

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A3302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
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NAME OF PROVIDER OR SUPPLIER TRADITIONS OF CROSS KEYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3152 GLASSBORO CROSS KEYS ROAD GLASSBORO, NJ 08028
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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: 45</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 5/27/20. 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		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</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 Executive Director (ED) failed to ensure the development and implementation of comprehensive policies and procedures to address, manage, and control the spread of</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>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:</p> <p>During a tour of the Reminiscence Unit on 5/27/20 at 9:30 a.m. the surveyor observed 9 of 11 residents watching television in a common room. Residents were observed to be participating in a group activity, were 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 11:00 a.m. the surveyor reviewed the facility policy, dated 3/26/20, [REDACTED] Rules for Quarantine and Isolation" which stated, "In an abundance of caution ...related to the COVID -19 pandemic, the whole building will be quarantined to protect residents from the highly contagious disease." In addition, the policy stated, "Quarantine includes restricting the resident to their room with all care, meals, and activities delivered in the room."</p> <p>The ED 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 ED provided the surveyor with a Plan of Correction (POC) at 1:00 p.m. and was accepted at 1:30 p.m.</p> <p>The surveyor completed a follow up visit on 6/4/20 and confirmed that the facility implemented the POC.</p>	A 310		