New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	**209 LITTLETON ROAD MORRIS PLAINS, NJ 07950**

(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 12/19/2021. 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 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 Census: 64 Sample size: 5	A 000		
A1275	8:36-18.2(a)(1) Infection Prevention and Control Services (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented: 1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;	A1275		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/09/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	**209 LITTLETON ROAD MORRIS PLAINS, NJ 07950**

(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
A1275	Continued From page 1	A1275		
	This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to ensure that 2 of nursing staff (Medication Care Manager #1 and Lead Care and Medication Care Manager #1) performed hand hygiene between resident contact and between tasks. This deficient practice had the potential to affect all residents in the facility and occurred during the COVID-19 pandemic. Findings included: Reference: The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guidelin.html, updated 01/30/2020 and retrieved on 12/22/2021, indicated, "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			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAI	**209 LITTLETON ROAD MORRIS PLAINS, NJ 07950**

(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
A1275	Continued From page 2 exposure to spores." 1. On 12/19/2021 at 9:45 AM, the surveyor observed that Medication Care Manager #1 applied a [Executive Order 26, 4.b.] to Resident [Executive Order 26, 4.b.]. She was not wearing gloves when she performed the procedure on the resident. Upon completing the procedure, and without performing hand hygiene, Medication Care Manager #1 went to access the refrigerator located in the satellite kitchen of the [Executive Order 26, 4.b.] unit of the facility. The surveyor observed Medication Care Manager #1 as she moved items around in the refrigerator. After leaving the refrigerator area of the kitchen, Medication Care Manager #1 went into Resident [Executive Order 26, 4.b.] room to check the resident's [Executive Order 26, 4.b.] [Executive Order 26, 4.b.] with a [Executive Order 26, 4.b.] [Executive Order 26, 4.b.]. Upon arriving at the door of Resident [Executive Order 26, 4.b.] room, Medication Care Manager #1 knocked and announced her presence. Medication Care Manager #1 told the resident she was in the resident's room to record their vital signs. After the announcement, Medication Care Manager #1 reached in her pocket and retrieved the [Executive Order 26, 4.b.] [Executive Order 26, 4.b.]. Medication Care Manager #1 attached the [Executive Order 26, 4.b.] to the resident's [Executive Order 26, 4.b.] and waited to record the reading from the [Executive Order 26, 4.b.]. After recording the value from the [Executive Order 26, 4.b.] Medication Care Manager #1 detached the [Executive Order 26, 4.b.] [Executive Order 26, 4.b.] from Resident [Executive Order 26, 4.b.], placed the [Executive Order 26, 4.b.] back in her pocket, and left the room. Medication Care Manager #1 went back in the medication room to record the data on the [Executive Order 26, 4.b.] [Executive Order 26, 4.b.] in the computer. After inputting the data in the computer, Medication Care Manager #1 left	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1275	Continued From page 3	A1275		

the medication room, and her next stop was Resident [Executive O] room. While at the door of Resident [Executive O] room, Medication Care Manager #1 repeated the sequence of events which included knocking and announcing her presence and purpose of being in the resident's room to the resident. Medication Care Manager #1 then reached in her pocket to retrieve the [Executive Or] [Executive Order 26, 4.b.] and attached it to Resident [Executive Order 26, 4.b.]. After recording the value from the [Executive Order 26, 4.b.], Medication Care Manager #1 detached the [Executive Orde] [Executive Order 26, 4] from Resident [Executive Order 26, 4.b.], placed the [Executive Order 26, 4.b.] back in her pocket again and left the room.

Medication Care Manager #1 failed to ensure that she performed any form of hand hygiene between contact with Resident #'s [Executive Order 26, 4.b.]. Medication Care Manager #1 failed to ensure that she did not access the refrigerator, which had residents' food items stored in it, after having had direct contact with Resident [Executive Order 26, 4] when she applied a [Executive Ord] to the resident's [Executive O] and without performing any form of hand hygiene.

During surveyor interview on 12/19/2021 at 9:56 AM, Medication Care Manager #1 acknowledged that she did not perform any form of hand hygiene between contact with the identified residents. Medication Care Manager #1 acknowledged that she did not have a hand sanitizer with her, and stated that the facility conducted in-services on hand hygiene with nursing staff a couple of months ago (did not recall the exact month).

2. On 12/19/2021 at 10:05 AM, the surveyor observed that Lead Care and Medication Care Manager #1 went in Room [Executive O] with a [Executive Ord] [Executive Order 26, 4.b.] and a [Executive Order 26, 4.b.]. Upon arriving

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	**209 LITTLETON ROAD MORRIS PLAINS, NJ 07950**

(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
A1275	Continued From page 4 in the resident's room, Lead Care and Medication Care Manager #1 applied the Executive Order 26, 4.b. around the resident's Executive Order 26 and clipped the Executive Order 26, 4.b. After recording the data from the Executive Order 26, 4.b. Executive Order 26 and the Executive Order 26, 4.b., Lead Care and Medication Care Manager #1 disconnected the Executive Order 26, 4.b. and the Executive Order 26, 4.b. from the resident's Executive Order 26, 4.b., respectively, and administered the resident's medications. Upon exiting Room Executive Ord Lead Care and Medication Care Manager #1's next stops were Rooms Executive O and Executive Ord Lead Care and Medication Care Manager #1 recorded the residents' vital signs and administered the residents' medications. The surveyor observed that Lead Care and Medication Care Manager #1 did not perform any form of hand hygiene between the residents' contact and before pouring the residents' medications. During surveyor interview on 12/19/2021 at 10:21 AM, Lead Care and Medication Care Manager #1 acknowledged that, although she had a hand sanitizer on her medication cart, she did not perform any form of hand hygiene between contact with the identified residents and before pouring the residents' medications. Per Lead Care and Medication Care Manager #1, the facility conducted in-services on hand hygiene with nursing staff weekly a couple of months ago. Lead Care and Medication Care Manager #1 stated that she just forgot to perform hand hygiene in between contacts with the identified residents and before she poured the residents' medication. On 12/19/2021 at 2:17 PM, the surveyor interview both the Infection Control Preventionist (ICP) and the Executive Director (ED). The ICP stated that	A1275		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ____ B. WING ____	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1275	Continued From page 5 she was part of the Quality Assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced staff on a weekly and as-needed basis. The ICP stated that hand hygiene was the most important thing nursing staff could do to prevent the spread of germs. She further stated that staff should perform hand hygiene between tasks, between resident contacts, when they went in the bathroom, when they adjusted their masks, before they donned new gloves, and between residents' care. The ED added that she would retrain and monitor the identified staff for compliance.	A1275		
A1333	8:36-18.4(k) Infection Prevention and Control Services (k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, review of facility policies, and Occupational Safety and Health Administration (OSHA) guidelines, it was determined that the facility failed to ensure two or two nursing staff (Medication Care Manager #1 and Lead Care and Medication Care Manager #1) reprocessed shared medical equipment between resident use for 4 residents observed during medication pass. This deficient practice had the potential to affect all residents in the facility and occurred during the COVID-19 pandemic. Findings included:	A1333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1333	Continued From page 6 Reference: A publication by Occupational Safety and Health Administration (OSHA): Title 29 Part 1910.1030. Bloodborne pathogens, accessed on 12/22/2021 from http://www.ecfr.gov/cgi-bin/textidx?SID=4e5245f66094d270bc2bd93105f6a92d&mc=true&node=se29.6.1910_11030&rgn=div8, included the following: "Standard Precautions: equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient)." 1. On 12/19/2021 at 9:45 AM, the surveyor observed that Medication Care Manager #1 went in Resident Executive room to check the resident's Executive Order 26, 4.b. with a Executive Order 26, 4.b. Executive Order 26 Upon arrival at the door of Resident Executive O room, Medication Care Manager #1 knocked and announced her presence. Medication Care Manager #1 told the resident that she was in the resident's room to record their vital signs. After the announcement, Medication Care Manager #1 reached in her pocket and retrieved the Executive Or Executive Order 26, 4.b and attached it to the resident's Executive Executive Order 26 and waited to record the reading from the Executive Ord. After recording the value from the Executive Order 26, 4.b. she detached the Executive Order 26, 4.b., placed the Executive Order 26, 4.b. back in her pocket, and left the room. Medication Care Manager #1 then went back in the medication room to record the data on the Executive Order 26, 4.b. in the computer. After inputting the data in the computer, Medication Care Manager #1 left the medication	A1333		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1333	Continued From page 7 room, and her next stop was Resident [Executive O] room. While at the door to Resident [Executive] room, she repeated the sequence of events, which included knocking and announcing her presence and the purpose of being in the resident's room to the resident. Medication Care Manager #1 then reached in her pocket to retrieve the [Executive Ord] [Executive Order 26, 4] and attached it to Resident [Executive Order 26, 4.b.] After recording the value from the [Executive Order 26, 4.b.], she detached the [Executive Order 26, 4.b.] from Resident [Executive Order 26, 4.b.], placed the [Executive Order 26, 4.b.] back in her pocket, and left the room. Medication Care Manager #1 failed to ensure that she disinfected the shared vitals sign equipment ([Executive Order 26, 4.b.]) between the two residents' use. During surveyor interview on 12/19/2021 at 9:56 AM, Medication Care Manager #1 acknowledged that she did not disinfect the [Executive Order 26, 4.b.] between use with Residents [Execu] and [Executive] and from the equipment being in the pocket of her uniform. Medication Care Manager #1 stated she was trained to disinfect shared medical equipment after use with two residents. 2. On 12/19/2021 at 10:05 AM, the surveyor observed that Lead Care and Medication Care Manager #1 went in Room [Executive O] with a [Executive Ord] [Executive Order 26, 4.b.] and a [Executive Order 26, 4.b.]. Upon arrival, Lead Care and Medication Care Manager #1 applied the [Executive Order 26, 4.b.] around the resident's [Executive Order 26] and clipped the [Executive Order 26, 4.b.] on a [Executive Order 26, 4.b.]. After recording the data from the [Executive Order 26, 4.b.] and the [Executive Order 26, 4.b.], she disconnected the [Executive Ord] [Executive Order 26, 4.b.] and the [Executive Order 26, 4.b.] and administered the resident's medications. Upon exiting Room [Executive O], Lead Care and Medication Care Manager #1's next stops were Rooms [Executive O]	A1333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1333	Continued From page 8 and [Executive Ord] Lead Care and Medication Care Manager #1 used the same [Executive Order 26, 4.b.] on the residents who occupied those rooms. Lead Care and Medication Care Manager #1 did not disinfect the [Executive Ord] and the [Executive Order 26, 4.b.] between use with the [Executive Or] residents in the identified rooms. During surveyor interview on 12/19/2021 at 10:21 AM, Lead Care and Medication Care Manager #1 acknowledged that she did not disinfect the shared medical equipment between uses on the residents. Per Lead Care and Medication Care Manager #1, she disinfected shared medical equipment at the start of her shift and repeated the same at the end of the shift. Lead Care and Medication Care Manager #1 stated that she did not know to disinfect shared medical equipment between each resident's use. On 12/19/2021 at 2:17 PM, the surveyor interviewed both the Infection Control Preventionist (ICP) and the Executive Director (ED). The ICP stated that she was part of the quality assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced staff on a weekly and as-needed basis. She stated that shared equipment should be cleaned between each use to prevent the spread of infection. Per the ICP, failure to disinfect shared medical equipment could result in picking up infectious bacteria on one resident's skin and transmitting it to another resident. The ED stated that she would retrain nursing staff on disinfecting shared equipment and have members of the facility's QA committee monitor staff for compliance.	A1333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAII	**209 LITTLETON ROAD** **MORRIS PLAINS, NJ 07950**

(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
A1333	Continued From page 9 According to the facility policy titled, "Infection Prevention & Control Program for Assisted Living Communities V2.0/August 2018," dated 08/2018, it indicated under the reusable medical devices/equipment portion of the policy, "Reusable medical devices must be disinfected with appropriate disinfectant in between resident use. Refer to manufacturers' cleaning/disinfection instructions for individual devices."	A1333		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
90117		3/9/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

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).

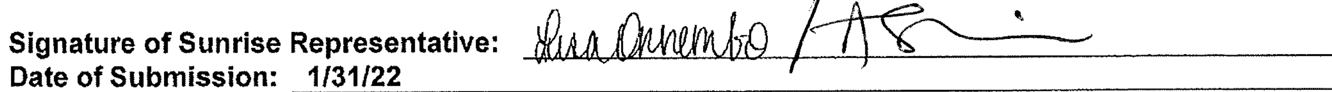
ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A1275 Reg. # 8:36-18.2(a)(1) LSC	Correction Completed 12/20/2022	ID Prefix A1333 Reg. # 8:36-18.4(k) LSC	Correction Completed 12/20/2022	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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	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 12/19/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

Sunrise Senior Living
Plan of Correction

Name of Community: Sunrise Assisted Living of Morris Plains
Address of Community: 209 Littleton Road, Morris Plains, NJ
License number: 90117
Inspection date(s): 12/19/2021
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Lisa Onnembo, Executive Director & Seth Ashianor Reminiscence Coordinator



Signature of Sunrise Representative:
Date of Submission: **1/31/22**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
8:36-18.2(a)(1) A1275	12/19/2021	**1. Corrective Action for the Affected Residents:** Medication Care Manager (MCM) #1 and Lead Care Manager/Medication Care Manager (LCM/MCM) #1 were, immediately, retrained on proper hand hygiene between resident contact and between tasks.
	12/19/2021	**2. Corrective Action for Other Residents:** All staff and residents who perform and receive resident care have the potential to be affected. The Executive Director (ED) and the Department Coordinators (DC) completed handwashing observations, of staff, to verify that staff members are following the Team Member Hand Hygiene procedure. Any deviations were addressed, immediately, and additional training was provided.
	12/19/2021	**3. Systemic Correction to Prevent Recurrence:** Upon hire, annually and as needed, TMs are trained on the Team Member Hand Hygiene procedure, which aligns with New Jersey Administrative Code 8:36, Infection Control Regulations. Standards and Centers for Disease Control Prevention (CDC) recommendation practices. After training is provided, staff are then observed by the Department Coordinator or Designee, to verify that staff are following the Team Member Hand Hygiene procedure. Any

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	12/20/2021	deviations are addressed, immediately, and additional training provided, as necessary. Documentation of training and observations are maintained by the Business Office Coordinator. **4. Monitoring Plan:** Weekly and for up to 3 months, the executive Director or Designee completes observation of handwashing demonstration for randomly selected staff and verify compliance with each Team Member Hand Hygiene procedure, Any deviations are addressed, immediately. The outcomes of the above observation and monitoring plan will be discussed during the monthly Quality Assurance and Performance Improvement (QAPI) committee for up to three months, by the ED or designee to confirm that the processes outlined above are sustained. During and at the conclusion of the 3-month period, the committee will re-evaluate and initiate any necessary action or extend the review process. The Executive Director is responsible for ensuring, implementing, and the ongoing compliance of this POC and addressing and resolving any variances that may occur.
8:36-18.4(k) A1333	12/19/2021 12/19/2021	**1. Corrective Action for the Affected Residents:** MCM #1 and LCM/MCM #1 were, immediately, retrained on properly cleaning and disinfecting reusable equipment before use on another resident. **2. Corrective Action for Other Residents:** All staff and residents who perform or receive resident care have the potential to be affected by this deficient practice. The ED and Department Coordinators immediately conducted education with staff, on properly cleaning and disinfecting reusable equipment before use on another resident.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	12/19/2021	**3. Systemic Correction to Prevent Recurrence:** Upon hire, annually and as needed, staff are trained on properly cleaning and disinfecting reusable equipment before use on another resident, which aligns with New Jersey Administrative Code 8:36 infection control regulations standards and Centers for Disease Control Prevention (CDC) recommendation practices. Documentation of training and observations are maintained by the Business Office Coordinator. Staff will continue to clean and disinfect equipment before use on another resident with an EPA registered disinfectant.
	12/20/2021	**4. Monitoring Plan:** Weekly and for up to 3 months, the ED or designee completes observations of randomly selected staff and verify compliance of properly cleaning and disinfecting reusable equipment before use on another resident. The outcomes of the above observation and monitoring plan will be discussed, during the monthly Quality Assurance and Performance Improvement (QAPI) committee for up to three months, by the Executive Director or designee 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. The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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 12/19/2021. 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 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 Census: 64 Sample size: 5	A 000		
A1275	8:36-18.2(a)(1) Infection Prevention and Control Services (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented: 1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;	A1275		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lisa Carrembo, Executive Director
TITLE:
(X6) DATE: 1/31/2022

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1275	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to ensure that 2 of nursing staff (Medication Care Manager #1 and Lead Care and Medication Care Manager #1) performed hand hygiene between resident contact and between tasks. This deficient practice had the potential to affect all residents in the facility and occurred during the COVID-19 pandemic. Findings included: Reference: The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guidelin.html, updated 01/30/2020 and retrieved on 12/22/2021, indicated, "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 Executive Order 26, 4.b. and after known or suspected	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1275	Continued From page 2 exposure to spores." 1. On 12/19/2021 at 9:45 AM, the surveyor observed that Medication Care Manager #1 applied a [Executive O] to Resident [Executive Executive O] She was not wearing gloves when she performed the procedure on the resident. Upon completing the procedure, and without performing hand hygiene, Medication Care Manager #1 went to access the refrigerator located in the satellite kitchen of the [Executive Order 26,] unit of the facility. The surveyor observed Medication Care Manager #1 as she moved items around in the refrigerator. After leaving the refrigerator area of the kitchen, Medication Care Manager #1 went into Resident [Executive] room to check the resident's blood oxygen level with a [Executive Order 26, 4.b.] (a device that is usually placed on a fingertip and is used to measure the oxygen level in the blood). Upon arriving at the door of Resident [Executi] room, Medication Care Manager #1 knocked and announced her presence. Medication Care Manager #1 told the resident she was in the resident's room to record their vital signs. After the announcement, Medication Care Manager #1 reached in her pocket and retrieved the [Executive O] [Executive Order 26, 4] Medication Care Manager #1 attached the [Executive Order 26, 4.b.] to the resident's right fingertip and waited to record the reading from the meter. After recording the value from the [Executive Order 26, 4.b.] Medication Care Manager #1 detached the [Executive Order] [Executive Order 26] from Resident [Executive] fingertip, placed the [Executive Order 26, 4.b.] back in her pocket, and left the room. Medication Care Manager #1 went back in the medication room to record the data on the [Executive Order] [Executive Order 26] in the computer. After inputting the data in the computer, Medication Care Manager #1 left	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED 12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1275	Continued From page 3 the medication room, and her next stop was Resident [Executive] room. While at the door of Resident [Executive] room, Medication Care Manager #1 repeated the sequence of events which included knocking and announcing her presence and purpose of being in the resident's room to the resident. Medication Care Manager #1 then reached in her pocket to retrieve the [Executive Or] [Executive Order 26] and attached it to Resident [Executive] finger. After recording the value from the [Executive Order 26, 4.b.] Medication Care Manager #1 detached the pulse oximeter from Resident [Executive] fingertip, placed the [Executive Order 26, 4.b.] back in her pocket again and left the room. Medication Care Manager #1 failed to ensure that she performed any form of hand hygiene between contact with Resident #'s [Exec] [Exe] and [Ex]. Medication Care Manager #1 failed to ensure that she did not access the refrigerator, which had residents' food items stored in it, after having had direct contact with Resident [Executive] skin when she applied a patch to the resident's back and without performing any form of hand hygiene. During surveyor interview on 12/19/2021 at 9:56 AM, Medication Care Manager #1 acknowledged that she did not perform any form of hand hygiene between contact with the identified residents. Medication Care Manager #1 acknowledged that she did not have a hand sanitizer with her, and stated that the facility conducted in-services on hand hygiene with nursing staff a couple of months ago (did not recall the exact month). 2. On 12/19/2021 at 10:05 AM, the surveyor observed that Lead Care and Medication Care Manager #1 went in Room [Executive O] with a blood pressure cuff and a [Executive Order 26, 4.b.]. Upon arriving	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1275	Continued From page 4 in the resident's room, Lead Care and Medication Care Manager #1 applied the blood pressure cuff around the resident's left arm and clipped the Executive Order 26, 4.b. on a finger on the same arm. After recording the data from the blood pressure monitor and the Executive Order 26, 4.b. Lead Care and Medication Care Manager #1 disconnected the blood pressure monitor and the Executive Order 26, 4.b. from the resident's arm and finger, respectively, and administered the resident's medications. Upon exiting Room Executive, Lead Care and Medication Care Manager #1's next stops were Rooms Executive O and Executive Ord Lead Care and Medication Care Manager #1 recorded the residents' vital signs and administered the residents' medications. The surveyor observed that Lead Care and Medication Care Manager #1 did not perform any form of hand hygiene between the residents' contact and before pouring the residents' medications. During surveyor interview on 12/19/2021 at 10:21 AM, Lead Care and Medication Care Manager #1 acknowledged that, although she had a hand sanitizer on her medication cart, she did not perform any form of hand hygiene between contact with the identified residents and before pouring the residents' medications. Per Lead Care and Medication Care Manager #1, the facility conducted in-services on hand hygiene with nursing staff weekly a couple of months ago. Lead Care and Medication Care Manager #1 stated that she just forgot to perform hand hygiene in between contacts with the identified residents and before she poured the residents' medication. On 12/19/2021 at 2:17 PM, the surveyor interview both the Infection Control Preventionist (ICP) and the Executive Director (ED). The ICP stated that	A1275		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED 12/19/2021

NAME OF PROVIDER OR SUPPLIER: SUNRISE ASSISTED LIVING OF MORRIS PLAINS

STREET ADDRESS, CITY, STATE, ZIP CODE: 209 LITTLETON ROAD, MORRIS PLAINS, NJ 07950

(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
A1275	Continued From page 5 she was part of the Quality Assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced staff on a weekly and as-needed basis. The ICP stated that hand hygiene was the most important thing nursing staff could do to prevent the spread of germs. She further stated that staff should perform hand hygiene between tasks, between resident contacts, when they went in the bathroom, when they adjusted their masks, before they donned new gloves, and between residents' care. The ED added that she would retrain and monitor the identified staff for compliance.	A1275		
A1333	8:36-18.4(k) Infection Prevention and Control Services (k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, review of facility policies, and Occupational Safety and Health Administration (OSHA) guidelines, it was determined that the facility failed to ensure two or two nursing staff (Medication Care Manager #1 and Lead Care and Medication Care Manager #1) reprocessed shared medical equipment between resident use for 4 residents observed during medication pass. This deficient practice had the potential to affect all residents in the facility and occurred during the COVID-19 pandemic. Findings included:	A1333		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED 12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1333	Continued From page 6 Reference: A publication by Occupational Safety and Health Administration (OSHA): Title 29 Part 1910.1030. Bloodborne pathogens, accessed on 12/22/2021 from http://www.ecfr.gov/cgi-bin/textidx?SID=4e5245f66094d270bc2bd93105f6a92d&mc=true&node=se29.6.1910_11030&rgn=div8, included the following: "Standard Precautions: equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient)." 1. On 12/19/2021 at 9:45 AM, the surveyor observed that Medication Care Manager #1 went in Resident [Executive] room to check the resident's blood oxygen level with a [Executive Order 26, 4.b.] (a device that is usually placed on a fingertip and is used to measure the oxygen level in the blood). Upon arrival at the door of Resident [Execut]s room, Medication Care Manager #1 knocked and announced her presence. Medication Care Manager #1 told the resident that she was in the resident's room to record their vital signs. After the announcement, Medication Care Manager #1 reached in her pocket and retrieved the [Executive Order] [Executive Order 2] and attached it to the resident's right fingertip and waited to record the reading from the meter. After recording the value from the [Executive Order 26, 4.b.] she detached the [Executive Order 26, 4.b.] placed the [Executive Order 26, 4.b.] back in her pocket, and left the room. Medication Care Manager #1 then went back in the medication room to record the data on the [Executive Order 26, 4.b.] in the computer. After inputting the data in the computer, Medication Care Manager #1 left the medication	A1333		

PRINTED: 01/19/2022
FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED 12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1333	Continued From page 7 room, and her next stop was Resident [Executive] room. While at the door to Resident [Executive] room, she repeated the sequence of events, which included knocking and announcing her presence and the purpose of being in the resident's room to the resident. Medication Care Manager #1 then reached in her pocket to retrieve the [Executive Ord] [Executive Order 26] and attached it to Resident [Executiv] finger. After recording the value from the [Executive Order 26, 4.b.] she detached the [Executive Order 26, 4.b.] from Resident [Executive] fingertip, placed the [Executive Order 26, 4.b.] back in her pocket, and left the room. Medication Care Manager #1 failed to ensure that she disinfected the shared vitals sign equipment [Executive Order 26, 4.b.] between the two residents' use. During surveyor interview on 12/19/2021 at 9:56 AM, Medication Care Manager #1 acknowledged that she did not disinfect the [Executive Order 26, 4.b.] between use with Residents [Executi] and [Execu] and from the equipment being in the pocket of her uniform. Medication Care Manager #1 stated she was trained to disinfect shared medical equipment after use with two residents. 2. On 12/19/2021 at 10:05 AM, the surveyor observed that Lead Care and Medication Care Manager #1 went in Room [Executive O] with a blood pressure cuff and a [Executive Order 26, 4.b.] Upon arrival, Lead Care and Medication Care Manager #1 applied the blood pressure cuff around the resident's left arm and clipped the [Executive Order 26, 4.b.] on a finger on the same arm. After recording the data from the blood pressure monitor and the [Executive Order 26, 4.b.] she disconnected the blood pressure monitor and the [Executive Order 26, 4.b.] and administered the resident's medications. Upon exiting Room [Executive], Lead Care and Medication Care Manager #1's next stops were Rooms [Executive Ord]	A1333		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ___ B. WING ___	(X3) DATE SURVEY COMPLETED 12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1333	Continued From page 8 and Executive Lead Care and Medication Care Manager #1 used the same Executive Order 26, 4.b. monitor and Executive Order 26, 4.b. on the residents who occupied those rooms. Lead Care and Medication Care Manager #1 did not disinfect the blood pressure monitor and the Executive Order 26, 4.b. between use with the three residents in the identified rooms. During surveyor interview on 12/19/2021 at 10:21 AM, Lead Care and Medication Care Manager #1 acknowledged that she did not disinfect the shared medical equipment between uses on the residents. Per Lead Care and Medication Care Manager #1, she disinfected shared medical equipment at the start of her shift and repeated the same at the end of the shift. Lead Care and Medication Care Manager #1 stated that she did not know to disinfect shared medical equipment between each resident's use. On 12/19/2021 at 2:17 PM, the surveyor interviewed both the Infection Control Preventionist (ICP) and the Executive Director (ED). The ICP stated that she was part of the quality assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced staff on a weekly and as-needed basis. She stated that shared equipment should be cleaned between each use to prevent the spread of Executive Order 2 Per the ICP, failure to disinfect shared medical equipment could result in picking up Executive Order 26, 4.b. on one resident's Executive and Executive Order 26, 4.b. The ED stated that she would retrain nursing staff on disinfecting shared equipment and have members of the facility's QA committee monitor staff for compliance.	A1333		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90117	A. BUILDING: ______ B. WING ______	12/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MORRIS PLAINS	209 LITTLETON ROAD MORRIS PLAINS, NJ 07950

(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
A1333	Continued From page 9 According to the facility policy titled, "Infection Prevention & Control Program for Assisted Living Communities V2.0/August 2018," dated 08/2018, it indicated under the reusable medical devices/equipment portion of the policy, "Reusable medical devices must be disinfected with appropriate disinfectant in between resident use. Refer to manufacturers' cleaning/disinfection instructions for individual devices."	A1333		