

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2020
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NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW MOUNT LAUREL	STREET ADDRESS, CITY, STATE, ZIP CODE 400 FERNBROOKE LANE MOUNT LAUREL, NJ 08054
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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: 79</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/12/2020. 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.</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		
A1297	<p>8:36-18.3(a)(4) 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 style="padding-left: 40px;">4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A1297		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A1297	<p>Continued From page 1</p> <p>Based on observation, staff interviews, and New Jersey Department of Health (NJDOH) Executive Directive 20-026-1, dated 10/20/2020, it was determined that the facility failed to screen a surveyor for COVID-19 signs and symptoms before entry to the facility. This occurred during the COVID-19 pandemic and had the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>Reference: NJDOH Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following;</p> <p>III. Required standards for visitation and service during each reopening "Phase."</p> <p>2. Requirements for Visitation and/or Entry in Any Phase:</p> <p>iii. Facilities must actively screen all persons entering the building (except EMS personnel) for signs and symptoms of COVID-19. Screening is to include:</p> <p>a. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F or as further restricted by facility.</p> <p>b. Completion of a questionnaire about symptoms and potential exposure which shall include at a minimum:</p> <p>iv. Facilities must observe anyone entering the facility for any signs or symptoms of COVID-19, including, but not limited to:</p> <ol style="list-style-type: none"> 1) chills; 2) cough; 3) shortness of breath or difficulty breathing, 4) sore throat; 5) fatigue; 6) muscle or body aches; 7) headache; 8) new loss of taste or smell; 9) congestion or runny nose; 	A1297		
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A1297	<p>Continued From page 2</p> <p>10) nausea or vomiting; or 11) diarrhea.</p> <p>1. On 11/12/2020 at 9:05 AM, Receptionist #1 screened this surveyor, however, failed to screen a second surveyor that was with this surveyor. The receptionist checked the surveyor's temperature and asked if he had a headache. No other screening questions were asked, and the surveyor was allowed access to the facility conference room.</p> <p>An interview was completed with Receptionist #1 on 11/02/2020 at 9:30 AM. Receptionist #1 stated she thought this surveyor answered the questions for both.</p> <p>The Executive Director (ED) confirmed that there was no written policy on visitor screening.</p> <p>An interview was conducted with the ED on 11/12/2020 at 10:03 AM. The ED stated usually the receptionist screened all visitors when they enter the facility and should have screened both.</p>	A1297		
A1303	<p>8:36-18.3(a)(7)(i-iv) 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>7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:</p> <p>i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;</p>	A1303		

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A1303	<p>Continued From page 3</p> <p>ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;</p> <p>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</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: Based on document review and staff interviews, the facility failed to use an Environmental Protection Agency (EPA) approved disinfectant approved for use against COVID-19. This had the potential to affect all residents and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>1. On 11/12/2020 at 4:25 PM, an interview was completed with the Dietary Manager (DM). The DM identified that he used Sani-Wipe (EPA #9480-13) to sanitize the tables and chairs in the dining rooms after resident use.</p> <p>A review of the wipes used revealed it was not an</p>	A1303		

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A1303	<p>Continued From page 4</p> <p>approved disinfectant on EPA List N to kill coronavirus.</p> <p>A review of the facility's COVID-19 Operating Protocol revealed the facility had four products in their portfolio of chemicals that were approved for human type coronaviruses and should be used to disinfect all touch point surfaces in the facility. The wipes used to disinfect the tables and chairs in the dining rooms after resident use was not on the list contained in the policy.</p> <p>On 11/12/2020 at 5:00 PM, the Executive Director reported she had been informed by the Dietary Manager that the sanitizer they were using was not listed on the EPA approved list to kill coronavirus. She added that they would be using a different product that was on the EPA approved list of chemical products.</p>	A1303		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90106	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/24/2020	Y3
NAME OF FACILITY BRIGHTVIEW MOUNT LAUREL			STREET ADDRESS, CITY, STATE, ZIP CODE 400 FERNBROOKE LANE MOUNT LAUREL, NJ 08054		

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 A1297	Correction	ID Prefix A1303	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.3(a)(4)	Completed	Reg. # 8:36-18.3(a)(7)(i-iv)	Completed	Reg. # _____	Completed
LSC _____	12/01/2020	LSC _____	12/01/2020	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 11/12/2020		<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		

BRIGHTVIEW

MOUNT LAUREL

ASSISTED LIVING

12/19/20

Brightview Mount Laurel
Plan of Correction
Survey Date: November 12, 2020

Regulation: 8:36-18.3(a)(4)

The community was found not to be in compliance with failing to screen a surveyor for Covid-19 signs and symptoms before entry to the community.

1. How the corrective action will be accomplished for those Residents found to be affected by the deficient practice.

All associates, residents, families, friends, vendors, and any other visitor to the community will be required to be properly screened individually and acknowledge their understanding of and commitment to our infection control procedures.

2. How will the community monitor its corrective action to ensure that the deficient practice is being corrected and will not recur?

The Business Office Manager will review all Infection Control Screening Protocols with the Concierge and Hospitality Associates. The Executive Director will reiterate protocols during monthly associate meeting and conduct an audit monthly to ensure compliance.

Completion Date: December 1, 2020. Screening Protocols have been reviewed with Associates.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

The Infection Control Screening Protocols have been reviewed with the Concierge and Hospitality Associates to ensure everyone is properly screened individually and understands all procedures.

4. How the Facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

The Business Office Manager will review Infection Control Screening Procedures ongoing during the monthly departmental meetings. The Executive Director will conduct an audit of screening sheets monthly and randomly review screening process.

Lavanda Clinkscales, Executive Director

400 Fernbrooke Lane, New Jersey 08054
856-222-1213

BRIGHTVIEW

MOUNT LAUREL

ASSISTED LIVING

12/19/20

Brightview Mount Laurel
Plan of Correction
Survey Date: November 12, 2020

Regulation: 8:36-18.3(a)(7)(i-iv)

The community was found not to be in compliance with use of an Environmental Protection Agency (EPA) approved disinfectant approved for use against Covid-19.

1. How the corrective action will be accomplished for those Residents found to be affected by the deficient practice.

Dining Services Director will use one of the four chemical products onsite that are approved for human type corona virus to ensure all table and chairs are properly sanitized.

2. How will the community monitor its corrective action to ensure that the deficient practice is being corrected and will not recur?

The Dining Services Director will review all Infection Control Environmental Protection Protocols with the Dining Services Associates. The Executive Director will reiterate protocols during monthly dining services departmental meeting and conduct an audit monthly to ensure compliance of chemicals.

Completion Date: December 1, 2020. Environmental Protocols and Procedures have been reviewed with Dining Services Associates.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

The Dining Services Director will only purchase one or more of the four approved EPA Chemicals Brightview has recommended to be used for disinfecting tables and chairs against Covid-19.

4. How the Facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

The Dining Services Director will review Infection Control Cleaning Procedures ongoing during the monthly departmental meetings. The Executive Director will conduct an audit of chemical purchases monthly to ensure compliance and randomly observe cleaning process weekly.

Lavanda Clinkscapes, Executive Director

400 Fernbrooke Lane, New Jersey 08054
856-222-1213

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

Aranda Blenkopf

TITLE

Executive Director

(X6) DATE

12/19/20