STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A002	A. BUILDING: _____ B. WING _____	03/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF SADDLE RIVER	5 BOROLINE ROAD SADDLE RIVER, NJ 07458

(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: 66 A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 3/10/21. 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: Based on interview and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to develop a policy that	A 310		

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A 310	Continued From page 1 ensured the implementation of resident screenings in Phase 0 of reopening, in accordance with the requirements of the New Jersey Department of Health (NJDOH) Executive Directive No. 20-026[1], to minimize sources and transmission of COVID-19 virus for 2 of 5 residents reviewed, Resident #1 and Resident #4. This deficient practice was evidenced by the following: Reference: NJDOH Executive Directive No. 20-026[1], updated 1/6/21, "... Phases per this Directive: Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS) ... II. Required Core Practices for Infection Prevention and Control ... 5. A facility with a COVID-19 outbreak will remain in Phase 0 (maximum restrictions) until their outbreak of COVID-19 has concluded ... iv. Outbreaks are considered concluded when there are no symptomatic/asymptomatic probable or confirmed COVID-19 cases among employees or residents after 28 days (two incubation periods) have passed since the last case's onset date or specimen collection date (whichever is later) ... The determination of an outbreak's conclusion will be made by either NJDOH or local health officers, pursuant to N.J.A.C. 8:57-1.10 ... IV. Required standards for services during each phase. 1. Phase 0... iv. Facilities shall screen all residents, at minimum during every shift, with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure, temperature and pulse oximetry...."	A 310		

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A 310	Continued From page 2 On 3/10/21 at 9:40 a.m., during the entrance conference of the survey, the Executive Director (ED) stated that the facility was in Phase 0. She stated that the facility was currently in a COVID-19 outbreak which began with a COVID-19 positive case on [redacted]. The surveyor asked the ED how the facility screened the residents and how often the frequency of the screening was conducted. The ED stated that the facility screened the residents with a full set of vital signs and assessed for signs and symptoms of COVID-19 two times a day, while the residents were awake. At 12:30 a.m., the surveyor reviewed the facility provided documents, titled, "COVID-19 Screening- V 6" for five residents and noted that the screening forms for Resident #1 and Resident #4, indicated that their temperature and signs and symptoms for COVID-19 were assessed two times a day. The surveyor then asked the ED if the vital signs were also documented in another section of the electronic medical record. The ED stated "yes." The surveyor then asked the ED to provide documentation of the vital signs screening for the month of March for each of the five residents. At 1:00 p.m., the surveyor reviewed the facility provided documents titled, "Weights and Vitals Summary" for each of the five residents. The surveyor observed that for two of the five residents, Resident #1 and Resident #4, the vital signs were not consistently conducted as required according to the NJDOH Executive Directive No. 20-026[1]. At 12:10 p.m., the surveyor interviewed the ED regarding the screening process for residents during the COVID-19 outbreak period. The ED stated that the facility screened residents two	A 310		

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A 310	Continued From page 3 times a day, and does not screen the residents on the third shift because they are sleeping. She added that the staff first write the screening information on paper and then put it in the electronic medical record. The surveyor reviewed the facility policy titled, "COVID-19 Mitigation and Response Plan", revised 2/17/21, which included the following: "Management/Containment: Known/Confirmed (positive) or Suspected COVID-19 Cases Institute Community Management Protocols" documented, "Communities with a confirmed case of COVID-19: Residents are screened at least twice daily for fever and symptoms of COVID-19." This facility policy was not in accordance with the NJDOH Executive Directive No. 20-026[1] which required facilities to screen all residents, at a minimum during every shift with questions and observations for signs or symptoms of COVID-19 and monitoring residents' vital signs that include heart rate, blood pressure, temperature, and pulse oximetry readings.	A 310		
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 on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to implement mitigation	A1271		

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A1271	Continued From page 4 strategies in accordance with Centers for Disease Control's (CDC) guidelines to prevent the spread of COVID-19. The facility failed to ensure facility staff followed infection control practices and were appropriately utilizing personal protective equipment (PPE) in accordance with the CDC guidelines during COVID-19 antigen testing of facility visitors. This deficient practice was evidenced by the following: Reference: CDC's guidelines titled, "Guidance for SARS-COV-2 Point-of-Care and Rapid Testing" (updated March 12, 2021), read, " ... For personnel collecting specimens or working within 6 feet of patients suspected to be infected with SARS-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which could include an N95 or higher-level respirator (or face mask if a respirator is not available), eye protection, gloves, and a lab coat or gown ...." On 3/10/21 at 9:41 a.m., the surveyor was greeted by the Wellness Registered Nurse (WRN), who stated that she was required to obtain Rapid COVID-19 Antigen Testing from personnel and approved visitors as part of the screening process prior to entry to the facility. The surveyor observed that the WRN wore goggles, a cloth mask worn over a second mask, gown and gloves to conduct the testing. When interviewed, the WRN stated that she always wore goggles, a cloth mask over a surgical mask, gown and gloves when she performed Rapid COVID-19 Antigen Testing. She further stated that she had not previously utilized an N95 respirator (a particulate-filtering facepiece that filters at least 95% of airborne particles) and always wore a cloth mask over her surgical mask	A1271		

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A1271	Continued From page 5 during testing. At 10:48 a.m., the surveyor interviewed the Executive Director (ED), who stated that the WRN was required to wear an N95 respirator under a surgical mask, face shield or goggles, gown and gloves when she performed Rapid COVID-19 Antigen Testing. She stated that a cotton cloth mask was not permitted to be worn during testing as it did not provide full protection against droplets which may lead to a potential spread of infection. She stated that the facility required that an N95 mask be worn under a surgical mask for full protection of staff who were responsible to obtain specimens. She further stated that the WRN should have received in-service training regarding proper PPE use during Rapid COVID-19 Antigen Testing. The surveyor requested to view a copy of the facility policy related to the testing. At 11:43 a.m., the ED stated that the facility did not have a policy that pertained to Rapid COVID-19 Antigen Testing. She further stated that she ensured that the WRN received additional training and provided the surveyor with a copy of the competency that was dated 3/10/21. The surveyor reviewed the facility document "Shadowing & Skills" which included, "... Rapid COVID-19 Antigen Testing ... Don full PPE (gloves, gown, N95 respirator and eye protection [face shield preferred])...." In a later interview with the WRN at 12:50 p.m., she stated that when she received her initial competency to perform Rapid COVID-19 Antigen Testing, it did not include N95 respirator use. She stated that the Director of Nursing (DON) just informed her today that she was now required to wear an N95 mask covered by a surgical mask	A1271		

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A1271	Continued From page 6 during testing. At 1:20 p.m., the ED provided the surveyor with a copy of the WRN's "Shadowing & Skills ... Rapid COVID-19 Antigen Testing" dated 2/4/21. Surveyor reviewed the document which confirmed and revealed the instruction, "... Don PPE appropriate to the status of the person being tested. Gloves, gown, regular mask & face shield for non-isolation. Full PPE with KN95 respirator for isolation ...." The WRN failed to follow this instruction.	A1271		