

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35a000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2020
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL SENIOR LIVING AT DEPTFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE DEPTFORD, NJ 08096
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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: 38</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 10/30/20. 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 interview and record review on 10/30/20, it was determined that the facility Executive Director (ED) failed to ensure the</p>	A 310		

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

TITLE

(X6) DATE

11/23/20

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35a000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2020
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A 310	<p>Continued From page 1</p> <p>development and implementation of comprehensive policies and procedures to prevent infectious diseases, that were in accordance with the State of New Jersey Executive Directive NO. 20-026-1, with a revised date of October 20, 2020, issued by the Commissioner of the New Jersey Department of Health (NJDOH). This deficient practice was evidenced by the following:</p> <p>1. On 10/30/20 at 10:00 a.m., during the entrance conference, the ED and the Assistant ED stated that they had 6 residents positive with COVID-19, and that they did not have any designated staff to care for residents that were positive for COVID-19. The surveyor then asked if the staff followed specific procedures when caring for the residents in any certain order between residents that were negative for COVID-19 first and then residents that were positive. The Assistant ED stated that the staff were not instructed to care for residents in any order.</p> <p>The surveyor asked the ED who was the Infection Control Preventionist for the facility, the ED stated, "We have a contract with APIC (Association for Professionals in Infection Control and Epidemiology) for someone to come in and do our in-services training, inspections and respiratory plan..." The ED further stated that APIC had not yet come to the building and had not yet provided any in-services or training because the facility had COVID-19 cases.</p> <p>According to Executive Directive NO. 20-026-1, under "Required Core Practices for Infection Prevention and Control... 3) Responsibilities of this position must included, at a minimum, developing infection prevention and control</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>policies and procedures, performing infection surveillance, providing competency-based training of staff and auditing adherence to recommended infection prevention and control practices."</p> <p>The surveyor requested a copy of the facility's Infection Prevention and Control policy, the ED later provided the surveyor with a document, post survey via email on 10/30/20, which she stated was the facility's Infection Prevention and Control policy. Upon review of the document, the surveyor observed that the document was not specific to the facility type and was not an actual facility policy, but rather documents that had been copied from the Internet. The surveyor observed on the document the following statement: "This resource was developed utilizing information from CDC (Centers for Disease Control) and CMS (Centers for Medicare and Medicaid Services.) Providers are reminded to review state and local specific information for any variance to national guidance. This document is for general informational purposes only. It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities. Pathway Health Services Inc.-All Rights Reserved- Copy with Permission Only."</p> <p>The ED failed to ensure that the facility policy and procedures were in accordance with the instructions indicated in the Executive Directive issued by the NJ Commissioner of Health in response to the National Healthcare emergency of COVID-19.</p> <p>Reference: State of New Jersey Department of Health Executive Directive No 20-026-1, dated October 20, 2020, revealed the following:</p>	A 310		

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A 310	Continued From page 3 ii. Required Core Practices for Infection Prevention and Control: Facilities are required to have one or more individuals with training in infection prevention and control employed or contracted on a full time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this Directive may be fulfilled by: An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2; or b. A Physician who has completed an infectious Disease fellowship; or c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5) or more years of Infection Control experience.	A 310		
A1297	8:36-18.3(a)(4) Infection Prevention and Control Services (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: 4. Surveillance techniques to minimize sources and transmission of infection; This REQUIREMENT is not met as evidenced by: Based on interview and record review on	A1297		

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A1297	<p>Continued From page 4</p> <p>10/30/20, it was determined that the facility failed to develop and implement an infection prevention and control policy and failed to consistently implement surveillance techniques in an effort to minimize the transmission of infection, that were in accordance with the State of New Jersey Executive Directive NO. 20-026-1, with a revised date of October 20, 2020, issued by the Commissioner of the New Jersey Department of Health (NJDOH). This deficient practice was evidenced by the following:</p> <p>On 10/30/20 at 10:00 a.m., during the entrance conference, the surveyor requested a copy of the facility's current COVID-19 surveillance line listing. The ED stated that she had been told by the Local Health Department (LHD) that she no longer had to complete a line listing. The surveyor further questioned the ED and asked her to provide a copy of the email from the LHD which informed her that she no longer needed to update and complete a line listing to include the 6 residents that tested positive for COVID-19.</p> <p>At 12:25 p.m., the surveyor received a document from the ED which, upon review, was an email from the LHD contact person which documented a request for the new line list. During interview with the ED, she stated that she misunderstood the email from the LHD, and thought that she did not have to continue with the line listing.</p> <p>The surveyor requested a copy of the facility's Infection Prevention and Control policy, the ED later provided the surveyor with a document, post survey via email, which she stated was the facility's Infection Prevention and Control policy. Upon review of the document the surveyor observed that the document was not specific to the facility type and was not an actual facility</p>	A1297		
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A1297	<p>Continued From page 5</p> <p>policy, but rather documents that had been copied from the Internet. The surveyor observed on the document the following statement: "This resource was developed utilizing information from CDC (Centers for Disease Control) and CMS (Centers for Medicare and Medicaid Services.) Providers are reminded to review state and local specific information for any variance to national guidance. This document is for general informational purposes only. It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities. Pathway Health Services Inc.-All Rights Reserved- Copy with Permission Only."</p> <p>The surveyor asked the ED who was the Infection Control Preventionist for the facility, the ED stated, "We have a contract with APIC (Association for Professionals in Infection Control and Epidemiology) for someone to come in and do our in-services training, inspections and respiratory plan..." The ED further stated that APIC had not yet come to the building and had not yet provided any in-services or training because the facility had COVID-19 cases.</p> <p>Reference: State of New Jersey Department of Health Executive Directive No 20-026-1, dated October 20, 2020 revealed the following: ii. Required Core Practices for Infection Prevention and Control: 1. Regardless of a facility's current reopening phase, core infection prevention and control practices must be in place at all times. Maintaining core infection prevention and control practices is key to preventing and containing outbreaks and is crucial in ensuring the delivery of quality, safe care...</p>	A1297		
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A1297	<p>Continued From page 6</p> <p>Facilities are required to have one or more individuals with training in infection prevention and control employed or contracted on a full time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this Directive may be fulfilled by:</p> <p>An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2; or</p> <p>b. A Physician who has completed an infectious Disease fellowship; or</p> <p>c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5) or more years of Infection Control experience.</p> <p>According to Executive Directive NO. 20-026-1, under "Required Core Practices for Infection Prevention and Control...1. iv. b(1) Staff their IPC program based on resident population and facility service needs...1. iv. b 3) Responsibilities of this position must included, at a minimum, developing infection prevention and control policies and procedures, performing infection surveillance, providing competency-based training of staff and auditing adherence to recommended infection prevention and control practices."</p> <p>The ED failed to ensure that the facility policy and procedures were in accordance with the instructions indicated in the Executive Directive issued by the NJ Commissioner of Health in response to the National Healthcare emergency of COVID-19.</p>	A1297		

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A1299 A1299	Continued From page 7 8:36-18.3(a)(5) Infection Prevention and Control Services (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: 5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident; This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review on 10/30/20, it was determined that the facility failed to ensure appropriate infection control techniques were practiced to prevent transmission of COVID-19 infection. The facility also failed to ensure that comprehensive policies and procedures for Infection Prevention and Control were developed and was implemented by all staff in an effort to prevent the transmission of COVID-19, that were in accordance with the State of New Jersey Executive Directive NO. 20-026-1, with a revised date of October 20, 2020, issued by the Commissioner of the New Jersey Department of Health (NJDOH), when 2 Certified Home Health Assistants (CHHAs) were observed doffing Personal Protective Equipment (PPE) in the hallway in front of the dining room, after having exited a resident's room that was positive for COVID-19. This deficient practice had the potential to affect all residents and staff of the facility by spreading the viral infection to other areas of the building outside of the COVID-19 positive resident's room. This deficient practice	A1299 A1299		

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A1299	<p>Continued From page 8</p> <p>was evidenced by the following:</p> <p>1. On 10/30/20 beginning at 10:00 a.m., the surveyor conducted the entrance conference of the survey. During the entrance conference, in the presence of the ED, the Assistant ED, and the Maintenance Director, the surveyor observed two staff members, wearing disposable gowns, gloves, KN95 masks and face shields. The staff were doffing (removing) their PPE, and using hand sanitizer in front of the dining room, near the medication cart.</p> <p>The surveyor inquired and asked the ED what the two staff members were doing and where were they coming from. The ED stated that they were taking off their PPE and that they had come from a resident's room that was on the other side of the building. The surveyor further inquired if the resident whose room they were coming from was COVID-19 positive, the ED stated "Yes". At that point, the surveyor stopped the entrance conference and informed the ED that by walking out of the COVID-19 positive resident's room with the PPE on and walking through the building, that constituted a breach in infection prevention and control and that it was a matter that required their immediate attention.</p> <p>Later at 11:00 a.m., the surveyor interviewed one of the staff previously observed doffing PPE in the hallway in front of the dining room, she stated that she was a CHHA and that she had been in-serviced on donning and doffing of PPE, but that there was a lot going on and that was why she did not doff the PPE before leaving the resident's room.</p> <p>The surveyor observed that outside of each of the residents' rooms that were COVID-19 positive,</p>	A1299		

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A1299	<p>Continued From page 9</p> <p>there were signs with instructions on how and what to don and doff, and there was adequate PPE for donning and plastic between the inside of the doorway of the room and the outside of the doorway leading out into the hallway outside of each resident's room. The space in between was set up for doffing of PPE.</p> <p>The surveyor requested a copy of in-services on donning and doffing and the information that was shared with the staff. The surveyor received a copy of the document titled, " How to put on and safely remove Personal Protective Equipment (PPE)." The document was not dated as to when the in-service occurred, however, the surveyor observed that the participants that signed as attending the in-service dates began on 4/9/20-4/28/20, the surveyor did not observe either of the two CHHAs names on the document as having attended the training.</p> <p>On 10/30/20 at 12:02 p.m., the Assistant ED provided the surveyor with a removal plan which documented that all staff present during the survey were provided with a step-by-step in-service on the proper technique for donning and doffing PPE, by the Assistant ED on 10/30/20 at 10:30 a.m. According to the removal plan, the remainder of the staff would be in-serviced when they entered the building, with all staff being in-serviced by 11/3/20.</p> <p>Reference: State of New Jersey Department of Health Executive Directive No 20-026-1, dated October 20, 2020, revealed the following: ii. Required Core Practices for Infection Prevention and Control: 1. Regardless of a facility's current reopening phase, core infection prevention and control practices must be in place at all times. Maintaining core infection prevention and control</p>	A1299		
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A1299	Continued From page 10 practices is key to preventing and containing outbreaks and is crucial in ensuring the delivery of quality, safe care...	A1299		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35a000 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/18/2020 Y3
NAME OF FACILITY FOX TRAIL SENIOR LIVING AT DEPTFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE DEPTFORD, NJ 08096	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>A0310</u>	Correction	ID Prefix <u>A1297</u>	Correction	ID Prefix <u>A1299</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-18.3(a)(4)</u>	Completed	Reg. # <u>8:36-18.3(a)(5)</u>	Completed
LSC _____	<u>12/11/2020</u>	LSC _____	<u>11/02/2020</u>	LSC _____	<u>11/03/2020</u>
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/30/2020		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		