

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2019
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NAME OF PROVIDER OR SUPPLIER CONTINUING CARE AT LANTERN HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 537 MOUNTAIN AVENUE NEW PROVIDENCE, NJ 07974
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F 000	INITIAL COMMENTS STANDARD SURVEY: 11/27/19 CENSUS: 37 SAMPLE SIZE: 12 (Plus 3 closed records) The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		1/10/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/17/2019
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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.

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F 880	<p>Continued From page 1</p> <p>but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</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 maintain adequate infection control practices during a) food service in the kitchen for 3 of 3 staff observed performing hand hygiene and b) dining services for 2 of 2 staff observed performing hand hygiene.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 11/26/19 at 9:09 AM, during the initial tour of the kitchen, the surveyor observed the General Manager turn on the faucet, apply soap to her hands and immediately rinse her hands under running water for 16 seconds.</p> <p>On that same day at 12:38 PM, during observation of the tray line in the kitchen, the surveyor observed the Executive Chef wash his hands and turn off the faucet with the same paper towel he used to dry his hands.</p> <p>On that same day at 12:47 PM, the surveyor observed the Dining Wait Staff Member turn on the faucet and without applying soap, immediately put her hands under running water for 4 seconds.</p> <p>On that same day at 12:54 PM, the surveyor observed the General Manager turned on the faucet, apply soap to her hands and immediately rinse her hands under running water.</p> <p>On that same day at 12:57 PM, the surveyor interviewed the Dining Wait Staff, who stated that she should have applied soap to her hands and washed them for 60 seconds.</p>	F 880	<ul style="list-style-type: none"> - Administrator and DON completed Hand Hygiene training with the Continuing Care (CC) Leadership team, and the Dining leadership team, along with Hand Hygiene Competency checklists with all CC leadership and Dining leadership teams same day of notification (11/26/2019). - No residents affected by this deficient practice. - Dining Managers, dining associates, cooking staff, along with CC management, and CC direct care staff will be trained on the hand hygiene standard operating procedure plus complete hand hygiene competency by January 10, 2020. - Random audits will be conducted by the facilities certified infection preventionist (IPC)/designee of dining staff in the dining room plus dining staff in the kitchen weekly x 4 weeks, and monthly x 2months. Results of the audits will be reported to the QA/PI committee for three months. The QA/PI committee will determine the need for further audits and/or action plans as appropriate. QA/PI meets on a monthly basis. 		

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F 880	<p>Continued From page 3</p> <p>On that same day at 1:00 PM, the surveyor interviewed the Executive Chef, who stated that he wasn't aware that he should have used a clean paper towel to turn off the faucet. The surveyor asked the Executive Chef what the Facility's Policy and Procedure instructed. The Executive Chef stated that he was not sure.</p> <p>On that same day and time, the General Manager acknowledged that after she applied the soap to her hands, she should have lathered and used friction outside of the running water for at least 20 seconds.</p> <p>2.) On 11/26/19 at 11:51 AM, during the lunch meal in the skilled nursing dining room, the surveyor observed that the Dining Manager turned on the faucet, applied soap to her hands, and immediately rinsed her hands under running water. The Dining Manager dried her hands with a paper towel and then used the same paper towel to turn off the faucet.</p> <p>On that same day at 12:18 PM, the surveyor observed that the Dining Associate turned on the faucet, applied soap to her hands, and immediately rinsed them under running water. The Dining Associate then donned a pair of gloves, served a plate of food, removed the gloves, turned on the faucet, applied soap to her hands, and again immediately rinsed her hands under running water.</p> <p>On that same day at 12:27 PM, the surveyor observed the Dining Manager remove her gloves. She did not perform hand hygiene.</p> <p>On that same day at 12:33 PM, the surveyor</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>observed the Dining Associate turn on the faucet, apply soap to her hands, and wash her hands for 12 seconds.</p> <p>On that same day at 1:13 PM, the Dining Manager acknowledged that she should have washed her hands after she removed her gloves and should have washed her hands for 20 seconds outside of the running water. She further stated, "why can't I turn off the faucet with the same paper towel that I used to dry my hands?" The surveyor asked the Dining manager what the facility's policy and procedure was. The Dining Manager replied, " I don't know."</p> <p>On that same day at 1:20 PM, the surveyor observed the Dining Associate turn on the faucet and without wetting her hands with water, apply soap and washed her hands for only 5 seconds.</p> <p>On that same day and time, the surveyor interviewed the Dining Associate who acknowledged that she should have washed her hands for 20 seconds and should have washed her hands after removing gloves.</p> <p>The surveyor reviewed the facility's Sanitary Inspection Report dated 8/23/19, which reflected that the facility was out of compliance with proper Handwashing.</p> <p>The surveyor reviewed the Facility's Policy on Hand Hygiene-Standard Operating Procedure dated 5/2019 which reflected to perform hand hygiene after the removal of Personal Protective Equipment (PPE). It further reflected: Procedure/Technique for hand washing with soap and water:</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>The CDC Guidelines for Hand Hygiene in Healthcare Settings recommends:</p> <ol style="list-style-type: none"> 1. wet your hands first with water 2. apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers 3. rinse your hands with water 4. use disposable towels to dry 5. use towel to turn off the faucet. <p>On 11/26/19 at 2:15 PM, the surveyor discussed the above observations and concerns with the Administrator.</p> <p>On 11/27/19 at 11:00 AM, no further information was provided by the facility.</p> <p>NJAC 8:39-19.4 (n)</p>	F 880			