STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	YMOSFX	A. BUILDING: _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755

(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: Census: 82+2= 84 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 10/28/20. 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		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility Executive Director (ED) failed to ensure the development and implementation of comprehensive policies and procedures that were in accordance with the Executive Directive NO. 20-026, with a revised	A 310		

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
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A 310	Continued From page 1	A 310		

date of April 4, 2020, issued by the Commissioner of the Department of Health (DOH). This deficient practice was evidenced by the following:

On 10/28/20 at 10:35 a.m. during an interview with the Director of Nursing (DON), the surveyor was told that the facility staff performed checks of each resident's temperature once a day and each resident was screened for symptoms of Covid-19. The DON further stated that residents, unless symptomatic, had their vital signs checked only on a monthly basis. The DON also disclosed that if a resident demonstrated symptoms of Covid-19, vital signs would be obtained.

The surveyor reviewed with the DON the DOH April 4, 2020 instructions which documented, "Facilities shall screen all residents, at minimum during every shift,... for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure, temperature, and pulse oximetry."

At 10:30 a.m., during surveyor interview with the DON, she stated that the facility staff performed only temperature checks of resident once a day. The surveyor requested and reviewed the resident screening logs and confirmed the same, that only temperature checks were being performed. The surveyor received and reviewed a copy of the facility's Emergency Outbreak Plan/Policy which documented the following under the title "Policy for Vital Signs During an Outbreak": "It is the policy of this facility that all resident(s) identified as ill during an outbreak will have vital signs monitored each shift during acute illness and signs and symptoms of disease. This will continue 48 hours after resolution of illness."

The facility ED failed to ensure that the facility policy and procedures were in accordance with

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A 310	Continued From page 2 the instructions indicated in the Executive Directive issued by the Commissioner of Health in response to the National Healthcare emergency of COVID-19.	A 310		