New Jersey Department of Health

| L | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|--|--|-------------------------------|--|
| | | | | | | |
| | | 90117 | B. WING | | 11/17/2020 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | DDRESS, CITY, STA | TE, ZIP CODE | | |
| SUNRISE | ASSISTED LIVING OF M | ORRIS PLAINS | LETON ROAD PLAINS, NJ 079 | 50 | | |
| (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 COMPLETE | |
| A 000 | Initial Comments | | A 000 | | | |
| | was conducted by the 11/17/2020. The facility compliance with the N Code 8:36 infection of for Licensure of Assist Comprehensive Pers Assisted Living Programmended practic COVID-19. The facility must submincluding a completion and ensure that the pto correct deficiencies action in accordance | ity was found not to be in New Jersey Administrative ontrol regulations standards sted Living Residences, onal Care Homes and ams and Centers for Prevention (CDC) ces to prepare for mit a plan of correction, n date for each deficiency olan is implemented. Failure as may result in enforcement with provisions of New a Code Title 8, Chapter 43E, | | | | |
| A 361 | 8:36-4.1(a)(4) Resider (a) Each assisted living distribute a statement residents of assisted comprehensive personassisted living prograte to the following rights 4. The right to be courtesy, considerations. | ent Rights Ing provider will post and to fresident rights for all living residences, and ms. Each resident is entitled to the total care homes. | A 361 | | | |
| | by: Based on observation | n, interviews and document | | | | |

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

TITLE (X6) DATE

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · . | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | | | ľ | | | | |
| | | 90117 | E | B. WING | | 11/1 | 7/2020 |
| NAME OF P | ROVIDER OR SUPPLIER | ST | REET ADDRE | SS, CITY, STAT | TE, ZIP CODE | | |
| SUNRISE | ASSISTED LIVING OF M | ORRIS PLAINS | 9 LITTLETO ORRIS PLAI | ON ROAD INS, NJ 079 | 50 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETE DATE |
| A 361 | Continued From page | ÷1 | , | A 361 | | | |
| | | | ıs | | | | |
| | 3's apartment was ob the apartment, Reside on the toilet. Certified was assisting Resider resident was fully exp past the apartment. C back to a seated posi | 45 AM, the door to Resider served to be open. Inside ent #3 was observed sitting. Medication Aide (CMA) #1 nt #3 to get cleaned up. Thosed to anyone who walke CMA #1 assisted the reside tion in the wheelchair then r handwashing. CMA #1 | I I ne ed nt | | | | |
| | On 11/17/2020 at 10:50 AM, CMA #1 was interviewed. CMA #1 stated that it was not proper to leave the apartment door open and the resident deserved privacy. | | er | | | | |
| | was her expectation f | erviewed. The WD stated i or a resident's apartment en personal care was beino ted, "I don't know why the | g | | | | |
| | (ED) was interviewed | B PM, the Executive Direct The ED stated, to do more training about | | | | | |
| | 01/2019, revealed, in | t Rights document, dated part, the right to be treated, consideration and dignity | | | | | |
| | | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 90117 | B. WING | | 11/17/2020 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STA | TE, ZIP CODE | | |
| SUNRISE | ASSISTED LIVING OF M | ORRIS PLAINS | TLETON ROAD S PLAINS, NJ 079 | 950 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE | |
| A1299 | Continued From page | 2 | A1299 | | | |
| A1299 | 8:36-18.3(a)(5) Infect Services | ion Prevention and Control | A1299 | | | |
| | established and imple prevention and contro | nd procedures shall be emented regarding infection ol, including, but not limited dures for the following: | | | | |
| | resident contact, inclu | be used during each uding handwashing before or a resident; | | | | |
| | by: Based on observation review it was determing follow the New Jersey Communicable Diseas guidance and recommon Directives 20-026 to exprecautions and recomprotective equipment residents considered possible exposure to residents (Residents classified as persons and one of one staff of Medication Aide #1) of hand hygiene after progression. This occurring pandemic, and had the residents. | mendation and the Executive ensure transmission-based mmended personal (PPE) was used for to be on isolation for COVID-19 for four of four #4, #5, #6, and #7) under investigation (PUI), member (Certified observed did not perform oviding toileting care to a ed during the COVID-19 ne potential to affect all | | | | |
| | following: | e was evidenced by the | | | | |
| | Executive Directive | e 20-026 | | | | |

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| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | • | |
| OUNDIOE | 40010TED 11/11/10 OF M | ODDIO DI AINO | | TON ROAD | | | |
| SUNRISE | ASSISTED LIVING OF M | ORRIS PLAINS | MORRIS PL | AINS, NJ 079 | 950 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATIO | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETE DATE |
| A1299 | Continued From page | e 3 | | A1299 | | | |
| | Long-Term Care Faci | N.J.A.C. 8:43, N.J.A.C. | | | | | |
| | in Every Phase: i. Facilities shall train recommended COVII extent PPE is availab guidance on optimiza | le, and consistent with (tion of PPE coronavirus/2019-ncov/ | II CDC | | | | |
| | iv. Facilities must continue to follow current NJDOH orders, guidance and directives on admissions and readmissions. Facilities may receive residents who were tested prior to admission/transfer or shortly thereafter, in accordance with NJDOH | | • | | | | |
| | NCOV/COVID_Coho Orders: https://www.state.nj.u20_EmergencyCurtai Directives. Facilities appropriate action on not limited to, the guid b. Receiving Faciliticase of COVID-19 in who was recently adr receiving facility must these results back to for the appropriate re and investigation | is/health/legal/covid19/4 ImentOfAdmissions.pdf shall take the results including, but dance below: by: Upon identification of a resident mitted (within 14 days), to provide the sending facility to all | I-13- and ut f a the llow | | | | |
| | phase | us for services during ea | acn | | | | |

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| ANDILA | OF CONNECTION | IDENTIFICATION NOMBER. | A. BUILDING: _ | A. BUILDING: | | LLILD | |
| | | 90117 | B. WING | | 11/ | 17/2020 | |
| NAME OF | PROVIDER OR SUPPLIER | STREE | ET ADDRESS, CITY, STA | TE, ZIP CODE | | | |
| SUNRIS | E ASSISTED LIVING OF M | IORRIS PLAINS | ITTLETON ROAD | | | | |
| | | MORI | RIS PLAINS, NJ 079 | 950 | | | |
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| A129 | Continued From page | e 4 | A1299 | | | | |
| A129 | v. When facilities a outbreak, communal activities should be lift their rooms as much possible and cohort in https://www.nj.gov/hecCOV/COVID_Cohortiand CDC guidance: https://www.cdc.gov/cnfection-controlrecom_refVal=https%3A%2navirus%2F2019-nccontrol-recommendation. 2. New Jersey Depa "Considerations for Coin Post-Acute Care F10/22/2020, read, " element of infection preasures used for outshould review or deveronists of all person other healthcare facil re-admitted Implemental Transmission-Based COVID-19 recommer respirator or higher [ceye protection, gloves care of all patients/respresence of symptom During a tour of the face PM, an observation wapartments identified residents, Residents apartment doors were signage for isolation in to enter. Additionally, | are experiencing an dining and all group mited. Residents shall stay in as a accordance with CDS: ealth/cd/documents/topics/N ing_PAC.pdf coronavirus/2019-ncov/hcp/inmendations.html?CDC_AA: F%2Fwww.cdc.gov%2Fcorov%2Finfection-control%2Fcons.html" rtment of Health, CDS cohorting COVID-19 Patients acilities" updated Cohorting is only one prevention and control atbreak control. The facility elop a cohorting pland) e-admissions: This cohort is from the community or ities who are newly or inent universal Precautions using inded PPE (i.e., N95 or facemask if unavailable], is, and isolation gown) for the sidents, regardless of its or COVID-19 status" | A1299 | | | | |

| | | (X1) PROVIDER/SUPPLIER/I | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| A1299 | Continued From page | e 5 | | A1299 | | | |
| | (WD) was interviewed new resident moved is returned from a hospin must have a negative admission. The reside signs and symptoms. The WD indicated the considered to be COV under investigation. So not providing hands on needed to wear a surfine PUI apartments, runless they were going for 15 minutes or mor PPE from a storage of available in or near the The WD stated the 14 another precaution." were new admissions apartments, and one hospital and was continued to the Wellness Director residents were considered to the Wellness Director residents. On 11/17/2020 at 3:4 (ED) was interviewed under the impression worn into the apartment to be PUI. She stated possibility they (resident monitor for 14 days for symptoms and not just test means they were reviewed of the facility.) | VID-19 positive or even She stated if the staff we on care, then they only gical mask. When enterno other PPE was requiring to be providing directe. The staff had to retrictoset, and it was not the residents' apartments of the care in the staff had to retrict and each lived in private resident returned from orted with her/her spour stated that all four dered to be quarantined not using full PPE with the staff had been exposed that full PPE was being ents of residents design and been exposed or potential exposure are stassuming the negative enegative for COVID." | a ident hey o their rays. ere ring ired t care eve s. ust ts ate the se. I. chese rector as grated d. We addre we and | | | | |
| | Control Program" for | assisted living commur | nities, | | | | |

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| AND PLAN | AND FLAN OF CORRECTION IDENTIFICATION NUMBER. | | A. BUILDING: _ | | COMPL | EIED | | |
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| A1299 | Continued From page | e 6 | | A1299 | | | | |
| A1299 | V2.0/August 2018, pa Precautions policy, re "Communicate the ty through verbal report on the daily log or ale Connect, and posting room." On 11/17/2020 at 10: #3's apartment was of the apartment, Certifi #1 was assisting Res following a visit to the the resident back to a wheelchair then set of handwashing. While if their hands, CMA #1 them in the garbage of from the bathroom be apartment and then be exited the apartment after removing her gle On 11/17/2020 at 10: interviewed. CMA #1 hand sanitizer with he the surveyor's observe washed her hands. On 11/17/2020 at 10: Director (WD) was initiall staff have had nur importance of handw managers knew hand after removing gloves On 11/17/2020 at 2:0 (ED) was interviewed. | age 67, Transmission Base evealed in part, pe of precautions required is, hand-off reports, entering the page on Sunrise Care in signs outside the resident as the page on Sunrise Care in signs outside the resident as the page of the p | ng t's ent e) ted ne s he ent tor | A1299 | | | | |

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| A1299 | Continued From page | e 7 | A1299 | | | |
| A1299 | The review of in-servi | ice logs revealed CMA #1 hand hygiene on 03/10/2020 | A1299 | | | |
| | | | | | | |