

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05MOOY | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/11/2021 |
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| NAME OF PROVIDER OR SUPPLIER CHELSEA AT MANALAPAN, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 445 ROUTE 9 SOUTH MANALAPAN, NJ 07726 |
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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 |
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| A 000 | Initial Comments Initial Comments: Census: 52 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 2/11/21. 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. | A 000 | | |
| A1279 | 8:36-18.2(a)(3) 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: 3. Guidelines for Preventing Health Care-Associated Pneumonia, MMWR/53 (RR-03), March 26, 2004; This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to develop and implement a policy to ensure that residents were consistently offered pneumococcal vaccinations, | A1279 | | |

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

TITLE

(X6) DATE

03/05/21

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| A1279 | <p>Continued From page 1</p> <p>to prevent health care acquired pneumonia, upon admission to the facility and failed to document the offered pneumococcal vaccination administration or refusal for 2 of 5 residents reviewed for pneumococcal vaccination administration, Resident #2 and Resident #5. This deficient practice was evidenced by the following:</p> <p>On 2/11/21 at 10:46 a.m., during entrance conference of the COVID-19 Focused Infection Control survey, the surveyor requested to review documented evidence of influenza and pneumococcal vaccination administration for Resident #'s 1-5. The facility provided the surveyor with the document titled, "Resident Vaccination Records" (RVR), and the medical records for Residents #1 through Resident #5 which documented the following:</p> <ol style="list-style-type: none"> 1. Resident #1's "Medical Profile" forms, on page 3 of 3, revealed that the Physician documented that the resident received the Executive Order 26, 4.b Vaccine in REDACTED, which was prior to admission to the facility. 2. Resident #2's "Medical Profile" revealed that the section designated for date of Executive Order 26, 4.b Vaccination was left blank and the area designated for the date of Executive Order 26, 4.b Vaccine on the RVR form was also left blank. 3. Resident #3's medical records revealed a document titled, "Initial Infectious Disease Testing And Screening," which documented that the resident received the Executive Order 26, 4.b Vaccine, there was no date documented. 4. Resident #4's RVR form revealed that the resident received the Executive Order 26, 4.b Vaccine in | A1279 | | |
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| A1279 | <p>Continued From page 2</p> <p>Executive Order 26, 4.b., prior to moving into the facility.</p> <p>5. Resident #5's "Medical Profile" forms, on page 3 of 3, revealed that the section designated for the date of Executive Order 26, 4.b. Vaccine contained the following, "n/a" and review of the RVR revealed that the area designated for date of Executive Order 26, 4.b. Vaccine was left blank.</p> <p>At 11:20 a.m., the surveyor interviewed the Executive Director (ED) who stated that the facility conducted an annual flu vaccination clinic. She stated that the Physician evaluated the residents for pneumonia vaccine administration on their initial visit. She further stated that it was up to the Physician to order the pneumococcal vaccination if indicated.</p> <p>At 1:29 p.m., in a later interview, the ED stated that the facility did not have a policy related to the Executive Order 26, 4.b. Vaccine because it was not offered to residents. She stated that the resident's Physician was responsible to confirm pneumococcal vaccination status prior to admission and annually during physical assessment in the "Medical Profile" documents.</p> | A1279 | | |
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