

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02C003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/05/2023
NAME OF PROVIDER OR SUPPLIER MASONIC VILLAGE AT BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 902 JACKSONVILLE ROAD BURLINGTON, NJ 08016		
(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: Census: 74 Sample: 5 A Covid-19 Focused and Infection Control Survey was conducted by the State Agency on 1/5/23. 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.	A 000		
A 310	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:	A 310		

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

TITLE

(X6) DATE

01/24/23

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A 310	<p>Continued From page 1</p> <p>Based on interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the facility's policies and procedures titled, "Guidelines for Management of Suspected/Confirmed COVID-19" in regard to the frequency in which COVID 19 positive resident's vital signs (clinical measurement, specifically pulse rate, pulse oxygenation, temperature, respiration rate, and blood pressure, that indicate the state of patient's essential body functions) were taken during a COVID-19 outbreak for 3 out of 3 residents reviewed, Residents #1, #3, and #5. The ED also failed to develop, implement, and enforce a policy and procedure in regard to assessing and/or monitoring COVID-19 negative residents for signs and symptoms of COVID-19. This deficient practice was evidenced by the following:</p> <p>On 1/5/2023 at 11:56 a.m., while conducting a Focused Infection Control Survey related to COVID-19, the surveyor interviewed the facility's Licensed Practical Nurse (LPN) who stated the facility nurses only assessed COVID-19 negative residents "visually" for COVID-19 symptoms and assessed the temperature of COVID-19 positive resident's daily.</p> <p>On 1/5/2023 at 12:32 p.m., the survey team requested Medical Records (MR) for 3 out of 5 current COVID-19 positive residents from the facility's Director of Nursing (DON).</p> <p>On 1/5/2023, the surveyor reviewed the MR of Resident #1 who had diagnoses which included [REDACTED] and [REDACTED]. According to the resident's MR, the resident tested [REDACTED] for [REDACTED] on [REDACTED]. The surveyor reviewed the resident's "Progress Notes" and "Weights and Vitals Summary" for Resident #1 which revealed</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>the resident's temperature was assessed twice individually on [REDACTED] and once on [REDACTED]. Resident #1's pulse oxygenation (measurement of the saturation of oxygenation in a person's blood) was assessed once individually on [REDACTED], once on [REDACTED], and once on [REDACTED]. The aforementioned documents also revealed the residents complete set of vital signs were assessed twice on [REDACTED] [REDACTED], and [REDACTED]</p> <p>2. On 1/5/2023, the surveyor reviewed the MR of Resident #3 who had diagnoses which included [REDACTED] and [REDACTED]. According to the resident's MR, the resident tested [REDACTED] on [REDACTED]. The surveyor reviewed the "Progress Notes" and "Weights and Vitals Summary" for Resident #3 which revealed the resident's complete set of vital signs were assessed twice on [REDACTED], three times on [REDACTED], once on [REDACTED], and once on [REDACTED].</p> <p>3. On 1/5/2023, the surveyor reviewed the MR of Resident #5 who had diagnoses which included [REDACTED]. According to the resident's MR, the resident tested [REDACTED] on [REDACTED]. The surveyor reviewed the "Progress Notes" and "Weights and Vitals Summary" for Resident #5 which revealed the resident's temperature was assessed twice individually on [REDACTED], once on [REDACTED], and once on [REDACTED]. Resident #5's pulse oxygenation was assessed, once individually on [REDACTED]. The aforementioned documents also revealed the residents complete set of vital signs were assessed twice on [REDACTED] and once on [REDACTED].</p> <p>At 2:56 p.m., during the survey exit conference</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>the facility's DON stated COVID-19 [REDACTED] resident's vital signs were taken once a day. The DON stated the facility's policy may instruct the facility's nursing staff to assess COVID-19 [REDACTED] resident's vital signs once a shift. The DON was unable to provide the surveyor with documented evidence that the facility's COVID-19 positive resident's full set of vital signs including temperature and pulse oxygenation measurements were assessed per shift during resident's quarantine period. The DON also stated COVID-19 negative residents vital signs were only taken monthly as per the facility's standard.</p> <p>At 2:57 p.m., during the survey exit conference the facility's Administrator stated COVID-19 [REDACTED] residents were assessed for COVID-19 symptoms every shift. The Administrator stated the assessment was only an "observation" and was unable to provide the surveyor with documented evidence that the assessments were completed. The Administrator also stated COVID-19 negative residents vital signs were only assessed monthly and/or during medical appointments conducted at the facility. The Administrator was unable to provide the surveyor with documented evidence that the facility's COVID-19 [REDACTED] resident's full set of vital signs including temperature and pulse oxygenation measurements were assessed every shift during resident's quarantine period.</p> <p>On 1/5/2023, the surveyor reviewed a document titled, "Guidelines for Management of Suspected/Confirmed COVID-19" which revealed, " ...II. Cohorting - COVID-19 Positive Residents ... E. Residents should have a dedicated bathroom if applicable ...c. Vital signs including temperature and oxygen saturation will</p>	A 310		

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A 310	Continued From page 4 be preformed every shift to monitor for any change in condition."	A 310		