

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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: 75 A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 2/16/21. 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.	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 staff interview, record review and review of pertinent facility documents, it was	A 310		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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 310	<p>Continued From page 1</p> <p>determined that the Administrator, in Phase 0 of reopening, failed to: 1. ensure that residents were appropriately screened in accordance with the requirements in the New Jersey Department of Health's (NJDOH) Executive Directive No. 20-026¹ and the facility's policy for [redacted] residents reviewed, Resident #'s [redacted] and [redacted]. This deficient practice was identified during the COVID-19 Focused Infection Control survey conducted on [redacted], and was evidenced by the following:</p> <p>Reference: A review of Executive Directive No. 20-026¹, updated 1/6/21, documented the following:</p> <p>Under 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, temperature, and pulse oximetry.</p> <p>Review of the facility policy, "Interim Guidance for Preventing Spread of SARS-Cov2/Covid-19.1" (Revised 1-11-21) revealed the following:</p> <p>3." Resident Screening and Monitoring Health Services Director/Designee will review the monitoring log with appropriate interventions implemented for positive findings (Abnormal Temp (=> 100.3F or =<97F and/or symptoms consistent with COVID-19 infection). Frequency and monitoring requirements are as follows:</p> <p>a. Phase 0 (active community outbreak) and for all Residents considered Person Under Investigation (PUI) including new admissions and re-admissions, and Residents with confirmed</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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 310	<p>Continued From page 2</p> <p>COVID-19 infection: i. One [sic.] per shift obtain and record a full set of vital signs, including pulse oximetry and symptom screening (7-1. f(a): Full Vitals COVID-19 Monitoring Log)...."</p> <p>On [REDACTED] at 12:22 p.m., the surveyor requested to review the, "Monitoring Log-Residents" documents from the onset of the facility COVID-19 Outbreak (Phase 0) to present. The Executive Director (ED) provided the surveyor with monitoring logs dated [REDACTED] and [REDACTED].</p> <p>The surveyor reviewed the logs provided and observed that a full set of vital signs included: temperature, blood pressure, pulse, respirations, pulse oximetry (Pulse Ox), a test used to measure the oxygen level of the blood with a clamp-like device placed on the finger or earlobe, and symptoms of COVID-19, temperature of 100 F or greater or below 97 F, and/or Pulse Ox of less than 90, and/or any of the following symptoms: cough, congestion, shortness of breath, difficulty breathing, sore throat, fatigue, muscle/body aches, headache, loss of taste or smell, nausea, vomiting or diarrhea. Further review of the Monitoring Logs revealed that a full set of vital signs were not obtained on each shift as required and resident refusal of vital signs was not documented in the spaces provided.</p> <p>The surveyor interviewed the ED who stated that a full set of vital signs were required to be obtained on the 7-3 and 3-11 shift, and only a temperature check was obtained on the 11-7 shift in lieu of a full set of vital signs because the residents were sleeping.</p> <p>At 12:45 p.m., the surveyor interviewed the Health Services Director (HSD), who stated that</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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 310	<p>Continued From page 3</p> <p>on the 11-7 shift temperature checks were completed in lieu of a full set of vital signs because the residents were sleeping. She stated that the residents didn't want their blood pressures obtained because they preferred to go to bed very early and didn't wish to be disturbed. The HSD provided the surveyor with the remainder of the Monitoring Logs requested which were dated Executive Order 26, 4.b.</p> <p>The HSD stated that both the Certified Medication Aides (CMA) and Certified Nursing Assistants (CNA) were required to obtain vital signs on each shift since the outbreak began on 2/3/21. She stated that if the resident's vital signs were abnormal or if they displayed signs and symptoms of COVID-19 the Aides were required to notify nursing or the HSD if there wasn't a nurse in the building. The HSD further stated that on Executive Order 26, the facility resumed checking temperatures daily every shift in lieu of full vital signs at the conclusion of the outbreak.</p> <p>At 1:09 p.m., the surveyor interviewed the ED who stated that when residents refused to have full vital signs obtained on any given shift during the outbreak, the facility staff were required to document the refusal in the spaces provided on the monitoring log.</p> <p>The ED stated that it was unclear if the facility had advanced from Phase 0 of the outbreak, as it was a gray area. She confirmed that she had not received documented evidence from the Local Health Department that the facility was approved to conclude the outbreak and advance from Phase 0.</p> <p>The HSD was present and stated that the facility staff must have forgotten to document resident</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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 310	Continued From page 4 refusals when full vital signs and/or signs and symptoms of COVID-19 were not obtained. She stated that she was responsible to review the "Monitoring Log-Residents" and previously observed a lack of documentation related to resident refusal of full vital signs on 11-7 shift. She further stated that when she noted incomplete documentation on the "Monitoring Log-Residents" she informed the night shift staff that they were supposed to complete a full set of vital signs each shift during the outbreak to monitor resident status or document resident refusal if indicated. The HSD was unable to provide the surveyor with documented evidence that staff were informed of resident screening, monitoring and related documentation requirements during an active COVID-19 Outbreak.	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 record review, it was determined that the facility failed to implement facility policies to ensure appropriate infection control practices were followed in accordance with the Centers for Disease Control (CDC) guidelines, the New Jersey Department of Health (NJDOH) guidelines and the NJDOH's Executive Directive No. 20-026 ¹ to prevent the	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 5</p> <p>spread of COVID-19. The facility failed to limit communal dining and maintain social distancing of six feet apart of residents while eating for residents, Resident #'s [REDACTED] and [REDACTED]. This deficient practice was evidenced by the following:</p> <p>Reference: The NJDOH Executive Directive No. 20-026¹, updated 1/6/21, documented the following:</p> <p>Under "Phases per this Directive: ...Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS) ... 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..."</p> <p>Under "V. Required standards for services during each phase. 1. Phase 0. V. When facilities are experiencing an outbreak, communal dining and all group activities should be limited. Residents shall stay in their rooms as much as possible ..."</p> <p>Reference: The CDC guidelines titled, "Preparing for COVID-19 in Nursing Homes", updated 11/20/2020 indicated the following:</p> <p>Under "Additional Strategies Depending on the Facility's Reopening Status. These strategies will</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 6</p> <p>depend on the stages described in the CMS Reopening Guidance or the direction of state and local officials..."</p> <p>Under "Implement Social Distancing Measures: Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. Considerations when restrictions are being relaxed include: Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate."</p> <p>Reference: The NJDOH guideline titled, "Quick Reference: Executive Directive No. 20-026¹ Resumption of Services Guidance in all Long-Term Care Facilities - Infection Prevention & Control", updated 1/21/21, indicated the following: Under "Phase 0. Limit communal dining, encourage residents to stay in their room and/or cohort."</p> <p>Under "phase 1, 2 and 3. Limit communal dining to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures. This includes limiting the number of people at tables, keeping residents in the same small dining group, and using barriers and/or maintaining separation of space by at least 6 feet ..."</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 7</p> <p>On Executive Order 26 at 9:26 a.m., the surveyor observed residents as they ate in the dining room. The residents were seated as follows: Resident Executive Order 26 and Resident Executive Order 26 were seated at Table Executive Order 26. Resident Executive Order 26 and Resident Executive Order 26 were seated at Table Executive Order 26. Resident Executive Order 26 and Resident Executive Order 26 were seated at Table Executive Order 26 and Resident Executive Order 26 and Resident Executive Order 26 were seated together at Table Executive Order 26 of the dining room. The surveyor observed that the tables did not allow for the residents to be seated at least six feet apart from each other while they were unmasked and were eating breakfast.</p> <p>At 9:31 a.m., during surveyor interview, the Executive Director (ED) stated that there were no COVID-19 positive residents in the building, however, the facility was still in an outbreak period. The surveyor asked what phase of reopening the facility was currently in and the ED stated that the facility was in Phase 0. She further stated that the residents observed by the surveyor were sitting at their regular tables and that communal dining was just restarted on Executive Order 26. The surveyor then asked the ED when was the last COVID-19 positive result for a resident or staff member. The ED stated that the last COVID-19 positive result was for a staff member performed on Executive Order 26.</p> <p>At 10:02 a.m., during surveyor interview, the Health Services Director (HSD) stated that the residents that were seated together at each of the four tables were not residents that resided in the same room. She further stated that the space between the residents in the dining room was measured and it was at least six feet apart.</p> <p>At 10:32 a.m., the surveyor asked the Building Services Director (BSD) to measure the square</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 8</p> <p>table where the residents were seated. The BSD measured the length of the square table and stated that it measured 42 inches (3 feet and 6 inches). The BSD then measured the length between the backs of both chairs that were at the table and stated that it measured five feet.</p> <p>At 10:40 a.m., during surveyor interview, the ED stated that she was not sure what the policy documented regarding the distance between residents, however it was recommended to have six feet distance between residents. She further stated that corporate was aware of their dining arrangement and that the facility did their best to spread the residents out in the dining room. She added that they also used the living room for seating for meals and that the facility had two different seating times.</p> <p>At 11:45 a.m., in the presence of another surveyor, the ED stated that some of the residents were not six feet apart, however some of the residents may have been because of the wheelchairs that do not fit under the table.</p> <p>At 2:00 p.m., the surveyor asked the ED if the Local Health Department (LHD) or the NJDOH had concluded the current outbreak at the facility. The ED stated that she did not receive any information from either the LHD or NJDOH in regards to the conclusion of the facility's outbreak. The ED further stated that the Regional Nurse advised her that a COVID-19 outbreak would be concluded after 28 days since the date that was 48 hours prior to symptom onset.</p> <p>The surveyor reviewed a facility provided email from the LHD dated February 1, 2021, which documented the following: "The</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	Continued From page 9 resolution/conclusion of E-2021-17628 will occur when: No symptomatic/asymptomatic probable or confirmed COVID-19 cases after 28 days (2 incubation periods) has passed since the last case's onset date or specimen collection date (whichever is later)." The surveyor reviewed the facility provided policy titled, "Modified restrictions: Socialization and Dining" with a revised date of October 21, 2020, which documented the following: Under "II. Stratified Scheduled Dining ...b. Resident Participation: iv. Residents will sit 6 feet apart in their assigned seat at their assigned table." The surveyor reviewed the facility provided policy titled, "COVID-19 Exposure/Outbreak Response Plan" with a revised date of December 8, 2020, which documented the following: Under "Outbreak Conclusion Definition. No probable or confirmed COVID-19 cases among Residents or Employees after 28 days have passed since the last case's onset date or specimen collection date (whichever is later). The conclusion of an outbreak will be made by either the NJ DOH or the Local Health Department."	A1271		
A1279	8:36-18.2(a)(3) Infection Prevention and Control Services (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease	A1279		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1279	<p>Continued From page 10</p> <p>Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>3. Guidelines for Preventing Health Care-Associated Pneumonia, MMWR/53 (RR-03), March 26, 2004;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to develop a policy and to consistently offer pneumococcal vaccinations, to prevent some cases of pneumonia, to residents upon admission to the facility and failed to document the offered pneumococcal vaccination administration or refusal for [REDACTED] residents reviewed for Pneumococcal Vaccination administration, Resident [REDACTED] and Resident [REDACTED]. This deficient practice was evidenced by the following:</p> <p>On [REDACTED] at 9:40 a.m., during entrance conference of the COVID-19 Focused Infection Control survey, the surveyor requested to review documented evidence of influenza and pneumococcal vaccination administration for Resident #'s [REDACTED] and [REDACTED]. At 11:45 a.m., the facility provided the surveyor with the Resident Vaccination Records (RVR) for the requested residents which included the following:</p> <ol style="list-style-type: none"> 1. Resident [REDACTED] the RVR was left blank under "Pneumonia Vaccine." There was no documented evidence that the Pneumonia Vaccine was offered. 2. Resident [REDACTED] the RVR was left blank under 	A1279		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1279	Continued From page 11 "Pneumonia Vaccine." There was no documented evidence that the Pneumonia Vaccine was offered. At 12:20 p.m., the surveyor interviewed the Executive Director regarding the pneumonia vaccination, who stated that the facility did not offer the pneumonia vaccination on admission.	A1279		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80A003	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/25/2021	Y3
NAME OF FACILITY CHELSEA AT WARREN, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A1271	Correction	ID Prefix A1279	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-18.1(a)	Completed	Reg. # 8:36-18.2(a)(3)	Completed
LSC	02/16/2021	LSC	02/26/2021	LSC	03/31/2021
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON
 2/16/2021

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO



THE CHELSEA

AT WARREN
PLAN OF CORRECTION

C# NJ 137649

A 310 8:36-3.4(a)(1) Administration

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?
 - All current resident's full vitals screening, including Resident's #1, 2, 3, 4, and 5 cited in the deficiency, was conducted and logs reviewed by the Health Services Director.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice?
 - All residents had the potential to be affected by the same deficient practice.
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
 - In-service education was provided for all wellness by the Executive Director and/or Health Services Director on the following policies: Covid 19 Infection Control Outbreak Policy specifically as it relates to vitals checks every shift and Documentation requirements on the "monitoring log-residents."
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - Monitoring Logs will checked for completion weekly by the Health Services Director and/or designee. Report will be reviewed quarterly by the Quality Assurance Committee. This audit will be ongoing.
 - Random monthly audit of monitoring logs will be conducted on all units by the Executive Director and/or designee. All findings of the audit will be presented to the QAPI committee quarterly for further review and actions as appropriate. This audit will be ongoing.

COMPLETION DATE: 2/26/21

C# NJ 137649

A 1271 8:36-18.1(a) Infection Prevention and Control Services

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?
 - An extra dining area was created on 2/16/21 to allow for maintaining of social distancing of 6 feet apart for all residents including Residents #1,2,3,4,5,6,7, and 8 cited in the 2567.
 - Outbreak Conclusion was received on 2/22/21 from Dept of Health via email stating that we had passed 2 incubation periods (28 days) from 1/18/21 which would be 2/15/21.

274 KING GEORGE ROAD, WARREN, NEW JERSEY 07059

TELEPHONE: 908/903-0911 FACSIMILE: 908/903-1433

www.chelseaseniorliving.com



THE CHELSEA

AT WARREN

2. How the facility will identify other residents having the potential to be affected by the same deficient practice?
 - The dining room seating chart was able to identify those residents who were seated at a table that didn't allow for social distancing of 6 feet apart. Those residents seating were moved to allow for social distancing on 2/16/21 for lunch and all meals thereafter.
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
 - In-service education was provided for all staff by the Executive Director and/or Health Services Director on the following policies: Covid 19 Infection Control Outbreak Policy specifically as it relates to communal dining and group activities during an outbreak.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
 - In the event of another outbreak, communal dining and group activities will not be reinstated until documentation of Conclusion of outbreak is received from DOH.
 - Ongoing in-service education of infection control policies and procedures will be conducted on a quarterly basis.

COMPLETION DATE: 2/26/21

A 1279 – 8:36-18.2(a)(3) Infection Prevention and Control Services

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?
 - A policy and procedure entitled NJ EX Order: 20401 Immunization-Residents was created on 3/1/21. (please see attached)
 - In-service education was provided for the Wellness Department by the Executive Director on the new policy.
 - For Resident's #2 and #9, we notified the Resident/Responsible Party to obtain consent or declination for the NJ EX Order: 20401 Vaccine. If consent is obtained, the HSD will request a prescription for the Vaccine from the Resident's physician. The Vaccine will be administered by the resident's physician or the community's RN. These consents will be obtained by 3/31/21 and Vaccines administered when received at the community or the physician's office. The Wellness Secretary will ensure the consent or refusal will be documented in the resident's electronic medical record.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice?

274 KING GEORGE ROAD, WARREN, NEW JERSEY 07059

TELEPHONE: 908/903-0911 FACSIMILE: 908/903-1433

www.chelseaseniorliving.com



THE CHELSEA

AT WARREN

- An audit was completed of all Resident Records to determine which residents are affected by this deficient practice.
 - A list of residents who have not had or have not refused the [NJ EX Order: 26401] Vaccine has been generated. We will notify the Resident/Responsible Party to obtain consent or declination for the [NJ EX Order: 26401] Vaccine. If consent is obtained, the HSD will request a prescription for the Vaccine from the Resident's physician. The Vaccine will be administered by the resident's physician or the community's RN. These consents will be obtained by 3/31/21 and Vaccines administered when received at the community or the physician's office. The Wellness Secretary will ensure the consent or refusal will be documented in the resident's electronic medical record.
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
- All residents seeking admission to the community will be evaluated by their physician for a history of having received or declined the [NJ EX Order: 26401] Vaccine and/or for administration of the Pneumovax Vaccine. The documentation of the [NJ EX Order: 26401] Vaccine history (received, not received, declined) will be entered into the Resident's electronic medical record. If the resident has not received or declined the [NJ EX Order: 26401] immunization, the Wellness Secretary and/or designee will notify the Resident/Responsible Party to obtain consent or declination for the [NJ EX Order: 26401] immunization. If consent is obtained, the Health Services Director and/or designee will request a prescription for the immunization from the resident's physician. The immunization will be administered by the resident's physician or the community's RN. The Wellness Secretary will ensure the consent or declination will then be updated in the resident's electronic medical record.
4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.
- New Resident's immunization records will be reviewed monthly for three months by the Wellness Secretary and these results will be reported to the Health Services Director for follow up. Report will be reviewed quarterly by the QAPI Committee.
 - Executive Director will ensure an annual review of all Resident's [NJ EX Order: 26401] vaccine status will be conducted before November 30th of each year. If a resident is found to not have a history of having received the [NJ EX Order: 26401] Vaccine, a letter will be sent to the Resident/Resident's Responsible Party recommending they receive the [NJ EX Order: 26401] immunization. This declination will be recorded in the Resident's electronic medical record. If the Resident/Resident's Responsible party consents to the Vaccine, the HSD



THE CHELSEA

AT WARREN

will request a prescription for the Vaccine from the resident's physician. The Vaccine will be administered by the resident's physician or the community's RN. The Vaccine will be administered when received at the community or the physician's office. The Wellness Secretary will ensure the consent or refusal will be documented in the resident's electronic medical record.

COMPLETION DATE: 3/31/21

Faith G. Deaton MPA, UNHA



CHELSEA SENIOR LIVING POLICIES AND PROCEDURES

SUBJECT: [NJ EX Order. 264b1] Immunization – Residents

DATE: March 1, 2021

POLICY: Residents will be receive [NJ EX Order. 264b1] immunization as advised by their physician. Yearly review of Resident [NJ EX Order. 264b1] immunization status will identify those residents who have not received the [NJ EX Order. 264b1] immunization and encourage these Residents to receive.

PROCEDURE:

1. Residents seeking admission into the community are evaluated by their physician for a history of having received [NJ EX Order. 264b1] immunization and/or for administration of [NJ EX Order. 264b1] immunization. (see: HS-01 Physician Health Evaluation (NJ); DOH-3122 (NY); HS-01A: Resident Initial Infectious Disease Screening and Testing).
 - a. Documentation of [NJ EX Order. 264b1] immunization history (received, not received, declined) will be entered into the Resident's electronic medical record
2. An annual review of Resident's [NJ EX Order. 264b1] immunization status will be conducted before November 30th of each year. For Residents who do not have a history of having received [NJ EX Order. 264b1] immunization the following will apply:
 - a. A letter will be sent to Residents/Resident Representatives recommending they receive the [NJ EX Order. 264b1] immunization.
 - b. Residents/Resident Representatives declining immunization:
 - i. An outline of potential consequences will be provided
 - ii. Declination will be documented in the Resident's electronic medical record.
 - c. Residents/Resident Representatives accepting immunization:
 - i. The Residents' physicians will provide [NJ EX Order. 264b1] immunizations for their patients. In some cases, arrangements will be made for Residents to receive immunization after the community receives an order from the primary care physician and consent from the Resident/Resident's Responsible Party;
3. Residents immunization status must be documented by the practitioner completing the Residents initial and/or annual medical evaluation (NJ: HS-01 Physician Health Evaluation (NJ), with appended HS-01A: Resident Initial Infectious Disease Screening and Testing (Initial and Annual)
4. The Assisted Living Coordinator(ALC)/Designee will ensure all Residents immunization information is entered into the Resident's electronic medical record:
 - a. The ALC/Designee will oversee Resident [NJ EX Order. 264b1] Immunization tracking
5. Immunization Consent Form. Should a Resident/Resident's Representative decline immunization an outline of potential consequences will be provided.
6. The Executive Director will ensure an annual review and report of percentage of community Residents who have received and declined [NJ EX Order. 264b1] vaccinations with the goal of improving the vaccination rate among Residents. (NY DOH Form 4193: [NJ EX Order. 264b1] Immunization and Outbreak report must be completed no later than May 1st of each year)

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHELSEA AT WARREN, THE

**274 KING GEORGE ROAD
WARREN, NJ 07059**

(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: 75 A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 2/16/21. 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.	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 staff interview, record review and review of pertinent facility documents, it was	A 310	Release See attached POC.	

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

[Signature]

TITLE

Executive Dir.

(X6) DATE

3/19/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHELSEA AT WARREN, THE

**274 KING GEORGE ROAD
WARREN, NJ 07059**

(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 310	<p>Continued From page 1</p> <p>determined that the Administrator, in Phase 0 of reopening, failed to: 1. ensure that residents were appropriately screened in accordance with the requirements in the New Jersey Department of Health's (NJDOH) Executive Directive No. 20-0261 and the facility's policy for 5 of 5 residents reviewed, Resident #'s 1, 2, 3, 4 and 5. This deficient practice was identified during the COVID-19 Focused Infection Control survey conducted on 2/16/21, and was evidenced by the following:</p> <p>Reference: A review of Executive Directive No. 20-0261, updated 1/6/21, documented the following:</p> <p>Under 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, temperature, and pulse oximetry.</p> <p>Review of the facility policy, "Interim Guidance for Preventing Spread of SARS-Cov2/Covid-19.1" (Revised 1-11-21) revealed the following:</p> <p>3." Resident Screening and Monitoring Health Services Director/Designee will review the monitoring log with appropriate interventions implemented for positive findings (Abnormal Temp (=> 100.3F or =<97F and/or symptoms consistent with COVID-19 infection). Frequency and monitoring requirements are as follows:</p> <p>a. Phase 0 (active community outbreak) and for all Residents considered Person Under Investigation (PUI) including new admissions and re-admissions, and Residents with confirmed</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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 310	<p>Continued From page 2</p> <p>COVID-19 infection: i. One [sic.] per shift obtain and record a full set of vital signs, including pulse oximetry and symptom screening (7-1. f(a): Full Vitals COVID-19 Monitoring Log)...."</p> <p>On 2/16/21 at 12:22 p.m., the surveyor requested to review the, "Monitoring Log-Residents" documents from the onset of the facility COVID-19 Outbreak (Phase 0) to present. The Executive Director (ED) provided the surveyor with monitoring logs dated 2/7/21 and 2/8/21.</p> <p>The surveyor reviewed the logs provided and observed that a full set of vital signs included: temperature, blood pressure, pulse, respirations, pulse oximetry (Pulse Ox), a test used to measure the oxygen level of the blood with a clamp-like device placed on the finger or earlobe, and symptoms of COVID-19, temperature of 100 F or greater or below 97 F, and/or Pulse Ox of less than 90, and/or any of the following symptoms: cough, congestion, shortness of breath, difficulty breathing, sore throat, fatigue, muscle/body aches, headache, loss of taste or smell, nausea, vomiting or diarrhea. Further review of the Monitoring Logs revealed that a full set of vital signs were not obtained on each shift as required and resident refusal of vital signs was not documented in the spaces provided.</p> <p>The surveyor interviewed the ED who stated that a full set of vital signs were required to be obtained on the 7-3 and 3-11 shift, and only a temperature check was obtained on the 11-7 shift in lieu of a full set of vital signs because the residents were sleeping.</p> <p>At 12:45 p.m., the surveyor interviewed the Health Services Director (HSD), who stated that</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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 310	<p>Continued From page 3</p> <p>on the 11-7 shift temperature checks were completed in lieu of a full set of vital signs because the residents were sleeping. She stated that the residents didn't want their blood pressures obtained because they preferred to go to bed very early and didn't wish to be disturbed. The HSD provided the surveyor with the remainder of the Monitoring Logs requested which were dated 2/3/21 through 2/16/21.</p> <p>The HSD stated that both the Certified Medication Aides (CMA) and Certified Nursing Assistants (CNA) were required to obtain vital signs on each shift since the outbreak began on 2/3/21. She stated that if the resident's vital signs were abnormal or if they displayed signs and symptoms of COVID-19 the Aides were required to notify nursing or the HSD if there wasn't a nurse in the building. The HSD further stated that on 2/13/21, the facility resumed checking temperatures daily every shift in lieu of full vital signs at the conclusion of the outbreak.</p> <p>At 1:09 p.m., the surveyor interviewed the ED who stated that when residents refused to have full vital signs obtained on any given shift during the outbreak, the facility staff were required to document the refusal in the spaces provided on the monitoring log.</p> <p>The ED stated that it was unclear if the facility had advanced from Phase 0 of the outbreak, as it was a gray area. She confirmed that she had not received documented evidence from the Local Health Department that the facility was approved to conclude the outbreak and advance from Phase 0.</p> <p>The HSD was present and stated that the facility staff must have forgotten to document resident</p>	A 310		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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 310	Continued From page 4 refusals when full vital signs and/or signs and symptoms of COVID-19 were not obtained. She stated that she was responsible to review the "Monitoring Log-Residents" and previously observed a lack of documentation related to resident refusal of full vital signs on 11-7 shift. She further stated that when she noted incomplete documentation on the "Monitoring Log-Residents" she informed the night shift staff that they were supposed to complete a full set of vital signs each shift during the outbreak to monitor resident status or document resident refusal if indicated. The HSD was unable to provide the surveyor with documented evidence that staff were informed of resident screening, monitoring and related documentation requirements during an active COVID-19 Outbreak.	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 record review, it was determined that the facility failed to implement facility policies to ensure appropriate infection control practices were followed in accordance with the Centers for Disease Control (CDC) guidelines, the New Jersey Department of Health (NJDOH) guidelines and the NJDOH's Executive Directive No. 20-026 ¹ to prevent the	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 5</p> <p>spread of COVID-19. The facility failed to limit communal dining and maintain social distancing of six feet apart of residents while eating for 8 of 8 residents, Resident #'s 1, 2, 3, 4, 5, 6, 7, and 8. This deficient practice was evidenced by the following:</p> <p>Reference: The NJDOH Executive Directive No. 20-026¹, updated 1/6/21, documented the following:</p> <p>Under "Phases per this Directive: ...Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS) ... 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..."</p> <p>Under "V. Required standards for services during each phase. 1. Phase 0. V. When facilities are experiencing an outbreak, communal dining and all group activities should be limited. Residents shall stay in their rooms as much as possible ..."</p> <p>Reference: The CDC guidelines titled, "Preparing for COVID-19 in Nursing Homes", updated 11/20/2020 indicated the following:</p> <p>Under "Additional Strategies Depending on the Facility's Reopening Status. These strategies will</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 6</p> <p>depend on the stages described in the CMS Reopening Guidance or the direction of state and local officials..."</p> <p>Under "Implement Social Distancing Measures: Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. Considerations when restrictions are being relaxed include: Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate."</p> <p>Reference: The NJDOH guideline titled, "Quick Reference: Executive Directive No. 20-026¹ Resumption of Services Guidance in all Long-Term Care Facilities - Infection Prevention & Control", updated 1/21/21, indicated the following:</p> <p>Under "Phase 0. Limit communal dining, encourage residents to stay in their room and/or cohort."</p> <p>Under "phase 1, 2 and 3. Limit communal dining to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures. This includes limiting the number of people at tables, keeping residents in the same small dining group, and using barriers and/or maintaining separation of space by at least 6 feet ..."</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 7</p> <p>On 2/16/21 at 9:26 a.m., the surveyor observed 8 residents as they ate in the dining room. The residents were seated as follows: Resident #1 and Resident #2 were seated at Table #1, Resident #3 and Resident #4 were seated at Table #2, Resident #5 and Resident #6 were seated at Table #3, and Resident #7 and Resident #8 were seated together at Table #4 in the corner of the dining room. The surveyor observed that the tables did not allow for the residents to be seated at least six feet apart from each other while they were unmasked and were eating breakfast.</p> <p>At 9:31 a.m., during surveyor interview, the Executive Director (ED) stated that there were no COVID-19 positive residents in the building, however, the facility was still in an outbreak period. The surveyor asked what phase of reopening the facility was currently in and the ED stated that the facility was in Phase 0. She further stated that the residents observed by the surveyor were sitting at their regular tables and that communal dining was just restarted on 2/14/21. The surveyor then asked the ED when was the last COVID-19 positive result for a resident or staff member. The ED stated that the last COVID-19 positive result was for a staff member performed on 1/25/21.</p> <p>At 10:02 a.m., during surveyor interview, the Health Services Director (HSD) stated that the residents that were seated together at each of the four tables were not residents that resided in the same room. She further stated that the space between the residents in the dining room was measured and it was at least six feet apart.</p> <p>At 10:32 a.m., the surveyor asked the Building Services Director (BSD) to measure the square</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	<p>Continued From page 8</p> <p>table where the residents were seated. The BSD measured the length of the square table and stated that it measured 42 inches (3 feet and 6 inches). The BSD then measured the length between the backs of both chairs that were at the table and stated that it measured five feet.</p> <p>At 10:40 a.m., during surveyor interview, the ED stated that she was not sure what the policy documented regarding the distance between residents, however it was recommended to have six feet distance between residents. She further stated that corporate was aware of their dining arrangement and that the facility did their best to spread the residents out in the dining room. She added that they also used the living room for seating for meals and that the facility had two different seating times.</p> <p>At 11:45 a.m., in the presence of another surveyor, the ED stated that some of the residents were not six feet apart, however some of the residents may have been because of the wheelchairs that do not fit under the table.</p> <p>At 2:00 p.m., the surveyor asked the ED if the Local Health Department (LHD) or the NJDOH had concluded the current outbreak at the facility. The ED stated that she did not receive any information from either the LHD or NJDOH in regards to the conclusion of the facility's outbreak. The ED further stated that the Regional Nurse advised her that a COVID-19 outbreak would be concluded after 28 days since the date that was 48 hours prior to symptom onset.</p> <p>The surveyor reviewed a facility provided email from the LHD dated February 1, 2021, which documented the following: "The</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1271	Continued From page 9 resolution/conclusion of E-2021-17628 will occur when: No symptomatic/asymptomatic probable or confirmed COVID-19 cases after 28 days (2 incubation periods) has passed since the last case's onset date or specimen collection date (whichever is later)." The surveyor reviewed the facility provided policy titled, "Modified restrictions: Socialization and Dining" with a revised date of October 21, 2020, which documented the following: Under "II. Stratified Scheduled Dining ...b. Resident Participation: iv. Residents will sit 6 feet apart in their assigned seat at their assigned table." The surveyor reviewed the facility provided policy titled, "COVID-19 Exposure/Outbreak Response Plan" with a revised date of December 8, 2020, which documented the following: Under "Outbreak Conclusion Definition. No probable or confirmed COVID-19 cases among Residents or Employees after 28 days have passed since the last case's onset date or specimen collection date (whichever is later). The conclusion of an outbreak will be made by either the NJ DOH or the Local Health Department."	A1271		
A1279	8:36-18.2(a)(3) Infection Prevention and Control Services (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease	A1279		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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
A1279	<p>Continued From page 10</p> <p>Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>3. Guidelines for Preventing Health Care-Associated Pneumonia, MMWR/53 (RR-03), March 26, 2004;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to develop a policy and to consistently offer [NJ EX Order: 26461] vaccinations, to prevent some cases of [NJ EX Order: 26461] to residents upon admission to the facility and failed to document the offered [NJ EX Order: 26461] vaccination administration or refusal for 2 of 5 residents reviewed for [NJ EX Order: 26461] vaccination administration, Resident #2 and Resident #9. This deficient practice was evidenced by the following:</p> <p>On 2/8/21 at 9:40 a.m., during entrance conference of the COVID-19 Focused Infection Control survey, the surveyor requested to review documented evidence of influenza and [NJ EX Order: 26461] vaccination administration for Resident #'s 1, 2, 3, 5 and 9. At 11:45 a.m., the facility provided the surveyor with the Resident Vaccination Records (RVR) for the requested residents which included the following:</p> <p>1. Resident #2: the RVR was left blank under [NJ EX Order: 26461] Vaccine." There was no documented evidence that the [NJ EX Order: 26461] Vaccine was offered.</p> <p>2. Resident #9: the RVR was left blank under</p>	A1279		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/16/2021
NAME OF PROVIDER OR SUPPLIER CHELSEA AT WARREN, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 274 KING GEORGE ROAD WARREN, NJ 07059		
(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	
A1279	<p>Continued From page 11</p> <p>NJ EX Order 26401 vaccine." There was no documented evidence that the NJ EX Order 26401 vaccine was offered.</p> <p>At 12:20 p.m., the surveyor interviewed the Executive Director regarding the NJ EX Order 26401 vaccination, who stated that the facility did not offer the NJ EX Order 26401 vaccination on admission.</p>	A1279			