New Jersey Department of Health

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--|
| | | 70a002 | B. WING | | 11/20/2020 | | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | TE, ZIP CODE | | | |
| ARDEN COURTS OF WAYNE 800 HAMBURG TURNPIKE WAYNE, NJ 07470 | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE | | |
| A 000 | Initial Comments | | A 000 | | | | |
| | was conducted by the 11/19/2020 - 11/20/20 not to be in compliant Administrative Code 8 regulations standards Living Residences, Coder Homes and Ass Centers for Disease (CDC) recommended COVID-19. The facility must submincluding a completion and ensure that the p to correct deficiencies action in accordance | 220. The facility was found be with the New Jersey 3:36 infection control for Licensure of Assisted comprehensive Personal sisted Living Programs and Control and Prevention practices to prepare for the simplemented. Failure a may result in enforcement with provisions of New Code Title 8, Chapter 43E, | | | | | |
| A1291 | (a) Written policies are established and imple prevention and control to, policies and proce 1. In accordance State Sanitary Code, N.J.A.C. 8:57, as reporting, and evaluar infections or dise conditions which may and procedures of | d procedures shall be mented regarding infection oil, including, but not limited dures for the following: with Chapter II, New Jersey Communicable Diseases, at system for investigating, ting the occurrence of all asses which are reportable or be related to activities of the facility, and or all residents or personnel | A1291 | | | | |

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

TITLE (X6) DATE

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New Jersey Department of Health

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|
| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
| | | | | | | |
| | | 70a002 | B. WING | | 11/20/ | 2020 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STA | TE, ZIP CODE | | |
| APDEN C | OURTS OF WAYNE | 800 HAME | BURG TURNPIK | Œ | | |
| ARDEN C | OURTS OF WATNE | WAYNE, N | J 07470 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETE DATE |
| A1291 | Continued From page 1 | | A1291 | | | |
| | | | | | | |
| | these infections, | diseases, or conditions; | | | | |
| | | | | | | |
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| | | | | | | |
| | This DEOLUDEMENT | is not met as evidenced | | | | |
| | | is not met as evidenced | | | | |
| | by: | nd naviano of Navo Janaaro | | | | |
| | | nd review of New Jersey | | | | |
| | Department of Health (NJDOH) issued guidance | | | | | |
| | and Executive Directi | ve, it was determined the | | | | |
| | facility failed to develop a policy and procedure to address isolation of new admissions and readmissions for 14 days, for possible exposure to COVID-19. This occurred during the COVID-19 pandemic and had the potential to affect all | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | · · | e potential to affect all | | | | |
| | residents. | | | | | |
| | Findings included: | | | | | |
| | Reference: NJDOH is | ssued Executive Directive, | | | | |
| | 20-026-1, dated 10/2 | | | | | |
| | - | Training Requirements in | | | | |
| | | cilities must continue to | | | | |
| | _ | | | | | |
| | | l orders, guidance and | | | | |
| | | ons and readmissions. | | | | |
| | | e residents who were tested | | | | |
| | | nsfer or shortly thereafter, in | | | | |
| | accordance with NJD | OH Guidance: | | | | |
| | https://www.nj.gov/he | ealth/cd/documents/topics/N | | | | |
| | COV/COVID_Cohorti | ng_PAC.pdf" | | | | |
| | | | | | | |
| | Reference: NJDOH a | uidance, "Considerations for | | | | |
| | | Patients in Post-Acute Care | | | | |
| | • | 22/2020, indicated, "Full | | | | |
| | Transmission-Based | | | | | |
| | | | | | | |
| | | D-19 PPE should be used | | | | |
| | • | nts who are: New and | | | | |
| | re-admissions." It furt | ther indicated that new | | | | |
| | admissions and read | missions are placed in, | | | | |

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| | FOF DEFICIENCIES DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|--|--|--|
| | | 70a002 | B. WING | | 11/20/2020 | | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, STA | TE, ZIP CODE | | | | |
| ARDEN C | ARDEN COURTS OF WAYNE 800 HAMBURG TURNPIKE WAYNE, NJ 07470 | | | | | | | |
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| A1291 | Continued From page | 2 | A1291 | | | | | |
| | "Cohort 4," which "set where persons remail symptoms that may b COVID-19." COVID-1 included, "N95 respira unavailable], eye prot gown." 1. On 11/19/2020 at 1 was asked to provide new admissions/read was determined the fawhich indicated new awould be isolated for On 11/20/2020 at 9:00 stated new admission been in isolation and being admitted to the resident would be pla The Administrator add | rves as an observation area in for 14 days to monitor for e compatible with 9 recommended PPE ator or higher [or facemask if ection, gloves, and isolation 1:00 AM, the Administrator the policy for isolation of missions. Upon review, it acility did not have a policy admissions or readmission 14 days. O AM, the Administrator is were required to have tested negative prior to facility. Upon admission, the ced in isolation for 72 hours. It is ded there was no written week quarantine for new | | | | | | |