

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/13/2019
NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT VOORHEES		STREET ADDRESS, CITY, STATE, ZIP CODE 396 SO. WHITE HORSE PIKE BERLIN, NJ 08009		
(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: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00121980 CENSUS: 104 SAMPLE SIZE: 4 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.	A 000		
A 517	8:36-5.6(b)(1-7) General Requirements (b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following: 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures;	A 517		

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

TITLE

(X6) DATE

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A 517	<p>Continued From page 1</p> <p>3. The infection prevention and control program;</p> <p>4. Resident rights;</p> <p>5. Abuse and neglect;</p> <p>6. Pain management;</p> <p>7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to provide documented evidence that 1 of 5 employees, Employee #1, received the minimum required in-service education and training upon hire. This deficient practice was evidenced by the following:</p> <p>On 6/13/19 during surveyor review of the personnel file for Employee #1, a Certified Homemaker Home Health Aide (CHHA) who was</p>	A 517			

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A 517	Continued From page 2 hired [REDACTED], the surveyor observed no documented evidence that the CHHA received training on Resident Rights, Infection Control and Emergency Procedures upon hire as required. Employee #1 was no longer worked in the facility effective [REDACTED]. On 6/13/19 at 2:00 p.m., the surveyor reviewed facility policy titled, "Staff Orientation" in the presence of the Director of Nursing (DON) and the Director of Marketing. According to the policy, "All personnel providing personal care or health services receive orientation at the time of employment..." The policy also documented that staff would receive orientation on emergency plans and procedures, the infection prevention and control program, and resident rights. The DON confirmed that Employee #1 should have received this training upon hire as required and in accordance with the facility policy.	A 517		
A1307	8:36-18.4(a)(1) Infection Prevention and Control Services (a) Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin	A1307		

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A1307	<p>Continued From page 3</p> <p>skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that 1 of 5 employees, Employee #1, received the second step of the two-step Mantoux skin test within the acceptable time period of 1 to 3 weeks after the initial injection. This deficient practice was evidenced by the following:</p> <p>On 6/13/19 at 1:30 p.m. the surveyor reviewed the health file for Employee #1 and observed that the employee received the first-step of the required two-step Mantoux tests on [REDACTED], prior to the date of hire on [REDACTED]. The employee health file did not contain documented evidence that a second step was administered as required. A two-step Mantoux test consisted of a series of two injections of purified protein derivative injected under the skin of the forearm to determine whether an employee had been exposed to the tuberculosis bacteria.</p> <p>On 6/13/19 at 2:00 p.m., the surveyor reviewed the facility policy titled, "Tuberculosis and Health Care Screening," in the presence of the Director of Nursing (DON) and the Director of Marketing. The policy documented, "Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test..." During surveyor interview the DON confirmed that the employee</p>	A1307			

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A1307	Continued From page 4 should have had the two-step as required and in accordance with the facility policy.	A1307			