STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		90117		B. WING		12/1	12/19/2021	
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A 000	Initial Comments			A 000				
	was conducted by the 12/19/2021. The factor of the Code 8:36 infection for Licensure of Assisted Living Propose Comprehensive Performed Assisted Living Propose Covident of the Covident of th	ted Infection Control Survethe State Agency on cility was found not to be a New Jersey Administrate a control regulations standated Living Residences, ersonal Care Homes and agrams and Centers for a Prevention (CDC) ctices to prepare for abmit a plan of correction, tion date for each deficier a plan is implemented. Fa	in tive dards ,					
	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 Census: 64 Sample size: 5							
A1275	8:36-18.2(a)(1) Infe Services	ection Prevention and Cor	ntrol	A1275				
	review, at least ann procedures regarding control. Written policonsistent with the Control publications incorporated herein and supplemented:		d nd ill be ease ed					
	1. Guidelines for Care Settings, MM\ October 25, 20		П					

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

TITLE

(X6) DATE 03/09/22

PRINTED: 03/23/2022 FORM APPROVED

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A1275	Continued From page 1							
	by: Based on observati for Disease Control guidelines, it was de failed to ensure tha Care Manager #1 a Care Manager #1) between resident or This deficient pract all residents in the f COVID-19 pandem Findings included:		enters ty dication ication e ks. affect ing the					
	Reference: The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guide lin.html, updated 01/30/2020 and retrieved on 12/22/2021, indicated, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected							

AND DIAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	exposure to spores	."					
	observed that Mediapplied a policy to Finot wearing gloves procedure on the reprocedure, and with Medication Care Marefrigerator located unit of the observed Medication moved items around the second with a policy	when she performe esident. Upon complete out performing han an ager #1 went to a in the satellite kitches facility. The surveyon Care Manager #1 in the refrigerator. It is a facility of the resident's established for the resident's executive order 26 an ager #1 knocked sence. Medication Care Medication Care Medication Care Manager #1 to the resident's executive of the resident of the resident's executive of the resident executiv	er #1 She was d the leting the d hygiene, ccess the en of the vor as she e kitchen, Resident Guer 20, 4,0 and Care n the as. After anager #1 e attached two order 25, 4,0 the leting the control of the vor as she e kitchen, Resident Guer 20, 4,0 and care n the as. After anager #1 e attached two order 25, 4,0 the leting the control of the control of the leting the control of the control of the leting the control of the control of the control of the leting the days and the control of				
	medication room to	anager #1 went bac record the data on	the Executive Ord				
	in the computer, Me	nputer. After inputtin edication Care Mana					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A1275	Resident room repeated the seque knocking and announce purpose of being in resident. Medication reached in her pockand and attack After recording the Medication Care Manager #1 from Resident with Resident Care Manager #1 from access the refrigeratiems stored in it, at with Resident to the resident's form of hand hygier During surveyor into AM, Medication Care that she did not per hygiene between coresidents. Medication Care that she did not per hygiene between coresidents. Medication can acknowledged that sanitizer with her, a conducted in-service nursing staff a couprecall the exact moducted in-service nursing st	m, and her next stop was . While at the door of , Medication Care Manager nce of events which include uncing her presence and the resident's room to the n Care Manager #1 then ket to retrieve the red it to Resident value from the anager #1 detached the dent the in her pocket again and le anager #1 failed to ensure the form of hand hygiene betwee the the story which had residents' for fiter having had direct contact when she applied a and without performing a ne. erview on 12/19/2021 at 9:5 re Manager #1 she did not have a hand on Care Manager #1 she did not have a hand ond stated that the facility les on hand hygiene with ole of months ago (did not	ee ft nat een not ood et ood et ony		
	Manager #1 went in	n Room with a secutive Order 26, 4.b. Upon arrivi	na		

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A12/5	in the resident's roc Care Manager #1 a around the resident EXECUTIVE Orderecording the data and the and the and the medication Care Manager #1 and administered the Upon exiting Room Medication Care Manager and Medication Care Manager esidents' vital signing residents' medication that Lead Care and did not perform any between the resident pouring the resident pouring the resident pouring the resident care and Medication Care and Medication that Lead Care and manager in the pouring the resident pouring the resident care and Medication Care and Medication Care and Medication that Lead Care and Medication that Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care and Medication that the identity conducted in with nursing staff was Lead Care	om, Lead Care and Medication applied the and clipped the and clipped the and clipped the After from the executive Order 26, 4.b. Tender 26, 4.b. Tender 26, 4.b. Tender 26, 4.b. The surve order 26, 4.b. The surveyor order 26, 4.b. The surveyor observed and anager #1 recorded the sand administered the sand administered the cons. The surveyor observed and Medication Care Manager #1 recorded the sand administered the cons. The surveyor observed and Medication Care Manager #1 recorded the cons. The surveyor observed and Medication Care Manager #1 recorded the cons. The surveyor observed and Medication Care Manager #1 recorded the cons. The surveyor observed and Medication Care Manager #1 recorded the cons. The surveyor observed and Medication Care Manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons. The surveyor observed and manager #1 recorded the cons.	A12/5			
	residents and beformedication. On 12/19/2021 at 2 both the Infection C	e she poured the residents' 2:17 PM, the surveyor interview control Preventionist (ICP) and ctor (ED). The ICP stated that				

AND DIAN OF CORRECTION . IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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A1275	committee and con infection control and said she in-serviced as-needed basis. Thygiene was the mostaff could do to prose She further stated thygiene between the contacts, when they adjusted their new gloves, and be	Quality Assessment (QA ducted training with staff d prevention practices. So staff on a weekly and he ICP stated that hand est important thing nursing event the spread of germant that staff should perform tasks, between resident of went in the bathroom, we were residents' care. To the contract of the con	A) i on She ing is. hand when ned he ED	A1275			
A1333	8:36-18.4(k) Infection Prevention and Control Services (k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications. This REQUIREMENT is not met as evidenced			A1333			
	by: Based on observations, interviews, review of facility policies, and Occupational Safety and Health Administration (OSHA) guidelines, it was determined that the facility failed to ensure two or two nursing staff (Medication Care Manager #1 and Lead Care and Medication Care Manager #1) reprocessed shared medical equipment between resident use for 4 residents observed during medication pass. This deficient practice had the potential to affect all residents in the facility and occurred during the COVID-19 pandemic. Findings included:						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A1333	Reference: A public and Health Administ 1910.1030. Bloodbe 12/22/2021 from http://www.ecfr.gov 6094d270bc2bd93 29.6.1910_11030& following: "Standard items in the patient been contaminated must be handled in transmission of infegloves for direct condisinfect or sterilize use on another patient 1. On 12/19/2021 and observed that Medication Care Manager #1 told the medication Care Manager #1 told the resident's room to resident's room to resident's room to reached in her pool and waited the medication of the announcement, reached in her pool and waited the medication of the pool and waited the pool and waited the medication of the pool and waited the pool a	cation by Occupational Safety stration (OSHA): Title 29 Part orne pathogens, accessed on c/cgi-bin/textidx?SID=4e5245f6 105f6a92d&mc=true&node=se rgn=div8, included the d Precautions: equipment or environment likely to have with infectious body fluids a manner to prevent ectious agents (e.g., wear ntact, properly clean and e reusable equipment before ient)." at 9:45 AM, the surveyor ication Care Manager #1 went om to check the resident's with a	A1333			

AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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A1333	room, and her next While at the door to repeated the seque knocking and annoupurpose of being in resident. Medication reached in her pockation and attack after recording the she detached the she detached the pocket, and left Medication Care Mashe disinfected the executive Order 26, 4.5) be During surveyor into AM, Medication Care Mashe did not disibet ween use with Reference to the equipment bein Medication Care Mastrained to disinfect after use with two reactions are with two resident's and a Lead Care and Medication Care and Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with two reactions of the equipment bein Medication Care Mastrained to disinfect after use with t	stop was Resident room ance of events, which uncing her presence the resident's room in Care Manager #1 the resident room the certification of the resident room. The company of the resident room the room the room. The room room the room room the room room the room. The room room room room room room room roo	included and the to the hen of th	A1333				

PRINTED: 03/23/2022 FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING 90117 12/19/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 209 LITTLETON ROAD SUNRISE ASSISTED LIVING OF MORRIS PLAII **MORRIS PLAINS, NJ 07950** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A1333 Continued From page 8 A1333 Lead Care and Medication Care and Manager #1 used the same on the residents who occupied those rooms. Lead Care and Medication Care Manager #1 did not disinfect the and the residents in the identified use with the rooms. During surveyor interview on 12/19/2021 at 10:21 AM, Lead Care and Medication Care Manager #1 acknowledged that she did not disinfect the shared medical equipment between uses on the residents. Per Lead Care and Medication Care Manager #1, she disinfected shared medical equipment at the start of her shift and repeated the same at the end of the shift. Lead Care and Medication Care Manager #1 stated that she did not know to disinfect shared medical equipment between each resident's use. On 12/19/2021 at 2:17 PM, the surveyor interviewed both the Infection Control Preventionist (ICP) and the Executive Director (ED). The ICP stated that she was part of the quality assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced staff on a weekly and as-needed basis. She stated that shared equipment should be cleaned between each use to prevent the spread of infection. Per the ICP, failure to

disinfect shared medical equipment could result in picking up infectious bacteria on one resident's skin and transmitting it to another resident. The ED stated that she would retrain nursing staff on

members of the facility's QA committee monitor

disinfecting shared equipment and have

staff for compliance.

AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A1333	According to the factorion & Control Communities V2.0/Lit indicated under the devices/equipment "Reusable medical with appropriate dis	cility policy titled, "Infection of Program for Assisted Living August 2018," dated 08/2018, he reusable medical portion of the policy, devices must be disinfected sinfectant in between resident facturers' cleaning/disinfection	A1333			

				STAT	E FORM: RE	VISIT REPORT					
IDENTIFI	ER / SUPPLIER / CATION NUMBE		MULTIPLE CON A. Building	ISTRUCTIO	N					F REVISIT	
90117		Y1	B. Wing			I		12	3/9/202	2 _{Y3}	
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SUNKIS	E AGGIGTED I	LIVING	JE WORKIS FL	AINO		MORRIS PLAINS, NJ					
correctiv	e action was a	ccomplis	shed. Each def	iciency sho	uld be fully ident	eviously reported that ified using either the r efix codes shown to the	egulation or LSC	provision	number a	and the	
ITE	M		DATE	ITEM		DATE	ITEM			DATE	
Y4			Y5	Y4		Y5	Y4			Y5	
ID Prefix	A1275		Correction	ID Prefix	A1333	Correction	ID Prefix			Correction	
Reg.#	8:36-18.2(a)(1)		Completed	Reg. #	8:36-18.4(k)	Completed	Reg. #			Completed	
LSC			12/20/2022	LSC		12/20/2022	LSC			Completed	
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STATE A		(INITIA	WED BY LS)	DATE	SIGNATU	IRE OF SURVEYOR			DATE		
REVIEWI CMS RO	ED BY	REVIEN (INITIA	WED BY LS)	DATE	TITLE				DATE		
	FOLLOWUP TO SURVEY COMPLETED ON				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						

EVENT ID: JNTC12 Page 1 of 1

☐ YES ☐ NO

STATE FORM: REVISIT REPORT (11/06)

12/19/2021

Sunrise Senior Living Plan of Correction

Name of Community: Address of Community: Sunrise Assisted Living of Morris Plains

License number:

209 Littleton Road, Morris Plains, NJ

Inspection date(s):

90117 12/19/2021

Name/Title of Legal Entity Representative Signing the Plan of Correction:

Lisa Onnembo, Executive Director & Seth Ashianor Reminiscence Coordinator

Signature of Sunrise Representative:

Date of Submission: 1/31/22

Regulation	Target Date by Which Correction will be completed	Plan of Correction
8:36- 18.2(a)(1) A1275	12/19/2021	1. Corrective Action for the Affected Residents: Medication Care Manager (MCM) #1 and Lead Care Manager/Medication Care Manager (LCM/MCM) #1 were, immediately, retrained on proper hand hygiene between resident contact and between tasks.
		. 2. Corrective Action for Other Residents:
·	12/19/2021	All staff and residents who perform and receive resident care have the potential to be affected. The Executive Director (ED) and the Department Coordinators (DC) completed handwashing observations, of staff, to verify that staff members are following the Team Member Hand Hygiene procedure. Any deviations were addressed, immediately, and additional training was provided.
		3. Systemic Correction to Prevent Recurrence:
	12/19/2021	Upon hire, annually and as needed, TMs are trained on the Team Member Hand Hygiene procedure, which aligns with New Jersey Administrative Code 8:36, Infection Control Regulations. Standards and Centers for Disease Control Prevention (CDC) recommendation practices.
		After training is provided, staff are then observed by the Department Coordinator or Designee, to verify that staff are following the Team Member Hand Hygiene procedure. Any

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		deviations are addressed, immediately, and additional training provided, as necessary. Documentation of training and observations are maintained by
		the Business Office Coordinator. 4. Monitoring Plan:
		Weekly and for up to 3 months, the executive Director or Designee completes observation of handwashing demonstration for randomly selected staff and verify compliance with each Team Member Hand Hygiene procedure, Any deviations are addressed, immediately.
	12/20/2021	The outcomes of the above observation and monitoring plan will be discussed during the monthly Quality Assurance and Performance Improvement (QAPI) committee for up to three months, by the ED or designee to confirm that the processes outlined above are sustained.
		During and at the conclusion of the 3-month period, the committee will re-evaluate and initiate any necessary action or extend the review process.
		The Executive Director is responsible for ensuring, implementing, and the ongoing compliance of this POC and addressing and resolving any variances that may occur.
8:36-18.4(k)	12/19/2021	Corrective Action for the Affected Residents:
A1333		MCM #1 and LCM/MCM #1 were, immediately, retrained on properly cleaning and disinfecting reusable equipment before use on another resident.
	-	2. Corrective Action for Other Residents:
	12/19/2021	All staff and residents who perform or receive resident care have the potential to be affected by this deficient practice.
		The ED and Department Coordinators immediately conducted education with staff, on properly cleaning and disinfecting reusable equipment before use on another resident.

Page 2 of 4

Regulation Target Date by Which Correction will be completed	사람들이가 현대한 점점 전환 전환 등 등 시간에 하는 회에 가는 경우 등 회사가 가지 되어 생각되고 하는 것이 되는 것이 가지 않는 지수를 하는 것이 점점 대한 점점 점점 없다고 있다. 그렇게 되는
12/19/2021	3. Systemic Correction to Prevent Recurrence: Upon hire, annually and as needed, staff are trained on properly cleaning and disinfecting reusable equipment before use on another resident, which aligns with New Jersey Administrative Code 8:36 infection control regulations standards and Centers for Disease Control Prevention (CDC) recommendation practices. Documentation of training and observations are maintained by the Business Office Coordinator. Staff will continue to clean and disinfect equipment before use
12/20/2021	on another resident with an EPA registered disinfectant. 4. Monitoring Plan: Weekly and for up to 3 months, the ED or designee completes observations of randomly selected staff and verify compliance of properly cleaning and disinfecting reusable equipment before use on another resident. The outcomes of the above observation and monitoring plan will be discussed, during the monthly Quality Assurance and Performance Improvement (QAPI) committee for up to three months, by the Executive Director or designee to confirm that the processes outlined above are sustained. During and at the conclusion of the 3-month period, the committee will reevaluate and initiate any necessary action or extend the review period. The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

Page 3 of 4

Regulation Target Date by Which Correction will be completed	Plan of Correction

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SUNRISE ASSISTED LIVING OF MORRIS PLAINS 209 LITTLETON ROAD MORRIS PLAINS, NJ 07950						
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	OF DEFICIENCIES F CORRECTION ROVIDER OR SUPPLIER ASSISTED LIVING OF M SUMMARY ST. (EACH DEFICIENCY OR I Initial Comments: A COVID-19 Focused was conducted by the 12/19/2021. The facilic compilance with the I Code 8:36 infection of for Licensure of Assisted Living Programmended practic COVID-19. The facility must subincluding a completion and ensure that the programmended practic covidence action in accordance Jersey Administrative Enforcement of Licensure 64 Sample size: 5 8:36-18.2(a)(1) Infect Services (a) The facility shall of review, at least annuly procedures regarding control. Written policic consistent with the forcement of Licensure 1. Guidelines for Care Settings, MMW.	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90117 ROVIDER OR SUPPLIER ASSISTED LIVING OF MORRIS PLAINS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 12/19/2021. 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. 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 Census: 64 Sample size: 5 8:36-18.2(a)(1) Infection Prevention and Control Services (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIERCLIA IDENTIFICATION NUMBER: 90117 STREET ADDRESS, CITY, STAT 209 LITTLETON ROAD MORRIS PLAINS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 12/19/2021. 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. 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 Census: 64 Sample size: 5 8:36-18.2(a)(1) Infection Prevention and Control Services (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, Incorporated herein by reference, as amended and supplemented: 1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16),	OF DEFICIENCIES F CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) PROVIDER STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) PROVIDER STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) PROVIDER STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) PREFIX CACON CARREST PLANS, NJ. 07950 SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION of CROSS-REFERENCED TO THE A DEFICIENCY) Initial Comments A 000 Initial Comments A 000 Initial Comment	OF DEPOLEMENTS OF DEPOLEMENTS OF CORRECTION OF C	

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

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New Jersey Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 12/19/2021 90117 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 209 LITTLETON ROAD SUNRISE ASSISTED LIVING OF MORRIS PLAINS MORRIS PLAINS, NJ 07950 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) A1275 A1275 Continued From page 1 This REQUIREMENT is not met as evidenced. Based on observations, interviews, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to ensure that 2 of nursing staff (Medication Care Manager #1 and Lead Care and Medication Care Manager #1) performed hand hygiene between resident contact and between tasks. This deficient practice had the potential to affect all residents in the facility and occurred during the COVID-19 pandemic. Findings included: Reference: The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guide lin.html, updated 01/30/2020 and retrieved on 12/22/2021, indicated, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected and after known or suspected

New Jersey Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 12/19/2021 90117 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 209 LITTLETON ROAD SUNRISE ASSISTED LIVING OF MORRIS PLAINS MORRIS PLAINS, NJ 07950 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A1275 A1275 Continued From page 2 exposure to spores." 1. On 12/19/2021 at 9:45 AM, the surveyor observed that Medication Care Manager #1 applied a to Residen She was not wearing gloves when she performed the procedure on the resident. Upon completing the procedure, and without performing hand hygiene, Medication Care Manager #1 went to access the refrigerator located in the satellite kitchen of the unit of the facility. The surveyor observed Medication Care Manager #1 as she moved items around in the refrigerator. After leaving the refrigerator area of the kitchen, Medication Care Manager #1 went into Resident room to check the resident's blood oxygen level with a Executive Order 26, 4.b (a device that is usually placed on a fingertip and is used to measure the oxygen level in the blood). Upon arriving at the door of Resident room, Medication Care Manager #1 knocked and announced her presence. Medication Care Manager #1 told the resident she was in the resident's room to record their vital signs. After the announcement, Medication Care Manager #1 reached in her pocket and retrieved the Medication Care Manager #1 attached to the resident's right fingertip and waited to record the reading from the meter. After recording the value from the Medication Care Manager #1 detached the from Resident fingertip, placed the back in her pocket, and left the room. Medication Care Manager #1 went back in the medication room to record the data on the in the computer. After inputting the data in the computer, Medication Care Manager #1 left

New Jersey Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 12/19/2021 90117 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 209 LITTLETON ROAD SUNRISE ASSISTED LIVING OF MORRIS PLAINS MORRIS PLAINS, NJ 07950 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A1275 A1275 Continued From page 3 the medication room, and her next stop was Resident room. While at the door of Resident room, Medication Care Manager #1 repeated the sequence of events which included knocking and announcing her presence and purpose of being in the resident's room to the resident. Medication Care Manager #1 then reached in her pocket to retrieve the and attached It to Resident finger. After recording the value from the Execution Medication Care Manager #1 detached the pulse oximeter from Resident fingertip, placed the back in her pocket again and left the room. Medication Care Manager #1 failed to ensure that she performed any form of hand hygiene between contact with Resident #'s and A Medication Care Manager #1 failed to ensure that she did not access the refrigerator, which had residents' food items stored in it, after having had direct contact with Resident skin when she applied a patch to the resident's back and without performing any form of hand hygiene. During surveyor interview on 12/19/2021 at 9:56 AM, Medication Care Manager #1 acknowledged that she did not perform any form of hand hygiene between contact with the Identified residents. Medication Care Manager #1 acknowledged that she did not have a hand sanitizer with her, and stated that the facility conducted in-services on hand hygiene with nursing staff a couple of months ago (did not recall the exact month). 2. On 12/19/2021 at 10:05 AM, the surveyor observed that Lead Care and Medication Care Manager #1 went in Room with a blood Upon arriving pressure cuff and a

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New Jersey Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B, WING 12/19/2021 90117 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 209 LITTLETON ROAD SUNRISE ASSISTED LIVING OF MORRIS PLAINS MORRIS PLAINS, NJ 07950 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A1275 A1275 Continued From page 4 in the resident's room, Lead Care and Medication Care Manager #1 applied the blood pressure cuff around the resident's left arm and clipped the on a finger on the same arm. After recording the data from the blood pressure monitor and the executive Order 26, 4.b. Lead Care and Medication Care Manager #1 disconnected the blood pressure monitor and the from the resident's arm and finger, respectively, and administered the resident's medications. Upon exiting Room Lead Care and Medication Care Manager #1's next stops were Rooms and and Lead Care and Medication Care Manager #1 recorded the residents' vital signs and administered the residents' medications. The surveyor observed that Lead Care and Medication Care Manager #1 did not perform any form of hand hygiene between the residents' contact and before pouring the residents' medications. During surveyor interview on 12/19/2021 at 10:21 AM, Lead Care and Medication Care Manager #1 acknowledged that, although she had a hand sanitizer on her medication cart, she did not perform any form of hand hygiene between contact with the identified residents and before pouring the residents' medications. Per Lead Care and Medication Care Manager #1, the facility conducted in-services on hand hygiene with nursing staff weekly a couple of months ago. Lead Care and Medication Care Manager #1 stated that she just forgot to perform hand hygiene in between contacts with the identified residents and before she poured the residents' medication. On 12/19/2021 at 2:17 PM, the surveyor interview both the Infection Control Preventionist (ICP) and the Executive Director (ED). The ICP stated that

New Jersey Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ B. WING 12/19/2021 90117 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 209 LITTLETON ROAD SUNRISE ASSISTED LIVING OF MORRIS PLAINS MORRIS PLAINS, NJ 07950 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A1275 A1275 Continued From page 5 she was part of the Quality Assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced staff on a weekly and as-needed basis. The ICP stated that hand hygiene was the most important thing nursing staff could do to prevent the spread of germs. She further stated that staff should perform hand hygiene between tasks, between resident contacts, when they went in the bathroom, when they adjusted their masks, before they donned new gloves, and between residents' care. The ED added that she would retrain and monitor the identified staff for compliance. A1333 8:36-18.4(k) Infection Prevention and Control A1333 Services (k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications. This REQUIREMENT is not met as evidenced Based on observations, interviews, review of facility policies, and Occupational Safety and Health Administration (OSHA) guidelines, it was determined that the facility falled to ensure two or two nursing staff (Medication Care Manager #1 and Lead Care and Medication Care Manager #1) reprocessed shared medical equipment between resident use for 4 residents observed during medication pass. This deficient practice had the potential to affect all residents in the facility and occurred during the COVID-19 pandemic. Findings included:

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	and Health Administr	tion by Occupational Safety ation (OSHA): Title 29 Part					
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	6094d270bc2bd9310	gi-bin/textidx?SID=4e5245f6 5f6a92d&mc=true&node=se					
	29.6.1910_11030&rg	n=div8, included the Precautions: equipment or					
		nvironment likely to have	·				
		vith infectious body fluids					
	must be handled in a	manner to prevent tious agents (e.g., wear	ļ				
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	observed that Medica	ation Care Manager #1 went					
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		oith a ^{executive Order 26, 4.6} (a oplaced on a fingertip and is					
		oxygen level in the blood).					
l		oor of Resident room,					
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	1	ation Care Manager #1 then					
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		ce of events, which included				
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		ne resident's room to the				
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		d it to Resident finger.				
		alue from the Executive Order 26, 4.b.				
	she detached the	utive Order 26, 4.b from Resident				
	fingertip, placed					
	her pocket, and left th	ne room.				
		nager #1 failed to ensure that				
	Eventuality Onder 00 4 kg	hared vitals sign equipment				
	betw	veen the two residents' use.				
	During surveyor inter	view on 12/19/2021 at 9:56				
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	that she did not disin					
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		in the pocket of her uniform.				
		nager #1 stated she was nared medical equipment				
	after use with two res	· · · · · · · · · · · · · · · · · · ·				
		10:05 AM, the surveyor				
		Care and Medication Care			,	
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	_	cation Care Manager #1				
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	on a finger on the sai	me arm. After recording the				
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		the and dent's medications. Upon				
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		90117	B. WING		12/19/2021	
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A1333	Manager #1 used the monitor and occupied those room. Care Manager #1 did pressure monitor and use with the three restrooms. During surveyor inter AM, Lead Care and Macknowledged that sishared medical equipresidents. Per Lead C Manager #1, she disi equipment at the starthe same at the end of Medication Care Marnot know to disinfect between each reside. On 12/19/2021 at 2:1 interviewed both the Preventionist (ICP) a (ED). The ICP stated quality assessment (I conducted training with and prevention practions in serviced staff on a basis. She stated that be cleaned between spread of disinfect shared med in picking ut executive in stated that she with disinfecting shared executive in stated that she with disinfecting shared executive in stated that she with the start that the start that she with the start that the start that the start that she with the start that	and Medication Care same xecutive Order 26, 410 on the residents who is. Lead Care and Medication not disinfect the blood the xecutive order 26, 410 between sidents in the identified wiew on 12/19/2021 at 10:21 Medication Care Manager #1 in edid not disinfect the iment between uses on the care and Medication Care infected shared medical at of her shift. Lead Care and larger #1 stated that she did shared medical equipment in the surveyor infection Control and the Executive Director that she was part of the QA) committee and ith staff on infection control ces. She said she weekly and as-needed the shared equipment should each use to prevent the lCP, failure to ical equipment could result order 26, 4.0 The ould retrain nursing staff on	A1333			

New Jersey Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING_ 12/19/2021 90117 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 209 LITTLETON ROAD SUNRISE ASSISTED LIVING OF MORRIS PLAINS MORRIS PLAINS, NJ 07950 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A1333 A1333 Continued From page 9 According to the facility policy titled, "Infection Prevention & Control Program for Assisted Living Communities V2.0/August 2018," dated 08/2018, it indicated under the reusable medical devices/equipment portion of the policy, "Reusable medical devices must be disinfected with appropriate disinfectant in between resident use. Refer to manufacturers' cleaning/disinfection instructions for individual devices."