

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 02/18/2022
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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: Type of Survey: Covid-19 Focused Infection Control</p> <p>Census: 67</p> <p>Sample size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 02/18/2022. 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> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p>	A1271		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **05/25/22**

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A1271	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to implement its infection control and prevention program and policy in accordance with the Centers for Disease Control (CDC) guidelines to ensure staff members wore their masks appropriately, covering their mouth and nose, when the facility was in a community with a high Covid-19 transmission rate, observed for 3 of 10 staff members, (Business Office Manager [BOM], Licensed Practical Nurse [LPN] #1, and Housekeeper [HSK] #1).</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," updated 02/02/2022, read, " ... Implement Universal Use of Personal Protective Equipment for HCP ... If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). Additionally, HCP working in facilities located in counties with substantial or high transmission should also use PPE as described below: NIOSH-approved N95 or equivalent or higher-level respirators should be used for: ...</p> <p>NIOSH-approved N95 or equivalent or</p>	A1271		
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A1271	<p>Continued From page 2</p> <p>higher-level respirators can also be used by HCP working in other situations where additional risk factors for transmission are present such as the patient is not up to date with all recommended COVID-19 vaccine doses, unable to use source control, and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place ...</p> <p>To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.</p> <p>Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters"</p> <p>1. On 02/18/2022 at 10:37 AM, the surveyor observed the BOM in the main entrance lobby, engaged in a conversation with a resident. The observation indicated that although the resident had their mask on, the BOM was not wearing a mask at all during the interaction. The observation indicated that the BOM was standing approximately two feet from the resident.</p> <p>On 02/18/2022 at 11:16 AM, LPN #1 was observed on the hallway of the facility's [REDACTED] floor. The observation showed that LPN #1 was having a conversation with another unidentified staff of the facility in the hallway. LPN #1 wore her mask below her jaw during the observation.</p>	A1271		
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A1271	<p>Continued From page 3</p> <p>The observation further showed that LPN #1 stood about two feet from the unidentified staff.</p> <p>During an interview on 02/18/2022 at 11:18 AM, LPN #1 acknowledged that she wore her mask under her jaw. LPN #1 stated that she wore her mask below her jaw to communicate clearly to an unidentified staff she was talking to. LPN #1 verified that the facility had trained staff and mandated mask use at the facility regardless of their vaccination status.</p> <p>On 02/18/2022 at 11:20 AM., in the facility's living unit on the [REDACTED] floor, the surveyor observed Housekeeper (HSK) #1 cleaned Room # [REDACTED]. HSK #1 was observed wearing her mask below her jaw. The observation revealed HSK #1 stood approximately two feet from Resident [REDACTED] who at the time of the observation, was not wearing a mask.</p> <p>During an interview on 02/18/2022 at 11:22 AM, HSK #1 stated that her mask slipped down her nose easily. However, she acknowledged that the mask was under her jaw. HSK #1 stated that she had been trained on the different types of masks and the importance of keeping her mask up over her nose and mouth while in the facility.</p> <p>During an interview on 02/18/2022 at 11:43 AM, the Executive Director (ED) stated that training on the importance of mask use had been ongoing at the facility since the start of COVID-19 pandemic. The ED stated that the facility trained staff throughout the different departments regarding the different types of masks and the indication for use for each mask design. The ED stated that although the facility had no active COVID-19 case during the survey, staff were still</p>	A1271		

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A1271	<p>Continued From page 4</p> <p>required to wear a surgical mask throughout the facility and encourage the residents to do the same. The ED verified that the facility was in a community with high transmission rate for COVID-19. The ED stated that the facility would continue to train staff and remind them on the importance of mask use.</p> <p>During an interview on 02/18/2022 at 11:57 PM, the Resident Care Director (RCD) clarified and stated that the facility had been cleared of their last outbreak related to COVID-19. The RCD stated that the facility continued to provide ongoing training to staff on mask use. The RCD stated that all staff across the various departments at the facility were required to wear masks irrespective of their vaccination status while in the facility.</p> <p>Surveyor's review of the facility's policy titled, "COVID-19 Infection Control Mitigation Plan," dated 09/03/2020, revealed, " ...The Executive Director is designated to address and improve infection control based on public health advisories (CDC and state) and ensures the community is focused on activities dedicated to infection control"</p>	A1271		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A002	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/5/2022	Y3
NAME OF FACILITY WASHINGTON TOWNSHIP SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MEDICAL CENTER DRIVE SEWELL, NJ 08080		

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 A1271	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/19/2022	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 _____	
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 2/18/2022		<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		

Washington Township Senior Living
600 Medical Center Drive
Sewell, NJ 08080
745-582-8700

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Plan of Correction

Infection Control Survey 2/18/2022

A 1271 8:36-18(a) Infection Prevention and Control Services

Element #1

The Infection Control Policy was reviewed with the BOM, LPN #1 and HSK #1.

Completed 2/18/2022

Element #2

The Infection Control Policy will be reviewed with all employees during the monthly department meetings

Completed 3/30/22

Element #3

The Executive Director will monitor the community transmission rate on a weekly basis to determine the level of mask usage required.

Completed 2/19/2022

Element #4

The community transmission rate will be posted at the time clock indicating when the rate is high or substantial for Gloucester County. The Executive Director, all department heads and the Manager on Duty will monitor for compliance on a daily basis.

Completed 2/19/2022