STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15a007	A. BUILDING: _____ B. WING _____	11/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINS AT CEDAR PARKE, THE	114 HAYES MILL ROAD ATCO, NJ 08004

(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	Initial Comments Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/08/2020. 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. Censusu: 99 The facility must submit a plan of correction, including a completion date for each defiiency and ensure that the plan is implemented. Failure to corect deficiencies may result in enforcement action inaccordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
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	A1303		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1303	Continued From page 1 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 iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility policy review, it was determined that the facility failed to implement its "Sanitation and Reuse of Medical Equipment" policy to ensure reusable medical equipment were disinfected between use for 2 of 3 residents, Residents #1 and #2. This deficient practice was evidenced by the following: The surveyor's review of the facility policy titled, "Sanitation and Reuse of Medical Equipment" revised 4/15/20, documented and specified the facility's requirement: "All medical equipment etc. blood pressure cuffs, oximeters, thermometers are to be cleaned by approved agents between use."	A1303		

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A1303	Continued From page 2 1. On 11/08/2020 at 9:20 a.m., the surveyor observed Nurse #1 take the [redacted] of Resident #1 and removed the cuff. The nurse then put the same [redacted] cuff onto Resident #2's arm without sanitizing the cuff before or after use of either resident. The surveyor interviewed Nurse #1 on 11/08/2020 at 9:25 a.m. Nurse #1 stated that she was supposed to clean the blood pressure cuff between residents, but that she did not have the Micro Kill Bleach (Environmental Protection Agency (EPA) Registration #37549-1 which was on the EPA List N of approved disinfectants for COVID-19, available to disinfect the [redacted] cuff. On 11/08/2020 at 9:45 a.m., the surveyor interviewed the Director of Nursing (DON). The DON stated that all reusable medical equipment was to be cleaned with Micro Kill Bleach between use of residents. The surveyor interviewed the Administrator on 11/08/2020 at 9:47 a.m. The Administrator stated that Nurse #1 should have called, and someone could have brought her the Micro Kill Bleach. 2. On 11/08/2020 at 9:20 a.m., the surveyor observed Nurse #1 taking the [redacted] off a resident's finger and placed the [redacted] r on Resident #1. After taking the [redacted] off Resident #1's finger, she placed the [redacted] on Resident #2's finger without sanitizing the pulse oximeter prior to use on Resident #2. The surveyor interviewed Nurse #1 on 11/08/2020 at 9:25 a.m. Nurse #1 stated she was supposed to clean the oximeter between residents, but that she did not have the Micro Kill Bleach	A1303		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1303	Continued From page 3 (Environmental Protection Agency {EPA} Registration #37549-1), which was on the EPA List N of approved disinfectants for COVID-19, available to disinfect the oximeter. The surveyor interviewed the DON on 11/08/2020 at 9:45 a.m. She stated that all reusable medical equipment was to be cleaned with Micro Kill Bleach between use. The surveyor interviewed the Administrator on 11/08/2020 at 9:47 a.m. The Administrator stated that Nurse #1 should have called, and someone could have brought her the Micro Kill Bleach to use.	A1303		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
15a007		12/8/2020

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINS AT CEDAR PARKE, THE	114 HAYES MILL ROAD ATCO, NJ 08004

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 A1303 Reg. # 8:36-18.3(a)(7)(i-iv) LSC	Correction Completed 11/09/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 11/8/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jennifer Rielly TITLE CARA (X6) DATE 12/3/20

NEW JERSEY DOH SURVEY PLAN OF CORRECTION

ID Prefix Tag A1303

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

    a. All residents who were affected have been notified.

2. How will the facility identify other residents having the potential to be affected by the same practice?

    a. All residents have the potential to be affected by this practice.

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

    a. The facility has implemented monthly inservices to include this violation.

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 change?

    a. Designee will ensure that proper cleaning products are readily available and used after each resident.
    b. Findings will be reported at QA x 2 quarters.

5. Time Frame:
    November 9,2020