

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Careone at Moorestown		STREET ADDRESS, CITY, STATE, ZIP CODE 895 Westfield Road Moorestown, NJ 08057	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48417</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff put on personal protective equipment (PPE) before they entered the room of a resident with suspected or confirmed COVID-19. This deficient affected 2 (Resident #1 and Resident #2) of 5 sampled residents.</p> <p>Findings included:</p> <p>A facility policy titled, Coronavirus Disease [COVID-19] - Using Personal Protective Equipment, dated 05/2023, revealed, 2. When caring for a resident with suspected or confirmed SARS-CoV-2 [severe acute respiratory syndrome coronavirus 2] infection, personnel who enter the room of the resident will adhere to standard precautions and use a NIOSH [National Institute for Occupational Safety and Health]-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection.</p> <p>An Admission Record revealed the facility readmitted Resident #1 on 06/08/2024. Per the Admission Record, the resident had a medical history that included a diagnosis of COVID-19.</p> <p>An admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/24/2024, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment.</p> <p>The facility document titled, Maple Shade updated 06/18/2024, revealed Resident #1 and Resident #2 were on isolation for COVID.</p> <p>On 06/18/2024 at 8:43 AM, the per diem Nurse Practitioner (NP) entered the room of Resident #1 and Resident #2 without performing hand hygiene or donning PPE. The per diem NP wore an N95 face mask without goggles or a face shield. The droplet precautions signage was observed behind the N95 mask box that hung on the door.</p> <p>In an interview on 06/18/2024 at 8:46 AM, the per diem NP stated she assumed both residents were off isolation because the droplet precaution signage was not visible. The per diem NP stated she should have performed hand hygiene and donned all necessary PPE prior to entering the room of Resident #1 and Resident #2.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/18/2024 at 11:21 AM, the interim Administrator stated staff should put on and remove PPE appropriately when they enter the room of a resident who was on transmission based precautions. The interim Administrator stated staff should also perform hand hygiene before they enter the room and when they exit the resident's room.</p> <p>NJAC 8:39-19.4(a)</p>		