

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04A024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2023
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NAME OF PROVIDER OR SUPPLIER HARMONY VILLAGE AT CAREONE CHERRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1240 BRACE ROAD CHERRY HILL, NJ 08034
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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: TYPE OF SURVEY: Complaint and Focused Infection Control Survey COVID-19</p> <p>COMPLAINT #: NJ100160853</p> <p>CENSUS: 59</p> <p>CAPACITY: 64</p> <p>SAMPLE SIZE: 5</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> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 2/8/23. 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>	A 000		

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

TITLE

(X6) DATE

03/09/23

New Jersey Department of Health

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A 310 A 310	Continued From page 1 8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility's Administrator failed to develop, implement, and enforce a COVID-19 Outbreak and Response Plan policy and procedure. This deficient practice was evidenced by the following: Reference: N.J.S.A. 26:2H-87.3(b) Notwithstanding any provision of law to the contrary, as a condition of licensure, the department shall require facilities to develop an outbreak response plan within 180 days after the effective date of this act, which plan shall be customized to the facility, based upon national standards and developed in consultation with the facility's infection prevention and control committee. At a minimum, each facility's plan	A 310 A 310		

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A 310	<p>Continued From page 2</p> <p>shall include, but shall not be limited to:...</p> <p>Reference: N.J.S.A. 26:2H-87.3(c)(1)</p> <p>In addition to the requirements set forth in subsection b. of this section, the department shall require a facility to include in the facility's outbreak response plan written policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including employing an individual who meets the requirements of paragraph of (1) subsection e. of this section ...</p> <p>Reference: N.J.S.A. 26:2H-87.3(e)(1)</p> <p>The department shall require each facility to establish an infection prevention and control committee and assign to the facility's infection prevention and control committee an individual designated as the infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate there from...</p> <p>On 2/7/2023, while conducting a complaint survey, it was revealed by the facility's Administrator that three of the facility's residents tested positive for COVID-19 on 2/6/2023.</p> <p>On 2/7/2023 at 12:34 p.m., during surveyor interview, the facility's Administrator stated the facility did not have an Infection Preventionist (IP) and that the previous IP was employed with the</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>facility until 1/31/2023. The Administrator also stated he did not know if the facility's Infection Prevention and Control Program or the facility's Outbreak Response Plan was implemented at that time of the survey, due to 2/7/2023 being his first day of employment at the facility. During continued surveyor interview, the Administrator stated the facility was in negotiations as it pertained to the facility's efforts to obtain a replacement IP.</p> <p>On 2/8/2023 at 10:20 a.m., while conducting a Focused Infection Control survey related to COVID-19, the facility's Administrator stated he did not know if the facility had an Outbreak Response Plan policy and procedure but would check to see if he could locate it.</p> <p>The Administrator was unable to provide the surveyor with an COVID-19 Outbreak and Response policy and procedure.</p>	A 310		
A1185	<p>8:36-17.2(b) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) Housekeeping personnel shall be trained in cleaning procedures, including the use and care of equipment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure housekeeping staff followed proper cleaning procedures to prevent potential cross</p>	A1185		

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A1185	<p>Continued From page 4</p> <p>contamination of the resident's environment in response to an outbreak of COVID - 19 as evidenced by the following:</p> <p>On 2/7/2023 at 11:30 a.m., while conducting a complaint survey, the surveyor observed a Housekeeper (HK), HK #1 in the hallway of a unit that housed COVID -19 positive residents with a cleaning cart that included a yellow mop bucket containing a large string mop head with a handle. The surveyor did not observe the use of microfiber mop head or system.</p> <p>At 11:31 a.m., the surveyor interviewed HK #1 who explained that when cleaning residents' rooms, the mop head and the water in the mop bucket were not changed in between cleaning each residents' room unless the resident was on contact isolation precautions related to COVID-19. HK #1 also stated the mop head and the water in the mop bucket were changed after it was used to clean three residents' rooms. HK #1 continued to explain that he cleaned 10 to 30 rooms a day.</p> <p>On 2/8/2023 at 12:10 p.m., the surveyor interviewed HK #2 who stated when cleaning residents' room, the mop head and mop bucket water were changed after cleaning three resident's room. HK #2 also stated the mop head and the mop bucket water are changed after they are used to clean a room of a resident who is COVID-19 positive.</p> <p>At 12:12 p.m., the surveyor interviewed the facility's Housekeeping Supervisor who confirmed housekeeping staff changed the mop head and the water in the mop bucket after the mop head and mop bucket water were used to clean three resident's rooms except for the rooms that were</p>	A1185		
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A1185	<p>Continued From page 5</p> <p>occupied by COVID-19 positive residents.</p> <p>On 2/22/2023, the surveyor reviewed the facility policy and procedure titled, "SEVEN-STEP CLEANING AND TERMINAL CLEANING PROCEDURES", which revealed,</p> <p>"VI. FLOOR WET MOPPING Frequency: Daily Equipment Needed: Wet mop with handle, bucket, scraper, "wet floor" signs Products Recommended: Floor cleaning solution in bucket with mop heads Procedure:</p> <ol style="list-style-type: none"> 1. Place "wet floor" signs at doorway. 2. Attach clean mop head to handle. 3. Starting at the corner farthest from the door, move the mop in an "S" stroke and mop the floor, turning the mop over and wiping out the corners, move toward the door. 4. Move small objects and rolling furniture. 5. Scrape floor as needed. 6. Clean bathroom floor, wiping out the corners and behind each side of the toilet. 7. Remove soiled mop head from handle and place in designated beg. <p>Infection Control Impact:</p> <ul style="list-style-type: none"> o Using the microfiber system eliminates the need for mop water & mop head exchanges, it also eliminates the risk of moving one room's organisms to the next, when used properly. Also eliminates the risk, if "isolation" rooms are not cleaned last. o Mop bathroom last, as this will also prevent the potential spread of surface organisms to a "cleaner" part of the room o Wet mopping allows cleaning products to sit for the appropriate intervals, making for a more effective kill on a larger number of types of organisms. 	A1185		

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A1185	Continued From page 6 o Do not allow bag for soiled mop heads to leak. If the bag leaks, place original bag inside an intact one"	A1185		
A1271	8:36-18.1(a) Infection Prevention and Control Services (a) The facility shall develop and implement an infection prevention and control program. This REQUIREMENT is not met as evidenced by: Based of observation, interview, and record review, it was determined that the facility failed to implement and enforce its Infection Prevention and Control Program in accordance with Communicable Disease Control (CDC) and Prevention guidelines and its policy titled, "Infection Prevention and Control Program." This deficient practice was evidenced by the following: Reference: N.J.S.A. 26:2H-87.3(e)(1) The department shall require each facility to establish an infection prevention and control committee and assign to the facility's infection prevention and control committee an individual designated as the infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate	A1271		

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A1271	<p>Continued From page 7</p> <p>therefrom...</p> <p>Reference: N.J.S.A. 26:2H-87.3(e)(2)</p> <p>The infection prevention and control committee shall meet on at least a quarterly basis. The infection preventionist assigned to the committee pursuant to this subsection shall attend all of the meetings held by the infection prevention and control committee...</p> <p>On 2/7/2023 at 10:16 a.m., while conducting a complaint survey, it was revealed that three of the facility's residents tested positive for COVID-19 on 2/6/2023. The surveyor asked the facility's Administrator if the facility employed an Infection Preventionist (IP) and requested the IP's name and contact information. The Administrator stated he did not know who the facility's IP was, due to him starting his employment with the facility on the day of the survey, 2/7/2023. At that time, the Administrator stated he would find out who the facility's IP was and provide the surveyor with the facility's IP's name and contact information.</p> <p>At 12:15 p.m., the Administrator provided the surveyor with the facility's IP name, title, and email address. The surveyor requested the Administrator included the IP's contact telephone number in addition to the the IP's email address. At that time, the Administrator stated he would return with the IP's telephone number.</p> <p>At 12:34 p.m., during the surveyor interview with the facility's Administrator, the Administrator stated the facility did not have an IP at that time. The Administrator also stated the facility's previous IP was employed until 1/31/2023. During continued surveyor interview, the Administrator stated the facility was in negotiations as it</p>	A1271		

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A1271	<p>Continued From page 8</p> <p>pertained to the facility's efforts to obtain a replacement IP. The Administrator also stated he did not know if the facility's Infection Prevention and Control Program or Outbreak Response Plan was implemented at that time of the survey.</p> <p>On 2/8/2023, the surveyor reviewed the facility policy and procedure titled, "Infection Prevention and Control Program", which revealed,</p> <p>"Policy Statement. An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Policy Interpretation and Implementation</p> <p>1. The infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary ...</p> <p>5. Coordination and Oversight</p> <p>a. The infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist).</p> <p>b. The qualifications and job responsibilities of the Infection Preventionist are outlined in the Infection Preventionist Job Description.</p> <p>c. The infection prevention and control committee is responsible for reviewing and providing feedback on the overall program. Surveillance data and reporting information is used to inform the committee of potential issues and trends ...</p> <p>d. The committee meets regularly, at least quarterly, and consists of team members from</p>	A1271		
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A1271	<p>Continued From page 9</p> <p>across disciplines, including the Medical Director.</p> <p>6. Policies and Procedures</p> <p>a. Policies and procedures are utilized as the standards of the infection prevention and control program.</p> <p>b. Policies and procedures reflect the current infection prevention and control standards of practice.</p> <p>c. The infection prevention and control committee, Medical Director, Director of Nursing Services, and other key clinical and administrative staff review the infection control policies at least annually. The review will include:</p> <ol style="list-style-type: none"> 1. Updating or supplementing policies and procedures as needed; 2. Assessment of staff compliance with existing policies and regulations; and 3. Any trends or significant problems since the previous review ..." <p>The facility failed to employ a IP at the time of the survey. The facility's Administrator was unable to provide the surveyor with documentation from the facility's Infection Prevention and Control Committee annual reviews.</p> 	A1271		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04A024	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/28/2023
NAME OF FACILITY HARMONY VILLAGE AT CAREONE CHERRY HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 1240 BRACE ROAD CHERRY HILL, NJ 08034

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 A0310	Correction	ID Prefix A1185	Correction	ID Prefix A1271	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-17.2(b)	Completed	Reg. # 8:36-18.1(a)	Completed
LSC	02/28/2023	LSC	02/09/2023	LSC	02/09/2023
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 2/8/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

Harmony Village at Care One Cherry Hill

1240 Brace Road, Cherry Hill NJ, 08043



Plan of Correction Harmony Village at CareOne Cherry Hill #04A024 Survey date: Feb 7 -8, 2023

ID Prefix Tag: A310 -8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility's Administrator failed to develop, implement, and enforce a COVID-19 Outbreak and Response Plan policy and procedure. This deficient practice was evidenced by the following: Reference: N.J.S.A. 26:2H-87.3(b)

Plan of Correction –

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents were identified. The facility as part of the CareOne organization has an existing COVID-19 outbreak response plan, which was not provided during survey, written policies and procedures, education, and trainings consistent with COVID-19 outbreak response.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All Residents have the potential to be affected.
3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. The administrator and DON were shown how to access the CareOne Portal and locate the facility outbreak response plan, including but not limited to written policies and procedures, staff in-services, and training. The facility administrator and DON's access to Power DMS was reviewed and noted that access is current. Policy binder available for all staff, at all times. A dedicated Infection Preventionist registered nurse was assigned to the facility commencing 2/9/2023 and provided in-services to the staff regarding COVID-19 infection prevention and control including policies and procedures in the outbreak response plan.
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 QA program will be put into place to monitor the continued effectiveness of the systemic change. The Administrator or designee will monitor and audit infection control practices to ensure consistency with policies and procedures. These will include ensuring the provision of staff orientation and staff education including COVID-19 outbreak plan. The results of the audit will be presented to the Quality Assurance Performance Improvement Committee weekly X 1 month, monthly x2 months. The QA Committee will determine the need for further performance improvement

COMPLETION DATE: 2/28/23

Harmony Village at Care One Cherry Hill

1240 Brace Road, Cherry Hill NJ, 08043



ID Prefix Tag A1271 : 8:36-18.1(a) Infection Prevention and Control Services (a) The facility shall develop and implement an infection prevention and control program. This REQUIREMENT is not met as evidenced by: Based of observation, interview, and record review, it was determined that the facility failed to implement and enforce its Infection Prevention and Control Program in accordance with Communicable Disease Control (CDC) and Prevention guidelines and its policy titled, "Infection Prevention and Control Program." This deficient practice was evidenced by the following: Reference: N.J.S.A. 26:2H-87.3(e)(1) The department shall require each facility to establish an infection prevention and control committee and assign to the facility's infection prevention and control committee an individual designated as the infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate therefrom reference: N.J.S.A. 26:2H-87.3(e)(2) The infection prevention and control committee shall meet on at least a quarterly basis. The Plan of Correction Harmony Village at CareOne Cherry Hill #04A024 Survey date: Feb 7 -8, 2023 infection preventionist assigned to the committee pursuant to this subsection shall attend all of the meetings held by the infection prevention and control committee.

Plan of Correction-

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected. The facility immediately assigned an experienced infection preventionist Registered nurse on 2/9/23.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All Residents have the potential to be affected.
3. What measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur. The facility was immediately assigned an experienced infection preventionist Registered Nurse on 2/9/23. The facility Administrator met with the assigned infection preventionist nurse and reviewed infection prevention policies and procedures, staff in-services and training. The facility developed an infection prevention and control program.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, ie., what QA program will be put in place to monitor the continued effectiveness of the systemic change. The infection preventionist or designee will monitor and audit infection control practices to ensure consistency with policies and procedures. The results of the audit will be presented to the Quality Assurance performance Improvement Committee monthly x 3 months. The QA committee will determine the need for further performance improvements. The infection prevention and control program committee will meet on a quarterly basis.

Completion Date: 2/9/23

Harmony Village at Care One Cherry Hill

1240 Brace Road, Cherry Hill NJ, 08043



ID Prefix Tag: A1185 - 8:36-17.2(b) Housekeeping-Sanitation-Safety-Maintenance (b) Housekeeping personnel shall be trained in cleaning procedures, including the use and care of equipment. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure housekeeping staff followed proper cleaning procedures to prevent potential cross contamination of the resident's environment in response to an outbreak of COVID - 19 as evidenced by the following: On 2/7/2023 at 11:30 a.m., while conducting a complaint survey, the surveyor observed a Housekeeper (HK), HK #1 in the hallway of a unit that housed COVID -19 positive

Plan of Correction –

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were affected. An immediate in-service of housekeeping #1 and housekeeping # 2 were provided regarding seven (7) steps of cleaning as well as use of correct mop and cleaning materials/water. The education and in-services also included putting a wet sign after mopping and ensuing proper disposal of soiled cleaning products.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All Residents have the potential to be affected.

3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur. An immediate in-service was conducted by the Clinical Support Team regarding seven-step cleaning and terminal cleaning procedure. Washable Microfiber mop heads were implemented on 2/9/23 with proper cleaning after each room use. The assigned infection preventionist also provided reinforcement and reserviced to housekeeping staff on the facility seven-step cleaning and terminal cleaning policy and 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 QA program will be put into place to monitor the continued effectiveness of the systemic change. The director of environmental services or designee will monitor the cleaning practices of housekeeping staff 2X weekly for 2 weeks, weekly for 2 weeks and every 2 weeks for 1 month. The results of the audit will be presented to the Quality Assurance Performance Improvement Committee monthly x3 months. The QA Committee will determine the need for further performance improvement.

Completion Date: 2/9/23