

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D35009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY HOME OPERATIONS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1095 TABOR ROAD MORRIS PLAINS, NJ 07950</b>
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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
R 000	<p>8:37-2.1(i) Initial Comments</p> <p>When determining whether an applicant is capable of operating a dementia care home, the Department shall consider any evidence of licensure violations representing serious risk of harm to residents, any evidence of an applicant's violation of any State licensing or Federal standards in connection with an inappropriate discharge or denial of admission of a resident or patient, and an applicant's record of criminal convictions involving fraud, patient or resident abuse or neglect, a crime of violence, a crime of moral turpitude, or any other crime that presents a risk of harm to the safety or welfare of residents.</p> <p>Type of Survey: Covid</p> <p>Census: 17</p> <p>A COVID-19 Focused Infection Control Survey and Standard Survey was conducted by the State Agency on 06/12/20. The facility was found not in compliance with the New Jersey Administrative Code 8:37 Licensure Standards for Dementia Care Homes and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p>	R 000		
R 100	<p>8:37-2.3(a) Licensing: Administrator</p> <p>Each dementia care home shall have an administrator who is responsible for the day-to-day operations of the dementia care home.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and review of facility records, it was determined that the facility Administrator (Adm) failed to ensure the</p>	R 100		

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

TITLE

(X6) DATE

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R 100	<p>Continued From page 1</p> <p>implementation of comprehensive policies and procedures to address, manage, and control the spread of Covid-19 in accordance with April 4, 2020 instructions issued by the Commissioner of the Department of Health. (DOH).</p> <p>This deficient practice was evidenced by the following:</p> <p>Upon entrance into the facility on 6/12/20 at 10 a.m., with the Nurse Manager (NM), the surveyor observed 6 residents sitting in a common area watching television. Additionally, the surveyor observed 8 residents sitting in the day room with an Aide in a group activity. All 14 residents were observed sitting within arm's reach of each other and not wearing masks. The April 4 instructions issued by the DOH stated that "The facility shall cancel all resident group activities."</p> <p>At 1:00 p.m. the surveyor interviewed the Adm. who stated that he thought since the residents had 2 negative Covid test that it was alright to have the residents out of their rooms and participate in an activity.</p> <p>At 1:45 p.m., the surveyor reviewed the facility policy, updated 3/2020, "Infectious Diseases" which stated, "Implement the isolation protocol in the facility...cancelation of group activities...recommended by local, state, or federal public health authorities."</p> <p>The Adm. did not ensure group activities were restricted in accordance with the facility policy and the instructions of the DOH issued on 4/4/20. The Adm. provided the surveyor with a Plan of Correction (POC) at 2:00 p.m. and the POC was accepted at 2:30 p.m.</p>	R 100		

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R 100	Continued From page 2  The surveyor completed a follow-up survey on 6/19/20 and confirmed that the facility implemented the POC.	R 100		



June 12, 2020

R100- The corrective action is accomplished for all the residents. All residents were moved to their rooms for individual activities and all meals.

The facility has identified that ALL residents have the potential to be affected by not implementing comprehensive policies and procedures to address, manage and control the spread of Covid-19.

The measures put in place and systemic changes made to ensure that the facility remains in compliance are as follows:

- 1- All residents were escorted to remain in their rooms for meals and activities to ensure proper social distancing.
- 2- A staff in-service was held for all staff on June 12, 2020 regarding keeping residents safe through proper social distancing.
- 3- The administrator will conduct daily rounds to ensure proper social distancing.

The facility will monitor its corrective actions to ensure that the deficient practice is corrected and will not occur through the following:

- 1- The administrator will monitor all shifts to ensure proper social distancing is happening.
- 2- The administrator will continually train all staff to make sure that social distancing always happens.

Completion date: June 12, 2020.