

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
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NAME OF PROVIDER OR SUPPLIER CHERRY HILL SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 490 COOPER LANDING ROAD CHERRY HILL, NJ 08002
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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: CENSUS: 51</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 6/1/20. 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.</p>	A 000		
A1299	<p>8:36-18.3(a)(5) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility records, it was determined that the facility failed to ensure the development and implementation of comprehensive policies and procedures for techniques used during resident contact to prevent the spread of Covid-19.</p> <p>This deficient practice was evidenced by: On 6/1/20 at 9:45 a.m. the surveyor observed two</p>	A1299		

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

TITLE

(X6) DATE

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A1299	<p>Continued From page 1</p> <p>apartments marked as isolation apartments. The exterior of each apartment contained a 4-drawer plastic storage unit. Each storage unit contained isolation supplies including gloves, face shields, hair coverings, and surgical masks. The surveyor then observed 8 disposable yellow isolation gowns hanging on 2 hooks directly over the storage unit in front of one apartment and 7 disposable isolation gowns hanging on 2 hooks over the storage unit of another apartment. In addition, the surveyor observed several gowns laying on the floor directly behind one of the storage units. Further observation revealed that the gowns were nested on top of each other with the clean side (the side worn next to a person's body) directly on top of the exterior surface (contaminated surface that was exposed to sources of microorganisms) of another gown.</p> <p>At 10:00 a.m., the surveyor interviewed the Certified Medication Aid (CMA #1) who confirmed that the isolation gowns were issued to staff on a weekly basis and that each gown was marked with the name of the user and the date of issuance. The CMA further revealed that the disposable isolation gown was removed and hung on the hook after exiting the apartment.</p> <p>At 11:54 a.m., the surveyor observed CMA #1 deliver a lunch to one of the residents in an isolation room. After applying gloves and N95 mask the surveyor observed CMA #1 touch the gowns hanging on the hooks until she located the gown marked with her name. The surveyor observed that the clean side of the isolation gown had been directly on top of and touching the contaminated exterior of another gown. The surveyor then observed CMA #1 apply the gown on top of her clothing. The surveyor observed the CMA #1 deliver the resident's meal, exit the apartment, remove the PPE and hang the</p>	A1299		
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A1299	<p>Continued From page 2</p> <p>isolation gown on the hook directly on top of another isolation gown. CMA #1 then performed hand hygiene using alcohol based hand rub.</p> <p>At 12:18 p.m., the surveyor interviewed the Director of Nursing (DON) who stated that she was aware that employees were hanging used isolation gowns on hooks outside of the two isolation rooms. The DON agreed that employees should be removing the disposable gown inside the apartment and that the clean side of the gowns should not be in contact with the contaminated exterior of the gowns.</p> <p>At 1:00 p.m., the surveyor reviewed the facility policy "Transmission Based Precautions: Contact" which stated, "Wear a clean, non-sterile gown upon entering the resident's room ..." and "Remove the gown before leaving the resident's environment." The policy also stated, "After gown removal, ensure that clothing does not contact the potentially contaminated environment to avoid transfer of microorganisms to other residents or surfaces."</p> <p>The facility failed to ensure clean surfaces were not in direct contact with contaminated surfaces to prevent cross-contamination of microorganisms. At 1:30 p.m., the surveyor was provided with a plan of correction (POC) by the facility Executive Director which was accepted at 1:40 p.m.</p> <p>The surveyor completed a follow-up survey on 6/4/20 and confirmed that the facility implemented the POC.</p>	A1299		
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CHERRY HILL
SENIOR LIVING



June 12, 2020

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To Whom It May Concern:

Please be advised that this letter serves as the Plan of Correction for the Statement of Deficiencies from the Infection Control Survey conducted on June 1 and June 4, 2020. We were cited for Regulation A1299 per 8:36-18.3(a)(5) Infection Prevention and Control Services.

Per the findings of the inspection, no residents were affected by this deficient practice. All current and future residents have the potential to be affected by this deficient practice. The plan of correction that was submitted during the inspection was accepted and confirmed in practice during second survey on 6/4/2020. In-Service Education provided to all current Nursing and Resident Services staff on facility's infection prevention and control program. This training will be completed by 6/30/2020. The Registered Nurse or designee will provide In-Service Education on Facility's Infection Prevention and Control Program upon employment and annually thereafter for all staff. The corrective action will be monitored through the Registered Nurse or designee auditing processes on a continual basis related to infection control and effective techniques to be used during each resident contact.

If you need any additional information, I can be reached at [REDACTED] or [REDACTED]

Respectfully Submitted,

Shanyn Ryan Muraczewski
Executive Director