

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60A001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTON GARDENS OF FLORHAM PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>21 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932</b>
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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: Census: 61</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 3/16/21. 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.</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 pertinent facility documents, it was determined</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>that the Executive Director (ED) failed to develop a policy that ensured the implementation of resident screenings, in Phase 0 of reopening, in accordance with the New Jersey Department of Health (NJDOH) Executive Directive No. 20-026<sup>1</sup> to minimize sources and transmission of COVID-19 virus for 5 of 5 residents reviewed, Resident #'s 1, 2, 3, 4 and 5. This deficient practice was evidenced by the following:</p> <p>Reference: A review of NJDOH Executive Directive No. 20-026<sup>1</sup>, updated 1/6/21, included the following:</p> <p>"...Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS)...Section 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 (BP), temperature and pulse oximetry..."</p> <p>On 3/8/21 at approximately 9:30 a.m., during the entrance conference of the survey, the Executive Director (ED) stated that the facility was in Phase 0 during their COVID-19 outbreak period of 1/25/21 until 3/3/21, when the Local Health Department concluded the facility's outbreak. The surveyor asked the ED how the facility screened the residents and how what was the frequency of the screenings. 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. She stated that staff would screen any residents that are awake during the third shift (overnight shift).</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>At 11:15 a.m., the surveyor reviewed the facility provided documents, titled, "Assessment History Report" for five residents and observed the following:</p> <p>The reports for Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5 revealed that a "COVID-19 Screening-V6" was performed consistently two times a day for each of the five residents while the facility was in phase 0. The surveyor then reviewed the facility provided document titled, "COVID-19 Screening-V 6" which revealed that the resident's temperature and signs and symptoms of COVID-19 were assessed.</p> <p>At approximately 11:40 a.m., the surveyor asked the ED to provide documentation of the screening of vital signs for each of the five residents for the month of March 2021.</p> <p>The surveyor reviewed the facility provided documents titled, "Weights and Vitals Summary" for each of the five residents, which revealed that full vital signs checks, including BP, heart rate/pulse, temperature and pulse oximetry readings were not consistently documented on the forms as being performed the required once per shift. Additionally, the surveyor did not observe documented at least once a shift the signs and symptoms of COVID-19 for each of the 5 residents reviewed, Resident #'s 1, 2, 3, 4 and 5.</p> <p>At 12:53 p.m., the surveyor interviewed the ED regarding the screening process for residents during the COVID-19 outbreak period of the facility. The ED stated that the facility screened residents two times a day which included all vital</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>signs and signs and symptoms of COVID-19. She stated that she was following the facility policy.</p> <p>At 12:55 p.m., the surveyor interviewed the Resident Services Director (RSD) who stated that per the facility policy, the residents did not need to be awakened for the screening. The surveyor then asked the RSD if the NJDOH Executive Directive should have been followed. The RSD confirmed that the NJDOH Executive Directive should have been followed.</p> <p>The surveyor reviewed the facility provided policy titled, "COVID-19 Mitigation and Response Plan" with a revised date of 2/17/21, which included the following: Under the section titled, "Management/Containment: Known/Confirmed (positive) or Suspected COVID-19 Cases Institute Community Management Protocols" which indicated, "Communities with a confirmed case of COVID-19: Residents are screened at least twice daily for fever and symptoms of COVID-19."</p> <p>The facility could not provide documented evidence that resident screening was performed consistently in accordance with the NJDOH Executive Directive No. 20-026<sup>1</sup> requirement.</p>	A 310		