

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03A007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/29/2020
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NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW GREENTREE	STREET ADDRESS, CITY, STATE, ZIP CODE 170 GREENTREE ROAD MARLTON, NJ 08053
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D 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 5/29/20. 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		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility records, it was determined that the facility Executive Director (ED) failed to ensure the implementation of comprehensive policies and procedures to address, manage, and control the spread of Covid-19 in accordance with April 4,</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>2020 instructions issued by the Commissioner of the Department of Health. (DOH)</p> <p>This deficient practice was evidenced by:</p> <p>On 5/29/20 at 10:30 a.m., the surveyor toured the memory care unit along with the Wellness Nurse observed 10 residents and one Aide watching television in a common room.</p> <p>There was 10 residents observed to be participating in a group activity, 7 residents were sitting in every other chair and 3 residents were sitting next to each other within arm's reach, all 10 residents were not wearing a face mask.</p> <p>The April 4 instructions issued by the DOH stated that "The facility shall cancel all resident group activities."</p> <p>At 11:00 a.m., the surveyor interviewed the Wellspring Village Director who stated that some residents were a high fall risk and could not be left in their apartment and required close monitoring.</p> <p>At 11:45 a.m., the surveyor reviewed the facility policy, updated 5/26/20, " COVID-19 Operating Protocol Summary" which stated, "All Residents while in the community...Quarantined in their apartment; and...Maintain 6 feet distance...Activities and Programs...All internally led, small in-person group meetings are suspended."</p> <p>The ED did not ensure residents were quarantined in their apartments, maintained 6 feet apart and group activities were restricted in accordance with the facility policy/protocol and the instructions of the DOH issued on 4/4/20. The ED provided the surveyor with a Plan of</p>	A 310		

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A 310	Continued From page 2 Correction (POC) at 2:00 p.m. which was accepted at 2:30 p.m. The surveyor completed a follow-up survey on 6/15/20 and confirmed that the facility implemented the POC.	A 310		

June 24, 2020

Please find below our Plan of Correction in response to the deficiency noted on the survey completed on 5/29/2020.

ID Tag A310

1. Corrective action that took place included removing all living room furniture, quarantining all Well Spring residents in their apartments were completed additionally we added support staff on the 6am-2pm and 2pm-10pm shifts and infection control in-service was completed with the Well Spring village associates.
2. The deficient practice has the potential to affect all the residents in the community.
3. Executive Director along with Health Services Director, Assisted Living Manager and Well Spring Village Director will ensure associates are following infection control procedures as well as proper use of PPE. This will be accomplished through in services and during monthly team meetings.
4. The community will monitor the effectiveness of the changes by daily walk-thru of the community common areas, all new and existing associates have completed initial and ongoing infection control in-services.

Expected completion date for this task is 5/30/2020. Please feel free to contact me if you have any additional questions.

Sincerely,



Executive Director