

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: sipfep	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2021
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NAME OF PROVIDER OR SUPPLIER BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043
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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: 84</p> <p>Sample Size: 6</p> <p>TYPE OF SURVEY: Standard Survey of 110 residential units.</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</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		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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

TITLE

(X6) DATE

03/27/22

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A 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies and procedures, it was determined the facility failed to ensure hand hygiene and appropriate use of gloves was practiced during the lunch meals on 12/02/2021 and 12/03/2021 on the NJ Ex Order 26.4(b)(1) unit. This had the potential to affect NJ Ex Order 26.4b1 residents on the NJ Ex Order 26.4b1 unit. The facility census was 84.</p> <p>References: N.J.A.C. Chapter 24 Retail Food Establishments and Food and Beverage Vending Machine of the New Jersey Sanitary Code 8:24-3.3 Protection from contamination after receiving</p> <p>(a) Requirements for preventing contamination from hands include the following: 1. Food employees shall wash their hands as specified under N.J.A.C. 8:24- 2.3.</p> <p>(b) Food employees shall clean their hands and exposed portions of their arms for at least 20 seconds, using a cleaning compound in a handwashing sink that is equipped as specified under N.J.A.C. 8:24-6.7, and using the cleaning procedure specified in (c) below.</p> <p>(c) Food employees shall use the following cleaning procedure in the order stated to clean their hands and exposed portions of their arms: 1. Rinse the hands and exposed portions of the arms under clean, running water; 2. Apply the amount of cleaning compound recommended by the cleaning compound manufacturer to the hands; 3. Rub the hands together vigorously for at least</p>	A 891		

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A 891	<p>Continued From page 2</p> <p>10 seconds while paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, and creating friction on the surfaces of the hands and arms, finger tips, and areas between the fingers;</p> <p>4. Rinse fingers, hands and arms thoroughly under clean, running warm water; and</p> <p>5. Immediately following the cleaning procedure, thoroughly dry the fingers, hands and arms using a method specified under N.J.A.C. 8:24-6.7(k).</p> <p>(b) Limitations for glove use include the following:</p> <p>1. Single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</p> <p>Findings included:</p> <p>1. On 12/02/2021 beginning at 12:15 PM, the surveyor made observations of the lunch meal service in the NJ Ex Order 26.4b1 unit.</p> <p>On 12/02/2021 at 12:35 PM, the surveyor observed Certified Nursing Assistant (CNA) #4 wearing gloves and removing dirty dishes and cutlery from tables as residents finished their soup. After removing twelve dirty bowls and one spoon from the tables and placing them in a bin to be taken to the kitchen for washing, CNA #4 was observed touching the silverware of a resident who was waiting for the next main course. CNA #4 had not changed gloves nor washed their hands after removing dirty dishes from the tables. The surveyor observed CNA #4 removing six additional dirty bowls from the residents' tables without changing gloves or</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>washing hands, CNA #4 was observed holding one resident's knife and fork and assisting with cutting the resident's cabbage roll. The surveyor then observed CNA #4 placing a plate with a sandwich on the table for the same resident without changing gloves or washing their hands.</p> <p>On 12/02/2021 at 12:40 PM, the surveyor observed CNA #4 retrieving two plates from the serving window wearing the same gloves without washing hands after having picked up dirty dishes. CNA #4 was observed walking through the dining room with the two plates and then returning the plates to the serving window counter. It was at that time that the surveyor observed CNA #4 removing their gloves. One minute later, on 12/02/2021 at 12:41 PM, the surveyor observed another staff member retrieving the plated cabbage roll CNA #4 had just returned to the window and delivering it to a resident for their lunch meal.</p> <p>On 12/02/2021 beginning at 12:43 PM, the surveyor observed CNA #4 delivering plates to the residents on the NJ Ex Order 26.4b1 unit who wished to eat in their rooms. CNA #4 was observed entering Room NJ Ex O with gloved hands. CNA #4 was observed touching the blanket the resident was under in their bed. CNA #4 was observed leaving that room while wearing the same gloves and without practicing hand hygiene. CNA #4 was observed delivering plates of food to each resident in Room NJ Ex O. During this delivery, CNA #4 was observed touching the plates and rearranging clothing on a bedside table while wearing the same gloves and without practicing hand hygiene.</p> <p>On 12/03/2021 beginning at 12:34 PM, the surveyor observed the lunch meal service in the</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>NJ Ex Order 26,4b1 unit. CNA #4 was observed wearing gloves. The surveyor observed CNA #4 delivering four plates of food to residents. At 12:37 PM, the surveyor observed CNA #4 patting a resident's back with the CNA's gloved hand. CNA #4 continued to deliver plates of food to residents wearing the same gloves. At 12:42 PM, the surveyor observed CNA #4 wearing the same gloves and handing forks to staff who were delivering plates to residents in their rooms.</p> <p>On 12/03/2021 at 12:47 PM, Certified Medication Technician (CMT) #9 was observed, wearing gloves, using a resident's fork to cut the resident's food. CMT #9 was observed picking up the resident's glass, while touching the lip of the glass, and handing the glass to CNA #4. CNA #4 was observed wearing the same gloves, refilling the glass, and returning it to the resident. CMT #9 was then observed moving to another table to assist another resident with cutting food without changing gloves or practicing hand hygiene.</p> <p>On 12/03/2021 at 12:48 PM, the surveyor observed CNA #4 delivering four bowls of food to residents and then touching the back of their gloved hand to their nose. CNA #4 was then observed delivering six desserts and one plate of food to residents.</p> <p>On 12/03/2021 at 12:57 PM, the surveyor observed CNA #4 assisting two residents out of the dining room to the common area wearing the same gloves. Then CNA #4 was observed returning to the dining room and removing dirty dishes from the tables. At 1:02 PM, the surveyor observed CMT #9 while wearing the same gloves, handing a resident's glass to CNA #4 for a refill. CNA #4 returned the refilled glass wearing the same gloves. At 1:05 PM, the resident was</p>	A 891		
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A 891	<p>Continued From page 5</p> <p>observed holding the refilled glass with both hands wrapped around the glass.</p> <p>During an interview on 12/03/2021 at 1:10 PM, CMT #9 reported to the surveyor that they usually washed their hands after passing out clean plates. However, the CMT stated they had not had a chance to wash their hands during the lunch meal.</p> <p>During an interview on 12/03/2021 at 1:12 PM, CNA #4 reported to the surveyor that they changed their gloves once during the meal but said, "Honestly, I should have changed them more." CNA #4 stated they had been too busy to change gloves.</p> <p>On 12/03/2021 at 12:45 PM, the surveyor shared observations of the lunch meal with the Administrator (ADM), and the ADM said, "Sounds like violations."</p> <p>During an interview on 12/03/2021 at 3:46 PM, the Wellness Director (WD) stated it was unacceptable to serve food to a resident wearing gloves that had been used to remove dirty plates.</p> <p>Review of a facility policy titled, "Handwashing/Hand Hygiene," dated October 2021, indicated, "Regular hand washing and hand hygiene is the primary means to prevent the spread of infections. The use of gloves does not replace hand washing/hand hygiene."</p>	A 891		



<p>Brookdale Echelon Lake</p> <p>License: sifp</p>	<p>How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p>	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p>	<p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p>	<p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p>
<p>A891</p>	<p>All residents in the dining room & rooms [redacted] & [redacted] incurred no actual harm. All staff in [redacted] NJ Ex Order 26.4b1 unit where immediately asked to remove use of gloves in dining room setting. Facilities P & P in-services on Hand Washing/Hand Hygiene Competency & Hand Washing – Associate How –to. Done by IPC Nurse and Completed by 12/31</p>	<p>All Facility residents will be served without use of gloves to insure awareness of when hands are dirty so proper steps can be carried out for infection control and proper hand hygiene going forward.</p>	<p>Staff on all floors will be in-serviced by the IPC nurse on Facility P & P in Hand washing- Hand Hygiene and Hand washing – Associate How-to. Done on 12/30/21, 12/31/21</p>	<p>RN designee & Infection control nurse will review with all staff quarterly proper Hand washing techniques and Facility proper hygiene requirements.</p> <p>ED to verify with IPC nurse & HWD on a quarterly basis.</p>

NJ Ex Order 26.4b1

[redacted] ED

12/28/21

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER sipfep Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/28/2022 Y3
NAME OF FACILITY BROOKDALE ECHELON LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAUREL ROAD VOORHEES, NJ 08043	

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 A0891	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/31/2021	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 12/3/2021		<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 		