| STATEMENT | ey Department of Hea OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | | E SURVEY PLETED |
|--------------------------|--|---|---------------------------------------|--|-----------------------------------|--------------------------|
| | | 60A008 | B. WING | | 11 | /16/2020 |
| | ROVIDER OR SUPPLIER | N VILLAGE 425/427 | ADDRESS, CITY, STATE ROUTE 46 EAST | | | |
| | | HACKE | TTSTOWN, NJ 0784 | 40 | | |
| (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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| A 000 | Initial Comments | | A 000 | | | |
| A 891 | was conducted by the The facility was found with the New Jersey / infection control regul Licensure of Assisted Comprehensive Pers Assisted Living Progr Disease Control and recommended practic COVID-19. Census: (The facility must subr including a completio and ensure that the p to correct deficiencies action in accordance Jersey Administrative Enforcement of Licen 8:36-10.5(a) Dining S (a) The facility and pe the provisions of N.J Establishments and F | Living Residences, onal Care Homes and ams and Centers for Prevention (CDC) ces to prepare for 54. mit a plan of correction, n date for each deficiency lan is implemented. Failure s may result in enforcement with provisions of New c Code Title 8, Chapter 43E, sure Regulations. | A 891 | | | |
| | by: Based on observatior | is not met as evidenced ns, document review, staff Jersey Sanitary Code, the | | | | |
| BORATORY | DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATU | RE | TITLE | | (X6) DATE |

New Jersey Department of Health

| New Jersey Department of Health | |
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| | OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED |
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| | | 60A008 | B. WING | | 11 | /16/2020 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | COMMONS AT PARAGO | 25/427 425/427 | ROUTE 46 EAST | | | |
| | | HACKE | TTSTOWN, NJ 0784 | 40 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE | (X5) COMPLET DATE |
| A 891 | Continued From page | e 1 | A 891 | | | |
| | gauges were in work (11/12/2020 through month of 11/2020. Th staff wore hair restrai five of eight kitchen s during the COVID-19 potential to affect all facility. Findings included: Reference: New Jers "Sanitation in Retail F | e dishwasher temperature ing order for four days 11/16/2020) during the he facility failed to ensure nts while in the kitchen for taff observed. This occurred pandemic and had the 64 residents living at the ey Sanitary Code, Food Establishments and vending Machines," Section | | | | |
| | 8:24-4.9(c), A warew equipped with a temp that indicates the tem each wash and rinse | ashing machine shall be perature measuring device perature of the water: 1. In tank. | | | | |
| | dishwasher temperat kitchen. Dishwasher the high temperature The dishwasher temp degrees Fahrenheit (move. The rinse gaug move. Instructions at indicated the wash te | 11:52 AM, an observation of ures was conducted in the #1 put a rack with pans into dishwasher and turned it on. berature started at 148 F) and the gauge did not ge was on 0 F and did not bove the gauge controls emperature should be 155 F se cycle should be 180 F to | | | | |
| | for 11/2020 revealed three mealtimes from 11/11/2020. No temp 11/12/2020 at breakfa 11/12/2020, a dinner recorded as 165 F-18 | perature was logged for | | | | |

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| (EACH DEFICIENC | ON VILLAGE 425/427 | B. WING | | | |
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| SUMMARY ST. | ON VILLAGE 425/427 | | | 11 | /16/2020 |
| SUMMARY ST | ON VILLAGE | ROUTE 46 EAST | , ZIP CODE | | |
| SUMMARY ST | HACKE | NOULE 40 EAUL | | | |
| (EACH DEFICIENC | | TTSTOWN, NJ 0784 | 10 | | |
| REGULATORY OR | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| tinued From page | 2 | A 891 | | | |
| lucted with Dishw ad he did not reco 1/2020 through 1 ges had not been not reported the 1/16/2020 at 11: lucted with the Fo FSD stated he w e not working. The eone come out to erence: New Jers litation in Retail F d and Beverage N -2.4, (c)(1)-Hygie wing, "food em aints such as had d restraints, and that are designe o their hair from c | s, hair coverings or nets, clothing that covers body d and worn to effectively ontacting exposed food, | | | | |
| n 11/16/2020 at 2 conducted in the ctor (ED) went in net and spoke bri ctor (FSD) who w dining servers w en at the food co esidents in the di washing dishes w as were dishing u 1/16/2020 at 12: lucted with the F | 11:52 AM, an observation kitchen. The Executive to the kitchen without a efly with the Food Service vas not wearing a hairnet. ithout hairnets were in the ounter to get plates of food ning room. Dishwasher #1 without a hairnet on. Three p food and had hairnets on. 02 PM, an interview was SD. The FSD stated he | | | | |
| | aints such as had d restraints, and that are designe their hair from c n equipment, ute e-service and sir n 11/16/2020 at 1 conducted in the ctor (ED) went in et and spoke bri et and spoke bri tor (FSD) who w dining servers w en at the food co esidents in the di washing dishes w s were dishing u 1/16/2020 at 12: ucted with the Farstood the regula | ving, "food employees shall wear hair aints such as hats, hair coverings or nets, d restraints, and clothing that covers body that are designed and worn to effectively their hair from contacting exposed food, a equipment, utensils, linens; and unwrapped e-service and single-use articles." a 11/16/2020 at 11:52 AM, an observation conducted in the kitchen. The Executive etor (ED) went into the kitchen without a et and spoke briefly with the Food Service etor (FSD) who was not wearing a hairnet. dining servers without hairnets were in the en at the food counter to get plates of food esidents in the dining room. Dishwasher #1 washing dishes without a hairnet on. Three s were dishing up food and had hairnets on. 1/16/2020 at 12:02 PM, an interview was ucted with the FSD. The FSD stated he rstood the regulation to only include the ons near the food would be required to wear | aints such as hats, hair coverings or nets, d restraints, and clothing that covers body that are designed and worn to effectively their hair from contacting exposed food, n equipment, utensils, linens; and unwrapped e-service and single-use articles." In 11/16/2020 at 11:52 AM, an observation conducted in the kitchen. The Executive ctor (ED) went into the kitchen without a et and spoke briefly with the Food Service ctor (FSD) who was not wearing a hairnet. dining servers without hairnets were in the en at the food counter to get plates of food esidents in the dining room. Dishwasher #1 washing dishes without a hairnet on. Three s were dishing up food and had hairnets on. 1/16/2020 at 12:02 PM, an interview was ucted with the FSD. The FSD stated he rstood the regulation to only include the | aints such as hats, hair coverings or nets, d restraints, and clothing that covers body that are designed and worn to effectively their hair from contacting exposed food, n equipment, utensils, linens; and unwrapped e-service and single-use articles." In 11/16/2020 at 11:52 AM, an observation conducted in the kitchen. The Executive stor (ED) went into the kitchen without a et and spoke briefly with the Food Service stor (FSD) who was not wearing a hairnet. dining servers without hairnets were in the en at the food counter to get plates of food esidents in the dining room. Dishwasher #1 washing dishes without a hairnet on. Three s were dishing up food and had hairnets on. 1/16/2020 at 12:02 PM, an interview was ucted with the FSD. The FSD stated he rstood the regulation to only include the | aints such as hats, hair coverings or nets, d restraints, and clothing that covers body that are designed and worn to effectively their hair from contacting exposed food, n equipment, utensils, linens; and unwrapped e-service and single-use articles." In 11/16/2020 at 11:52 AM, an observation conducted in the kitchen. The Executive etor (ED) went into the kitchen without a et and spoke briefly with the Food Service etor (FSD) who was not wearing a hairnet. dining servers without hairnets were in the en at the food counter to get plates of food esidents in the dining room. Dishwasher #1 washing dishes without a hairnet on. Three s were dishing up food and had hairnets on. 1/16/2020 at 12:02 PM, an interview was ucted with the FSD. The FSD stated he rstood the regulation to only include the |

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| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO A. BUILDING: | | · · · · | E SURVEY PLETED |
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| | | 60A008 | B. WING | | 11 | /16/2020 |
| IAME OF PI | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | | 425/427 | ROUTE 46 EAST | | | |
| SENILEY | COMMONS AT PARAGO | DN VILLAGE HACKE | TTSTOWN, NJ 0784 | 40 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | |
| A 891 | Continued From page | e 3 | A 891 | | | |
| | hairnets. The FSD sta hairnets when in the | ated staff would wear | | | | |
| A1271 | 8:36-18.1(a) Infection Services | Prevention and Control | A1271 | | | |
| | (a) The facility shall d infection prevention a | levelop and implement an and control program. | | | | |
| | by: Based on the New Je issued Executive Dire staff interviews, the fa care workers wore su cloth face coverings, areas for five of five s areas. This deficient affect all residents, an COVID-19 pandemic | is not met as evidenced ersey Department of Health ective, observations, and acility failed to ensure health urgical masks, instead of when working in patient care staff observed in patient care practice had the potential to and occurred during the | | | | |
| | issued Executive Dire 08/10/2020, detailed, all appropriate person (PPE) when indicated coverings if facemast | ey Department of Health ective 20-026-1, dated "III.3.i. All staff must wear nal protective equipment d. Staff may wear cloth face < is not indicated, such as ff or while in non-patient care n)" | | | | |
| | and interview was co Assistant (RA) #2 wh | 10:10 AM, an observation nducted with Resident o was wearing a cloth mask. re her own cloth mask to the | | | | |

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| | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | | (X3) DATE SURVEY COMPLETED |
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| | | 60A008 | B. WING | | 11/16/2020 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | E, ZIP CODE | |
| BENTLEY | COMMONS AT PARAGO | DN VILLAGE | ROUTE 46 EAST | | |
| | 1 | HACKET | TSTOWN, NJ 078 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | LD BE COMPL |
| A1271 | Continued From page | e 4 | A1271 | | |
| | facility because the fa wear. | acility did not give her one to | | | |
| On 11/16/2020 at 10:22 AM, RA #3 was interviewed. RA #3 stated she was wearing a cloth mask because her surgical mask had gotten dirty and she did not know how to get another mask. | | | | | |
| | interview was conduc Aide (CMA) #1, who CMA #1 stated the fa | 24 AM, an observation and sted with Certified Medication was wearing a cloth mask. cility had given staff a choice ose to wear a cloth mask. | | | |
| | was conducted in the Residents were seate staff were observed s The dining staff were | 45 AM, a dining observation main dining room. ed one to a table. Two dining serving meals to residents. unable to maintain social wore cloth face masks. | | | |
| | conducted with the E ED stated she was un unacceptable at the f was very surprised st their own masks and one since the facility | 6 PM, an interview was xecutive Director (ED). The naware cloth masks were acility. The ED stated she aff thought they had to bring did not know where to get had plenty of masks. The keep masks at the entrance taff. | | | |
| A1275 | 8:36-18.2(a)(1) Infect Services | ion Prevention and Control | A1275 | | |
| | review, at least annua procedures regarding control. Written polici | levelop, implement, and ally, written policies and r infection prevention and es and procedures shall be llowing Centers for Disease | | | |

(X3) DATE SURVEY

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| | | 60A008 | B. WING | | 11/16/2020 |
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| NAME OF PI | ROVIDER OR SUPPLIER | STREET | DDRESS, CITY, STA | TE, ZIP CODE | |
| | | 425/427 | ROUTE 46 EAST | | |
| BENILET | COMMONS AT PARAGO | IN VILLAGE HACKE | TTSTOWN, NJ 0 | 7840 | |
| (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 COMPLETE |
| A1275 | Continued From page | 9 5 | A1275 | | |
| | Control publications a incorporated herein b and supplemented: | nd OSHA standards, y reference, as amended | | | |
| | 1. Guidelines for Care Settings, MMWF October 25, 2002 | | | | |
| | by: Based on the New Je (NJDOH) issued Exect observations, and stat failed to ensure health universal eye protecti care areas for five of deficient practice had residents, and occurre pandemic. | ff interviews, the facility | | | |
| | during COVID-19 Par 11/10/2020, indicated with moderate to subs transmission are more asymptomatic or pre- COVID-19 incubation protection in addition infection prevention a be instituted to ensure are all protected from secretions, for all HCI | or Long-Term Care Facilities ndemic," last updated on , "Facilities located in areas stantial community | | | |

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

New Jersey Department of Health

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED |
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| NAME OF P | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | | 425/427 | ROUTE 46 EAST | | | |
| DENTLET | COMMONS AT PARAGO | HACKE | TTSTOWN, NJ 0784 | 40 | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| A1275 | publication, titled, "Int and Control Recomm Personnel During the (COVID-19) Pandemi 11/04/2020, indicated of Personal Protective in facilities located in substantial communit likely to encounter as pre-symptomatic patie infection. If SARS-Co suspected in a patien on symptom and expo follow Standard Preca Transmission-Based based on the suspect also: Wear eye protect facemask to ensure th are all protected from secretions during pati Reference: According Activity Level Index (C ending 11/14/2020, th level statewide was h 1. On 11/16/2020 at 1 the form unit out in the common/dir residents had masks others had them unde Assistants (RA) #1, # residents, talking to th to pull up their mask. was also among the r | or Disease Control (CDC) erim Infection Prevention endations for Healthcare Coronavirus Disease 2019 c, last updated on , "Implement Universal Use e Equipment." "HCP working areas with moderate to y transmission are more ymptomatic or ents with SARS-CoV-2 V-2 infection is not t presenting for care (based osure history), HCP should autions (and Precautions if required ed diagnosis). They should ction in addition to their ne eyes, nose, and mouth exposure to respiratory ent care encounters." t o the NJDOH COVID-19 CALI) Score, for the week te community transmission igh. 0:02 AM, during a tour of , residents were spread ning area on chairs. Some over their mouth and nose, er their chin. Resident 2, and #3 moved among nem, and assisting residents Activity Assistant (AA #1) esidents conducting a one distancing was unable to be | A1275 | | | |

(X3) DATE SURVEY COMPLETED

| New Jersey Department of Hea | th | |
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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | |
| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | |
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| | DF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | · · · · | PLETED |
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| | | 60A008 | B. WING | | 11 | 1/16/2020 |
| | ROVIDER OR SUPPLIER | N VILLAGE 425/427 | DDRESS, CITY, STATE ROUTE 46 EAST TSTOWN, NJ 078 | | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| A1275 | wearing a cloth mask #2 stated she wore he facility because the fawear. On 11/16/2020 at 11:2 interview was conducted interview was conducted in the given staff a choice of wear a cloth mask. Cliprotection. On 11/16/2020 at 11:2 was conducted in the Residents were seated staff were observed s The dining staff were distancing, both wore eye protection. On 11/16/2020 at 2:00 conducted with the E2 ED stated she had no recommended and we face shields. Based on the New Jee (NJDOH) issued Exect observations, and stafiailed to ensure health universal eye protectic care areas for five of deficient practice had | ted with RA #2 who was and no eye protection. RA er own cloth mask to the acility did not give her one to 24 AM, an observation and ted with Certified Medication #1 stated the facility had f masks, and she chose to MA #1 was not wearing eye 45 AM, a dining observation main dining room. ed one to a table. Two dining erving meals to residents . unable to maintain social cloth face masks and no 6 PM, an interview was kecutive Director (ED). The ot known eye protection was build make sure all staff had rsey Department of Health cutive Directive, ff interviews, the facility | A1275 | | | |

(X2) MULTIPLE CONSTRUCTION

| New Jersey Department of Hea | alth |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | () | E SURVEY PLETED |
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| | | 60A008 | B. WING | | 11 | /16/2020 |
| NAME OF PF | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | COMMONS AT PARAGO | A25/427 | ROUTE 46 EAST | | | |
| DENILET | COMMONS AT PARAGE | HACKE | TTSTOWN, NJ 0784 | 40 | | |
| (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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| A1275 | during COVID-19 Par 11/10/2020, indicated with moderate to sub- transmission are mor asymptomatic or pre- COVID-19 incubation protection in addition infection prevention a be instituted to ensur- are all protected from secretions, for all HC for all individuals who social distancing" Reference: Centers for publication, titled, "Inf and Control Recomm Personnel During the (COVID-19) Pandem indicated, "Implement Protective Equipment located in areas with community transmisss encounter asymptom patients with SARS-C SARS-CoV-2 infection patient presenting for and exposure history Standard Precautions Precautions if require diagnosis). They sho protection in addition the eyes, nose, and r exposure to respirato care encounters." | ublication, titled, or Long-Term Care Facilities indemic" last updated on l, "Facilities located in areas stantial community e likely to encounter symptomatic individuals with or infectionUniversal eye to source control and other and control measures, should e the eyes, nose, and mouth e exposure to respiratory P [healthcare personnel] and o are unable to maintain or Disease Control (CDC) terim Infection Prevention endations for Healthcare Coronavirus Disease 2019 ic" updated on 11/04/2020, t Universal Use of Personal t. HCP working in facilities moderate to substantial ion are more likely to atic or pre-symptomatic CoV-2 infection. If n is not suspected in a care (based on symptom), HCP should follow s (and Transmission-Based d based on the suspected | A1275 | | | |
| | Activity Level Index (| CALI) Score, for the week ne community transmission | | | | |

(X5) COMPLETE DATE

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| | NT OF DEFICIENCIES N OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | | 60A008 | B. WING | | 11/16/2020 |
| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | ATE, ZIP CODE | |
| BENTLE | Y COMMONS AT PARAGO | | OUTE 46 EAST STOWN, NJ 0 | | |
| (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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPL |
| A127 | level statewide was " 1. On 11/16/2020 at 1 the unit out in the common/di residents had masks others had them unde Assistants (RA) #1, # residents, talking to th to pull up their masks was also observed w one to one activity. So to be maintained and protection. On 11/16/2020 at 10: interview was conduct wearing a cloth mask #2 stated she wore he facility because the fat wear. On 11/16/2020 at 11:: interview was conduct wearing a cloth mask | high." 0:02 AM, during a tour of | A1275 | | |

On 11/16/2020 at 11:45 AM, a dining observation was conducted in the main dining room. Residents were seated one to a table. Two dining staff were observed serving meals to residents. The dining staff were unable to maintain social distancing, both wore cloth face masks and no eye protection.

On 11/16/2020 at 2:06 PM, an interview was conducted with the Executive Director (ED). The ED stated she had not known eye protection was recommended and would make sure all staff had

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New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | alth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | | 60A008 | B. WING | | 11/16/2020 | | |
| | ROVIDER OR SUPPLIER | ON VILLAGE 425/427 | ADDRESS, CITY, STATE Route 46 East Itstown, NJ 0784 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI | CTION SHOULD BE D THE APPROPRIATE | (X5) COMPLET DATE | |
| A1275 | Continued From pag face shields. | e 10 | A1275 | | | | |
| A1299 | 8:36-18.3(a)(5) Infec Services | tion Prevention and Control | A1299 | | | | |
| | established and impl prevention and contr | nd procedures shall be lemented regarding infection rol, including, but not limited edures for the following: | | | | | |
| | resident contact, incl | b be used during each luding handwashing before for a resident; | | | | | |
| | by: Based on observation was determined that implement the current updated 10/20/2020 Department of Health Disease Services (C 10/22/2020, to identify readmitted resident of investigation (PUI) a appropriate personal for one of one resident for readmission. The | nt Executive Directive 20-026 and the New Jersey h and Communicable DS) recommendation dated fy and cohort a newly who is a person under nd failed to ensure staff wore I protective equipment (PPE) ent (Residents #2) reviewed deficient practice occurred D pandemic, and had the | | | | | |
| | The findings include: | | | | | | |
| | Directive for the Res Long-Term Care Fac | ECTIVE NO. 20-0261 umption of Services in all ilities N.J.A.C. 8:43, N.J.A.C. 8:39, | | | | | |

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| | ey Department of Hea | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE C | ONSTRUCTION | (X3) DATE | E SURVEY |
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| | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | | PLETED |
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| | | 60A008 | B. WING | | 11 | /16/2020 |
| | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE | | • | - |
| | | | ROUTE 46 EAST | | | |
| BENTLEY | COMMONS AT PARAGO | ON VILLAGE | TSTOWN, NJ 0784 | 40 | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF (| CORRECTION | (X5) |
| PREFIX | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTI | ON SHOULD BE | COMPLETE |
| TAG | REGULATORY OR I | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO TI DEFICIENC | | DATE |
| A1299 | Continued From neg | _ 11 | A1299 | | | |
| A1299 | Continued From page | | A1299 | | | |
| | N.J.A.C. 8:36 and N. | J.A.C. 8:37, | | | | |
| | Updated 10/20/2020 | | | | | |
| | "3. Cohorting, PPE | and Training Requirements | | | | |
| | in Every Phase: | | | | | |
| | | and provide staff with all | | | | |
| | recommended COVII | D-19 PPE, to the ile, and consistent with CDC | | | | |
| | guidance on optimiza | | | | | |
| | • | /coronavirus/2019-ncov/hcp/ | | | | |
| | ppe-strategy/index.ht | - | | | | |
| | applicable | | | | | |
| | iv. Facilities must con | tinue to follow current | | | | |
| | NJDOH orders, guida | ance and directives | | | | |
| | | admissions. Facilities may | | | | |
| | receive residents who | | | | | |
| | prior to admission/tra accordance with NJD | nsfer or shortly thereafter, in | | | | |
| | Guidance: | on | | | | |
| | - | health/cd/documents/topics/ | | | | |
| | NCOV/COVID_Coho | | | | | |
| | Orders: | | | | | |
| | | is/health/legal/covid19/4-13- | | | | |
| | 20_EmergencyCurtai | ImentOfAdmissions.pdf and | | | | |
| | | the results including, but | | | | |
| | not limited to, the gui | - | | | | |
| | | | | | | |
| | b. Receiving Facility case of COVID-19 in | y: Upon identification of a | | | | |
| | | a resident nitted (within 14 days), the | | | | |
| | receiving facility must | | | | | |
| | | the sending facility to allow | | | | |
| | for the appropriate re | sponse | | | | |
| | and investigation | | | | | |
| | IV. Required standard | ds for services during each | | | | |
| | phase | | | | | |
| | v. When facilities a | | | | | |
| | outbreak, communal | dining and all group | | | | |

| New Jers | ey Department of Hea | lth | | | | |
|--------------------------|--|--|---------------------|--|-------------------|--------------------------|
| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE COMF | SURVEY PLETED |
| | | 60A008 | B. WING | | <u>11</u> / | /16/2020 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STAT | E, ZIP CODE | | |
| | COMMONS AT PARAGO | 425/427 | ROUTE 46 EAST | | | |
| DENTLET | | HACKET | TSTOWN, NJ 078 | 340 | | |
| (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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE |
| A1299 | their rooms as much a possible and cohort in https://www.nj.gov/he COV/COVID_Cohorti and CDC guidance: https://www.cdc.gov/onfection-controlrecorrector http://www.cdc.gov/onfection-controlrecorrector http://www.cdc.gov/onfection-controlrecorrector http://www.cdc.gov/onfection-controlrecorrector http://www.cdc.gov/onfection-control-recommendation ontrol-recommendation on the considerations for Considerations for Considerations for Considerations for Considerations for Construction on the construction on the construction on the construction on the construction of the construction on the construction on the construction on the construction of the construction of the construction on the construction o | mited. Residents shall stay in as n accordance with CDS: ealth/cd/documents/topics/N ng_PAC.pdf coronavirus/2019-ncov/hcp/i mendations. I=https%3A%2F%2Fwww.cd v%2Finfection-control%2Fc ons.html" rtment of Health, CDS cohorting COVID-19 Patients acilities" updated Cohorting is only one orevention and control utbreak control. The facility elop a cohorting pland) e-admissions: of all persons from the ealthcare facilities who are Transmission-Based DVID-19 recommended PPE r higher [or facemask if tection, gloves, and isolation all patients/residents, ce of symptoms or 3 AM, an interview was irector of Nursing (DON). ident #2 was re-admitted to after a hospital stay and | A1299 | | | |
| | - | e because the resident had | | | | |

a negative COVID-19 test at the hospital. The DON indicated the resident was restricted to their room, but the facility had not identified the

resident as a PUI.

New Jersey Department of Health

| Jaw Jarea | Department of Health | |
|------------|----------------------|--|
| New Jeisen | | |

| | ey Department of Hea | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CO | ONSTRUCTION | (X3) DATE | SURVEY |
|--------------------------|--|--|----------------------|---|--------------------------------------|-------------------------|
| | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | | PLETED |
| | | 60A008 | B. WING | | 11 | /16/2020 |
| AME OF PI | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE, | , ZIP CODE | | |
| ENTLEY | COMMONS AT PARAGO | ON VILLAGE 425/427 | ROUTE 46 EAST | | | |
| | | HACKET | TTSTOWN, NJ 0784 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI | CTION SHOULD BE D THE APPROPRIATE | (X5) COMPLET DATE |
| A1299 | Continued From pag | e 13 | A1299 | | | |
| | the room where Resi no PPE readily availa and no signs indicatin or PPE required to en On 11/16/2020 at 11: conducted with Certin #1, who stated the fa Resident #2, who wa after returning from the she was supposed to caring for the residen On 11/16/2020 at 2:5 conducted with the D get a cart of the require PPE and set them up The DON stated she residents of the requirements but did residents who were n | 24 AM, an interview was fied Medication Aide (CMA) icility had one resident, is on isolation for 14 days the hospital. CMA #1 stated o wear a surgical mask when it. 33 PM, an interview was 90N who stated she would ired PPE, signs of required o for the resident on isolation. would educate staff and the irements. 90 PM, an interview was D. The ED stated she had the health department isons and isolation not think that applied to e-admissions from the ey weren't suspected of | | | | |