PRINTED: 06/30/2020 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		30a002			05	05/28/2020	
NAME OF PF	ROVIDER OR SUPPLIER			SS, CITY, STATE, ZIP CODE			
ARDEN CO	OURTS OF WEST ORAN	IGE	SPECT AVENUE RANGE, NJ 07052				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	D BE COMPLE	
A 000	Initial Comments		A 000				
	Initial Comments: CENSUS: 28						
	conducted by the Sta facility was found not New Jersey Administ control regulations st Assisted Living Resid Personal Care Home Programs and Cente	Infection Control Survey was the Agency on 5/28/20. The to be in compliance with the rative Code 8:36 infection andards for Licensure of dences, Comprehensive as and Assisted Living rs for Disease Control and commended practices to 9.					
A 310	8:36-3.4(a)(1) Admin	istration	A 310				
	1. Ensuring the o	ot limited to, the following:					
	by: Based on observation facility records, it was Executive Director (E development and imp	Γ is not met as evidenced n, interview, and review of s determined that the facility ED) failed to ensure the plementation of ties and procedures to					

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

TITLE

(X6) DATE

37F511

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
	30a002		B. WING		05	/28/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	OURTS OF WEST ORAN	GE 510 PRO	SPECT AVENUE			
		WEST O	RANGE, NJ 07052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET D THE APPROPRIATE DATE	
A 310	Continued From page 1		A 310			
	Covid-19 in accordan	the Commissioner of the				
	This deficient practice was evidenced by:					
	 9:55 a.m. the surveyor residents watching teareas of 3 of 4 units. in a group activity and reach of each other a April 4 instructions issee "The facility shall can activities." 2) On 5/28/20 betw 	28/20 between 9:25 a.m. and or observed 17 of 28 levision in the common Residents were participating d were sitting within arm's and not wearing masks. The sued by the DOH stated that cel all resident group een 12:00 p.m. and 12:30				
	with 4 of 7 residents r dining. The 4 of 7 res same table grouping	served 1 of 4 dining rooms participating in communal sidents were seated at the and were within arm's reach nstructions, issued April 4, ty shall discontinue				
	Director of Nursing (E that the facility staff p resident's temperatur each resident was sc	its residents." ring an interview with the DON), the surveyor was told erformed checks of each e three times a day and reened for symptoms of further stated that residents,				
	unless symptomatic, only on a monthly bas that if a resident dem Covid-19, vital signs surveyor reviewed wi	had their vital signs checked sis. The DON also disclosed onstrated symptoms of would be obtained. The th the DON the DOH April 4 ited "The Facility shall				
	actively screen its res shift change for Covid	sidents, minimally, at each d-19 symptoms, which hortness of breath, fever				

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New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER 30a002 30a002		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		30a002	B. WING		05/28/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	TADDRESS, CITY, STATE, ZIP CODE			
ARDEN C	OURTS OF WEST ORAN	IGE	OSPECT AVENUE PRANGE, NJ 07052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T		
A 310	resident taken by the (gastrointestinal) syn resident's vital signs, pressure, pain and p facility logs confirmed were being obtained documented evidence signs including blood and pulse oximetry (a attached to a finger to oxygen in the blood) obtained by facility st At 11:30 a.m. the sur policy, dated 3/2020, as well as an undate "Understanding and Assurance Plan -Ass facility policy nor the the cancellation of gr of communal dining, the staff for the monit the outbreak of COV policy and set of instr instructions issued by The ED did not ensu procedures establish Covid-19 in accordar At 2:40 p.m., the ED plan of correction (PC 2 and 3. This POC w 2:50 p.m.	berature check of the Facility), sore throat, or GI hptoms, and take each including heart rate, blood ulse oximetry." Review of d that resident temperatures however there was no e that resident other vital pressure, pulse, pain level a test where a sensor is o determine the amount of were being were being raff.	A 310			

37F511



Memory Care Community

June 9, 2020

Administrator Arden Courts of West Orange 510 Prospect Avenue West Orange, NJ 07052

Infection Control Survey Visit Plan of Correction

Tag A310

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- 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: All residents will be ensured the development, implementation, and enforcement of all policies and procedures, including resident rights and Infection Control as mandated by the State of New Jersey Department of Health;
- 2. How the facility will identify other residents having the potential to be affected by the same practice: All residents have a potential to be affected.
- 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: The Executive Director, and Resident Services Coordinator have been educated to follow the enforcement of the policy. Arden Courts of West Orange will make sure-Dementia residents will continue to be monitored for proper social distancing during mealtimes. The Dementia residents will be continued to be redirected as needed to socially stay distant during meal times. Resident service providers will be provided education on social distancing in common areas and at meals times by **Resident Services Coordinator**, completed on 6/1/2020. Arden Courts of West Orange will make sure the residents will continue to be monitored for proper social distancing with compliance to non-communal activities. Observation audits completed 5 days per week x 30 days, then randomly as needed by Executive Director or Resident Services Coordinator. The Dementia residents will be continued to be redirected as needed to socially stay distant from others if they are out of their rooms. All furnishings that seat more than one person will be removed. Single seats will be spaced 6 ft apart. Dining room seating will measure 6 feet or greater and chair locations will be outlined on floor via tape to ensure proper placement. Arden Courts of West Orange will continue to actively screen residents 2 times per day for COVID-19 symptoms, including cough, shortness of breath, fever, sore



throat, or GI symptoms as well as evaluating resident's vital signs, including heart rate, blood pressure, pain and pulse oximetry. The "Outbreak Response Plan and Understanding and Managing COVID-19 Quality Assurance Plan – Assisted Living Division" has been updated by Corporate Clinical to state, 'From April 4th, 2020 NJDOH measures prohibit communal dining for its residents. All resident group activities shall be canceled. The facility should consider alternative forms of entertainment and activities that allow for appropriate social distancing of its residents.'"

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 change: Executive Director and/or Resident Services Coordinator will monitor notifications to the New Jersey Department of Health on all occurrences of COVID-19 Infection Control Mandates daily or weekly as needed and reviewed during daily morning meeting to ensure timely and required follow up actions occur.

Timeframe in place is immediately 5/28/2020 and on-going.