

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315333</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COMPLETE CARE AT ARBORS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1750 ROUTE 37 WEST TOMS RIVER, NJ 08757</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on staff interviews and record review, it was determined that the facility failed to adequately monitor residents, staff and visitors for signs and symptoms of COVID-19. This affected 59 of 59 residents in the facility during the COVID-19 pandemic. This deficient practice was evidenced by the following: A review of the Centers for Disease Control's (CDC) guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 06/25/2020, indicated, Actively monitor all residents upon admission and at least daily for fever (T (temperature) (greater than/equal to) 100.0 (degrees) (Fahrenheit)) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. According to the CDC, symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. On 07/06/2020 at 9:45 AM, an interview was completed with the Administrator. The Administrator said the receptionist checked temperatures of staff as they came to work. The receptionist came to work about 7:45 AM, but the day shift started at 7:00 AM, and a few of the kitchen staff came in at 5:45 AM. If the receptionist wasn't in, staff would go to a nurse to get a temperature check, then come back up, usually at their first break, and fill out the kiosk. The kiosk was a tablet set up to answer screening questions about symptoms. On 07/06/2020 at 12:10 PM, an interview was completed with Nursing Assistant (NA) #1. NA #1 said, They take our temperature when we come in. If no one is up front, we will get the nurse to take it. There is a kiosk up front we fill out. If no one is there, we would go get our temperature checked then go right back to the kiosk or wait until our break (to fill out the symptoms questionnaire at the kiosk). An interview was completed with Nurse #1 on 07/06/2020 at 12:30 PM. Nurse #1 said when staff arrive, they get a temperature check. If no one was at the reception desk, they would find the nursing supervisor, get a temperature check, then return to the kiosk to answer screening questions. She also reported that residents were being screened with vital signs taken every shift; but were not asked about symptoms. We don't do any questions for the residents. They don't go anywhere to be exposed. On 07/06/2020 at 12:45 PM, an interview was completed with the Director of Nursing (DON). The DON reported that for screening residents, vital signs were being completed each shift. She acknowledged that there were no screening questions as part of the resident screening. For staff screening, the DON said, If the receptionist isn't here, they (staff) would go get temped (temperature check) by a nurse, then go back and fill out the kiosk. She said staff may wait until they have a break, after the shift starts, to go back to answer screening questions at the kiosk. NJAC: 8:39-13.1 (c)		
F 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	Based on staff and resident interviews, it was determined that the facility failed to develop a process for notifying residents, their representatives and families by 5 PM the next calendar day each time a confirmed COVID-19 test result was identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. There were no weekly cumulative updates on COVID-19 cases being issued to residents or families. The deficiency occurred during the COVID-19 pandemic. This deficient practice was evidenced by the following: On 07/06/2020 at 9:45 AM, an interview was completed with the Administrator. The Administrator said that notifications of new COVID-19 positive cases or staff or residents with new COVID-19 symptoms were given to all residents except those who have identified a primary contact. She confirmed that the notification may not be given to an alert and oriented resident if they have someone marked as a primary contact. A follow up interview was completed with the Administrator on 07/06/2020 at 1:00 PM. The Administrator said that notification letters go to whoever is listed as the Responsible Party. She confirmed that an oriented resident may not get the letter. The Administrator also said there was a posting placed on the reception desk that was updated daily to reflect the current status of COVID-19 cases, recoveries and tests, but there was no weekly update that was given to residents or families if there were no increases in cases or symptoms. On 07/06/2020 at 1:10 PM, an interview was completed with Resident #1. Resident #1 reported she was not informed of COVID-19 updates; that her son would be notified. During an interview on 07/06/2020 at 1:20 PM, the Administrator verified that any COVID-19 notification announcements would be sent to Resident #1's family member, but not to Resident #1. NJAC: 8:39-13.1 (c)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.