

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
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NAME OF PROVIDER OR SUPPLIER WASHINGTON TOWNSHIP SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MEDICAL CENTER DRIVE SEWELL, NJ 08080
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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: 70</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 10/16/20. 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 review of pertinent facility documents it was determined that the Administrator failed to ensure that the facility's policy and procedure on Coronavirus was implemented. This deficient practice was evidenced by the following:</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>On 10/16/20 at 10:30 a.m., the surveyor visited the facility and met with the Executive Director (ED) and the Director of Nursing (DON). The ED stated that on 9/23/20 she received a call from a healthcare provider that visits the facility that he/she tested positive for Covid-19 on 9/23/20. The ED then stated that the healthcare provider was last in the community on 9/18/20 and visited 13 residents that day.</p> <p>The ED and DON stated that on 9/23/20, Resident #2 had a fever and was tested for Covid-319 and that was one of the residents that the healthcare provider saw during his/her visit to the facility. The DON also stated that on 9/23/20, Resident #2's Covid-19 test results were positive and provided the lab results to the surveyor for review. The DON stated that Resident #2 was on isolation precautions when he/she had a fever.</p> <p>The DON also stated that the resident had tested negative for Covid-19, on 5/29/20 and 6/9/20. The DON provided a copy of the Covid-19 lab results for Resident #2, which was positive.</p> <p>The DON further stated that all of the residents that was seen by the healthcare provider was isolated and tested on 9/25/20. The DON stated that Resident #2 was the only resident that tested positive for Covid-19 that the healthcare provider visited on 9/18/20. The DON also stated that Resident #2 had a change in condition on 10/7/20 and expired.</p> <p>The DON further stated that the other 12 residents were tested on 9/25/20 and was negative for Covid-19.</p> <p>The ED stated that the healthcare provider stated</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>that he/she had no signs or symptoms of Covid-19 when he/she visited the community on 9/18/20. The ED also stated that the healthcare provider did not sign in on the visitor log which contained the Covid-19 screening questions and did not record his/her temperature.</p> <p>According to the facility policy titled, "Coronavirus (COVID-19) which indicated that "Screenings are conducted and documented using the screening tool and log for the following:...Essential visitors, vendors and third party contractors."</p> <p>The facility failed to screen and document when the healthcare provider visited the facility on 9/18/20.</p>	A 310		