

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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><b>Initial Comments</b></p> <p>Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency 11/16/2020. 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. Census: 64.</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><b>8:36-10.5(a) Dining Services</b></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> <p>This REQUIREMENT is not met as evidenced by: Based on observations, document review, staff interviews, and New Jersey Sanitary Code, the</p>	A 891		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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 891	<p>Continued From page 1</p> <p>facility failed to ensure dishwasher temperature gauges were in working order for four days (11/12/2020 through 11/16/2020) during the month of 11/2020. The facility failed to ensure staff wore hair restraints while in the kitchen for five of eight kitchen staff observed. This occurred during the COVID-19 pandemic and had the potential to affect all 64 residents living at the facility.</p> <p>Findings included:</p> <p>Reference: New Jersey Sanitary Code, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," Section 8:24-4.9(c), A warewashing machine shall be equipped with a temperature measuring device that indicates the temperature of the water: 1. In each wash and rinse tank.</p> <p>1. On 11/16/2020 at 11:52 AM, an observation of dishwasher temperatures was conducted in the kitchen. Dishwasher #1 put a rack with pans into the high temperature dishwasher and turned it on. The dishwasher temperature started at 148 degrees Fahrenheit (F) and the gauge did not move. The rinse gauge was on 0 F and did not move. Instructions above the gauge controls indicated the wash temperature should be 155 F to 160 F, and the rinse cycle should be 180 F to 195 F.</p> <p>Review of the Dishwasher Sanitation Log dated for 11/2020 revealed recorded temperatures for three mealtimes from 11/01/2020 through 11/11/2020. No temperature was logged for 11/12/2020 at breakfast and lunch. On 11/12/2020, a dinner temperature had been recorded as 165 F-185 F. No temperatures were recorded for 11/13/2020, 11/14/2020, 11/15/2020, and 11/16/2020.</p>	A 891		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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 891	<p>Continued From page 2</p> <p>On 11/16/2020 at 11:58 AM, an interview was conducted with Dishwasher #1. Dishwasher #1 stated he did not record the temperatures for 11/11/2020 through 11/16/2020 because the gauges had not been working. He revealed he had not reported the equipment failure to anyone.</p> <p>On 11/16/2020 at 11:59 AM, an interview was conducted with the Food Service Director (FSD). The FSD stated he was unaware the gauges were not working. The FSD stated he would have someone come out today and fix the gauges.</p> <p>Reference: New Jersey Sanitary Code, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," Section 8:24-2.4, (c)(1)-Hygienic Practices, indicated the following, "...food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens; and unwrapped single-service and single-use articles."</p> <p>2. On 11/16/2020 at 11:52 AM, an observation was conducted in the kitchen. The Executive Director (ED) went into the kitchen without a hairnet and spoke briefly with the Food Service Director (FSD) who was not wearing a hairnet. Two dining servers without hairnets were in the kitchen at the food counter to get plates of food for residents in the dining room. Dishwasher #1 was washing dishes without a hairnet on. Three cooks were dishing up food and had hairnets on.</p> <p>On 11/16/2020 at 12:02 PM, an interview was conducted with the FSD. The FSD stated he understood the regulation to only include the persons near the food would be required to wear</p>	A 891		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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 891	Continued From page 3  hairnets. The FSD stated staff would wear hairnets when in the kitchen.	A 891		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on the New Jersey Department of Health issued Executive Directive, observations, and staff interviews, the facility failed to ensure health care workers wore surgical masks, instead of cloth face coverings, when working in patient care areas for five of five staff observed in patient care areas. This deficient practice had the potential to affect all residents, and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health issued Executive Directive 20-026-1, dated 08/10/2020, detailed, "III.3.i. All staff must wear all appropriate personal protective equipment (PPE) when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g. breakroom)...."</p> <p>1. On 11/16/2020 at 10:10 AM, an observation and interview was conducted with Resident Assistant (RA) #2 who was wearing a cloth mask. RA #2 stated she wore her own cloth mask to the</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1271	<p>Continued From page 4</p> <p>facility because the facility did not give her one to wear.</p> <p>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.</p> <p>On 11/16/2020 at 11:24 AM, an observation and interview was conducted with Certified Medication Aide (CMA) #1, who was wearing a cloth mask. CMA #1 stated the facility had given staff a choice of masks, and she chose to wear a cloth mask.</p> <p>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 and both wore cloth face masks.</p> <p>On 11/16/2020 at 2:06 PM, an interview was conducted with the Executive Director (ED). The ED stated she was unaware cloth masks were unacceptable at the facility. The ED stated she was very surprised staff thought they had to bring their own masks and did not know where to get one since the facility had plenty of masks. The ED stated she would keep masks at the entrance for easy access for staff.</p>	A1271		
A1275	<p>8:36-18.2(a)(1) 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</p>	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1275	<p>Continued From page 5</p> <p>Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;</p> <p>This REQUIREMENT is not met as evidenced by: Based on the New Jersey Department of Health (NJDOH) issued Executive Directive, observations, and staff interviews, the facility failed to ensure health care workers wore universal eye protection when working in resident care areas for five of five observations. This deficient practice had the potential to affect all residents, and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJDOH publication, titled, "Recommendations for Long-Term Care Facilities during COVID-19 Pandemic," last updated on 11/10/2020, indicated, "Facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic individuals with COVID-19 incubation or infection." "Universal eye protection in addition to source control and other infection prevention and control measures, should be instituted to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions, for all HCP [healthcare personnel] and for all individuals who are unable to maintain social distancing."</p>	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
--------------------	--	---------------	---	--------------------

A1275	<p>Continued From page 6</p> <p>Reference: Centers for Disease Control (CDC) publication, titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, last updated on 11/04/2020, indicated, "Implement Universal Use of Personal Protective Equipment." "HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters."</p> <p>Reference: According to the NJDOH COVID-19 Activity Level Index (CALI) Score, for the week ending 11/14/2020, the community transmission level statewide was high.</p> <p>1. On 11/16/2020 at 10:02 AM, during a tour of the [REDACTED] unit, [REDACTED] residents were spread out in the common/dining area on chairs. Some residents had masks over their mouth and nose, others had them under their chin. Resident Assistants (RA) #1, #2, and #3 moved among residents, talking to them, and assisting residents to pull up their mask. Activity Assistant (AA #1) was also among the residents conducting a one to one activity. Social distancing was unable to be maintained and none of the staff wore eye protection.</p> <p>On 11/16/2020 at 10:10 AM, an observation and</p>	A1275		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1275	<p>Continued From page 7</p> <p>interview was conducted with RA #2 who was wearing a cloth mask and no eye protection. RA #2 stated she wore her own cloth mask to the facility because the facility did not give her one to wear.</p> <p>On 11/16/2020 at 11:24 AM, an observation and interview was conducted with Certified Medication Aide (CMA) #1. CMA #1 stated the facility had given staff a choice of masks, and she chose to wear a cloth mask. CMA #1 was not wearing eye protection.</p> <p>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.</p> <p>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 face shields.</p> <p>Based on the New Jersey Department of Health (NJDOH) issued Executive Directive, observations, and staff interviews, the facility failed to ensure health care workers wore universal eye protection when working in resident care areas for five of five staff observed. This deficient practice had the potential to affect all residents, and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p>	A1275		



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1275	<p>Continued From page 8</p> <p>Reference: NJDOH publication, titled, "Recommendations for Long-Term Care Facilities during COVID-19 Pandemic" last updated on 11/10/2020, indicated, "Facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic individuals with COVID-19 incubation or infection ...Universal eye protection in addition to source control and other infection prevention and control measures, should be instituted to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions, for all HCP [healthcare personnel] and for all individuals who are unable to maintain social distancing...."</p> <p>Reference: Centers for Disease Control (CDC) publication, titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated on 11/04/2020, indicated, "Implement Universal Use of Personal Protective Equipment. HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters."</p> <p>Reference: According to the NJDOH COVID-19 Activity Level Index (CALI) Score, for the week ending 11/14/2020, the community transmission</p>	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1275	<p>Continued From page 9</p> <p>level statewide was "high."</p> <p>1. On 11/16/2020 at 10:02 AM, during a tour of the [REDACTED] unit, [REDACTED] residents were spread out in the common/dining area on chairs. Some residents had masks over their mouth and nose, others had them under their chin. Resident Assistants (RA) #1, #2, and #3 moved among residents, talking to them, and assisting residents to pull up their masks. Activity Assistant (AA #1) was also observed with residents conducting a one to one activity. Social distancing was unable to be maintained and none of the staff wore eye protection.</p> <p>On 11/16/2020 at 10:10 AM, an observation and interview was conducted with RA #2 who was wearing a cloth mask and no eye protection. RA #2 stated she wore her own cloth mask to the facility because the facility did not give her one to wear.</p> <p>On 11/16/2020 at 11:24 AM, an observation and interview was conducted with Certified Medication Aide (CMA) #1. CMA #1 stated the facility had given staff a choice of masks, and she chose to wear a cloth mask. CMA #1 was not wearing eye protection.</p> <p>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.</p> <p>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</p>	A1275		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1275	Continued From page 10  face shields.	A1275		
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> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, it was determined that the facility failed to implement the current Executive Directive 20-026 updated 10/20/2020 and the New Jersey Department of Health and Communicable Disease Services (CDS) recommendation dated 10/22/2020, to identify and cohort a newly readmitted resident who is a person under investigation (PUI) and failed to ensure staff wore appropriate personal protective equipment (PPE) for one of one resident (Residents #2) reviewed for readmission. The deficient practice occurred during the COVID-19 pandemic, and had the potential to affect all residents.</p> <p>The findings include:</p> <p>1. EXECUTIVE DIRECTIVE NO. 20-0261 Directive for the Resumption of Services in all Long-Term Care Facilities licensed pursuant to N.J.A.C. 8:43, N.J.A.C. 8:39,</p>	A1299		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1299	<p>Continued From page 11</p> <p>N.J.A.C. 8:36 and N.J.A.C. 8:37, Updated 10/20/2020</p> <p>"...3. Cohorting, PPE and Training Requirements in Every Phase:</p> <p>i. Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a>), if applicable...</p> <p>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 Guidance: ...<a href="https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf">https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf</a>, Orders: <a href="https://www.state.nj.us/health/legal/covid19/4-13-20_EmergencyCurtailmentOfAdmissions.pdf">https://www.state.nj.us/health/legal/covid19/4-13-20_EmergencyCurtailmentOfAdmissions.pdf</a> and Directives. Facilities shall take appropriate action on the results including, but not limited to, the guidance below:</p> <p>...b. Receiving Facility: Upon identification of a case of COVID-19 in a resident who was recently admitted (within 14 days), the receiving facility must provide these results back to the sending facility to allow for the appropriate response and investigation...</p> <p>IV. Required standards for services during each phase</p> <p>... v. When facilities are experiencing an outbreak, communal dining and all group</p>	A1299		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1299	<p>Continued From page 12</p> <p>activities should be limited. Residents shall stay in their rooms as much as possible and cohort in accordance with CDS: <a href="https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf">https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf</a> and CDC guidance: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-controlrecommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html...">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-controlrecommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html...</a>"</p> <p>2. New Jersey Department of Health, CDS "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities" updated 10/22/2020, read, "...Cohorting is only one element of infection prevention and control measures used for outbreak control. The facility should review or develop a cohorting plan...d) Cohort 4 - New or Re-admissions: This cohort consists of all persons from the community or other healthcare facilities who are newly or re-admitted... Implement universal Transmission-Based Precautions using COVID-19 recommended PPE (i.e., N95 respirator or higher [or facemask if unavailable], eye protection, gloves, and isolation gown) for the care of all patients/residents, regardless of presence of symptoms or COVID-19 status...."</p> <p>On 11/16/2020 at 8:33 AM, an interview was conducted with the Director of Nursing (DON). The DON stated Resident #2 was re-admitted to the facility on [REDACTED] after a hospital stay and was not on quarantine 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.</p>	A1299		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMMONS AT PARAGON VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840</b>
---	--

(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
A1299	<p>Continued From page 13</p> <p>On 11/16/2020, an observation was conducted of the room where Resident #2 resided. There was no PPE readily available at the door to the room, and no signs indicating any isolation precautions or PPE required to enter the room.</p> <p>On 11/16/2020 at 11:24 AM, an interview was conducted with Certified Medication Aide (CMA) #1, who stated the facility had one resident, Resident #2, who was on isolation for 14 days after returning from the hospital. CMA #1 stated she was supposed to wear a surgical mask when caring for the resident.</p> <p>On 11/16/2020 at 2:53 PM, an interview was conducted with the DON who stated she would get a cart of the required PPE, signs of required PPE and set them up for the resident on isolation. The DON stated she would educate staff and the residents of the requirements.</p> <p>On 11/16/2020 at 4:00 PM, an interview was conducted with the ED. The ED stated she had recently talked with the health department regarding new admissions and isolation requirements but did not think that applied to residents who were re-admissions from the hospital, because they weren't suspected of exposure to COVID-19.</p>	A1299		