

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>sipfep</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE ECHELON LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 LAUREL ROAD</b> <b>VOORHEES, NJ 08043</b>
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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: REVISED A1281 BASED ON SUPERVISORY REVIEW</p> <p>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00129056</p> <p>CENSUS: 112</p> <p>SAMPLE SIZE: 4</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. 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		
A1281	<p>8:36-18.2(a)(4) Infection Prevention and Control Services</p> <p>(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:</p> <p>4. Bloodborne Pathogens, Occupational</p>	A1281		

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

TITLE

(X6) DATE

11/21/19

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A1281	<p>Continued From page 1</p> <p>Safety and Health Standards, 29 CFR 1910.1030, as amended and supplemented;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00129056</p> <p>Based on observation, interview, and record review it was determined that the facility failed to implement OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030 (d)(4)(ii)) which stated "All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials." In addition, the facility failed to implement the Centers for Disease Control (CDC) guidelines for infection prevention during blood glucose monitoring and insulin administration. The CDC guidelines titled, "Infection Prevention during <b>NJ EX Order 264b1</b> Monitoring and <b>NJ EX Order 264b1</b> Administration" recommend that <b>NJ EX Order 264b1</b> should be assigned to an individual person and not be shared. According to the guidelines, "If <b>NJ EX Order 264b1</b> must be shared, the device should be cleaned and disinfected after every use, per manufacturers' instructions... If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared." Additionally, the CDC guidelines recommend that <b>NJ EX Order 264b1</b> be stored and maintained in areas that do not contain unused supplies and medications. This deficient practice was evidenced by the following:</p> <p>On 10/9/19 at 12:05 p.m. the surveyor inspected Medication Cart <b>NJ EX Order 264b1</b> and observed, stored in a top</p>	A1281		

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A1281	<p>Continued From page 2</p> <p>drawer of the medication cart, a [redacted] labeled, "Don't remove from [redacted] floor cart. Borrowed from [redacted] floor." The surveyor observed that the [redacted] was not labeled with any resident name, was not in a protective barrier, and was stored in the medication cart with unused medications and supplies.</p> <p>On 10/9/19 at 12:05, surveyor review of Resident # 1's medical record revealed that he/she was admitted to the facility on [redacted] with diagnoses that included <b>NJ EX Order. 264b1</b>. Further review of the record revealed a prescription dated [redacted] for a [redacted]. The surveyor then interviewed CMA #3 who stated that Resident #1 did not have his/her own [redacted] and that the [redacted] being used was borrowed from an unknown resident and was being shared between Resident #1 and Resident #3 for routine [redacted]. The CMA was not able to explain why the resident did not have his/her own [redacted].</p> <p>The surveyor then reviewed Resident #3's medical chart which revealed that he/she was admitted to the facility on [redacted] with diagnoses that included <b>NJ EX Order. 264b1</b>. Further review of the medical record revealed a prescription for a [redacted] dated [redacted]. The surveyor then observed a new and unopened [redacted] issued to Resident #3 with a delivery receipt dated [redacted]. This [redacted] was opened on [redacted] at 12:15 p.m. and placed in Medication Cart #3 for Resident #3's dedicated use. The CMA was not able to explain why the resident did not have his/her own [redacted] from the date the prescription was written nor was the CMA able to explain how long the facility had shared the [redacted] between the two residents.</p>	A1281		
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A1281	<p>Continued From page 3</p> <p>At 1:00 p.m., the surveyor interviewed the ED and the Regional Registered Nurse (RN). The ED and the RN agreed that the manufacturers instructions for the shared [REDACTED] indicated it was for single user only and should not have been shared between residents. The ED and the RN were not able to explain why Resident #1 or Resident #3 did not have an individual [REDACTED] delivered on the basis of prescriptions written in May.</p> <p>At 2:00 p.m., the surveyor reviewed the facility policy "How to Clean and Maintain a [REDACTED]" item 1 "Residents should have their own [REDACTED] and it be intended for individual use only. This follows the Centers for Disease Control (CDC) recommendation for using a dedicated [REDACTED] for each person however the CDC also states that devices may be reused if cleaned and disinfected between individuals, per manufacturers guidelines."</p>	A1281		
A1299	<p>8:36-18.3(a)(5) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p>	A1299		

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A1299	<p>Continued From page 4</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 ensure that staff performed proper hand hygiene when the surveyor observed as a Certified Medication Aide (CMA) performed finger stick blood sugar monitoring for 2 of 4 residents, Resident #1 and Resident #3. This deficient practice was evidenced by the following:</p> <p>On 10/9/19 at 1:17 p.m., the surveyor observed CMA #3 perform a <b>NJ EX Order. 264b1</b> test on Resident #3. The surveyor observed that the CMA applied gloves, performed the <b>NJ EX Order. 264b1</b> and completed the <b>NJ EX Order. 264b1</b>. The CMA then opened a plastic bag, which contained insulin administration pens, administered the insulin and then typed on the computer, with the same gloved hands. The CMA then removed the gloves, however, he/she did not perform hand hygiene before preparing to perform a <b>NJ EX Order. 264b1</b> the next resident.</p> <p>At 1:25 p.m., the surveyor observed as CMA #3 applied gloves and performed a <b>NJ EX Order. 264b1</b> on Resident #1, after which, the CMA returned the bag of <b>NJ EX Order. 264b1</b> for Resident #3 to the medication cart and retrieved a bag of <b>NJ EX Order. 264b1</b> administration <b>NJ EX Order. 264b1</b> for Resident #1. The CMA then administered the <b>NJ EX Order. 264b1</b> to Resident #1, and with gloved hands, entered information on the computer, after which he/she removed the gloves and washed his/her hands.</p> <p>Later the surveyor reviewed the facility policy titled, "<b>NJ EX Order. 264b1</b> Readings" which documented that staff are to wash hands, "Before preparing or handling medication," and "Remove gloves and wash hands" after <b>NJ EX Order. 264b1</b></p>	A1299		
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A1299	Continued From page 5  administration.  At 1:45 p.m., the surveyor interviewed the Executive Director and the regional Registered Nurse and both agreed that the CMA should have removed gloves after the <b>NJ EX Order: 264b1</b> monitoring, reapplied new gloves and then wash his/her hands between each resident's <b>[REDACTED]</b> test and insulin administration. Additionally, both agreed that the CMA should not have touched other surfaces while wearing gloves that were contaminated.	A1299		
A1303	8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services  (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:  7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:  i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;  ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;  iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and	A1303		

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A1303	<p>Continued From page 6</p> <p>iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00129056</p> <p>Based on observation, interview and record review it was determined that the facility failed to develop and implement policies and procedures to store and clean resident care equipment which provided a portal of entry for blood-borne pathogens. This deficient practice was evidenced by the following:</p> <p>On 10/9/19 between 11:50 a.m. and 12:05 p.m., the surveyor inspected Medication Carts # [REDACTED] and observed the following:</p> <ol style="list-style-type: none"> <li>1. On Medication Cart #1 there were two glucometers stored in the top drawer. The surveyor observed that one of the [REDACTED] was unlabeled, both were stored touching each other and neither had a protective barrier on them.</li> <li>2. On Medication Cart #2 there were two glucometers stored in the top drawer. The surveyor observed that both [REDACTED] were unlabeled, touching each other and neither had a protective barrier on them. The surveyor also observed that the [REDACTED] were stored with, and touching, an [REDACTED] ( NJ EX Order, 264b1 )</li> </ol>	A1303		

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A1303	<p>Continued From page 7</p> <p>that was also not in a protective barrier. At that time the surveyor interviewed Certified Medication Aide (CMA) # 2 who stated that he/she knew who the [REDACTED] belonged to, even though the [REDACTED] were not labeled.</p> <p>3. On Medication Cart #3 there was one glucometer stored in the top drawer labeled, "Don't remove from [REDACTED] floor cart! Borrowed from [REDACTED] floor." The surveyor observed that the [REDACTED] was not in a protective barrier. At that time the surveyor interviewed CMA #3, who stated that the [REDACTED] was borrowed and was being shared between Resident #1 and Resident #3. The CMA then demonstrated cleaning the [REDACTED] with an alcohol wipe.</p> <p>4. On Medication Cart #4 there were [REDACTED] stored in the [REDACTED] drawer. The [REDACTED] were unlabeled, touching each other and were not stored in protective barriers.</p> <p>At 1:00 p.m., the surveyor interviewed the Executive Director (ED) and the regional Registered Nurse (RN) and both stated that all resident [REDACTED] should have been labeled with the resident's name and stored in protective barriers to prevent cross contamination by blood borne pathogens. Further, both the ED and regional RN stated that the CMA should have cleaned the [REDACTED] in accordance with the manufacturers' instructions as outlined in the facility's policy titled, "How to Clean and Maintain a [REDACTED]," which instructed staff to follow "...the manufacturer's directions using a cloth/wipe..." and "Alcohol should never be used because it can damage the light emitting diodes."</p> <p>According to CDC guidelines titled, "Infection</p>	A1303		



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A1303	<p>Continued From page 8</p> <p>Prevention during <b>NJ EX Order: 264b1</b> Monitoring and Administration," <b>NJ EX Order: 264b1</b> should be assigned to an individual person and not be shared... "If <b>NJ EX Order: 264b1</b> must be shared, the device should be cleaned and disinfected after every use, per manufacturers' instructions... If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared."</p> <p>5. At 12:24 p.m., the surveyor observed a laboratory issued <b>NJ EX Order: 264b1</b>, (a device used to separate <b>NJ EX Order: 264b1</b> by <b>NJ EX Order: 264b1</b> collected in <b>NJ EX Order: 264b1</b> at a <b>NJ EX Order: 264b1</b>, on top of Medication Cart <b>NJ EX Order: 264b1</b>. At that time the surveyor interviewed CMA #2 who stated that an outside laboratory used the machine after obtaining <b>NJ EX Order: 264b1</b> samples from residents. The surveyor observed a sign on the centrifuge which read "Biohazard." The surveyor observed that the centrifuge machine was placed on top of a surface where medications for oral and injectable use were prepared for administration.</p> <p>At 3:00 p.m., the surveyor interviewed the ED and the regional RN and both stated that they did not have a policy for the use and storage of this equipment and further stated that they were not aware that this equipment was used in the facility.</p> <p>Refer to citation A1281</p>	A1303		

<p>Brookdale Echelon Lake</p> <p>License:sipfep</p>	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO 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 DEFECIENT PRACTICE.</p>	<p>WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR.</p>	<p>HOW THE FACILITY MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFECIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR.</p>
<p>A310</p> <p>Date of Compliance: 11/5/2020</p>	<p>No actual harm was caused to Resident #1. Resident #1 is a former resident. Administrator in serviced by District Clinical Director on 11/5/2020 on BAIRS Reporting Policy and Investigation Process for Injury of Unknown Origin.</p>	<p>All residents in the facility have the potential to be affected by the same deficient practice.</p> <p>Health and Wellness <u>Director/designee</u> will conduct scheduled skin observation and assess changes in resident skin condition</p> <p>Health and Wellness <u>Director/designee</u> will conduct staff in-service on proper reporting procedures on or before 11/21/20</p>	<p>Health and Wellness <u>Director/designee</u> will conduct prompt assessment upon notification of suspected/alleged abuse or injuries of unknown origin.</p> <p>Internal Incident Reporting System will be completed promptly with each incident reported</p> <p>District Director of Clinical Services/District Director of Operations will audit and review compliance of reporting procedures on a monthly basis through the internal incident reporting system</p> <p>Copy of internal investigation will be maintained by Executive Director</p> <p>Nursing will maintain clinical documentation of assessment and progress</p>	<p>Incidents will be reviewed on a weekly basis and during stand up meetings</p> <p>Executive Director will review and ensure compliance of all incident reporting procedures and documentation</p> <p>Health and Wellness Director/Executive Director will submit weekly report/update to District Director of Clinical Services and District Director of Operations regarding incident occurrence to ensure policy compliance. Internal Incident Reporting System will be monitored monthly by District Director of Clinical Services and District Director of Operations</p>