She also stated that she had received multiple in-services about proper PPE to use when at the facility. HSK #1 stated that the facility trained her to use a surgical grade mask when not in contact with a COVID-19 positive resident. She added that should have worn an N95 mask when she went in</p>	A1271		

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A1271	<p>Continued From page 3</p> <p>rooms with COVID-19 positive residents.</p> <p>During an interview on 02/11/2022 at 10:52 AM, the surveyor interviewed the Infection Control Preventionist (ICP) who provided a certificate which showed she completed the Centers for Disease Control and Prevention (CDC) Nursing Home Infection Preventionist Training Course on 08/12/2021. The ICP verified that the facility was in an active outbreak related to COVID-19, and that it was mandated that staff wore at least a surgical grade mask when not providing direct care to a resident who tested positive for COVID-19.</p> <p>On 02/11/2022 at 12:03 PM, the surveyor interviewed the Director of Nursing (DON) and the ED. During the interview, the DON stated that the facility was in a community with a high transmission for COVID-19. The DON verified that the facility was still considered to be in an outbreak from COVID-19. The ED added that all staff were trained to wear surgical grade masks, regardless of vaccination status. The ED clarified that the exception to surgical masks was when staff cared for COVID-19 positive residents which required an N95 mask to be worn.</p> <p>Additionally, the DON stated that the facility's expectation was that all staff complied with the facility's policy on the type of mask required when at the facility. The DON concluded that the use of cloth masks and/or staff's practice of wearing their mask below the nose and mouth was unacceptable.</p> <p>A review of the facility's undated policy, titled, "Spring Oak Assisted Living Policy and Procedure Manual," revealed, " ... (C) Masks: In accordance with recently revised CDC guidelines, masks are</p>	A1271		

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A1271	Continued From page 4  to be worn by all members of staff within the community. Staff are to utilize surgical-type masks...when moving throughout the community, including when entering the rooms of residents who are not known (and not suspected) carriers of the virus ...."	A1271		