

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2020
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT ORADELL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 KINDERKAMACK ROAD ORADELL, NJ 07649
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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
S 000	Initial Comments Survey Date 11/27/20 Census: 69 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Mandatory Resident Rights of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented.	S 000		
S1305	8:39-19.1(b) Mandatory Infection Control and Sanitation (b) Responsibility for the infection prevention and control program shall be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or services shall be provided by contract. If the services are provided by contract, the facility shall designate an on-site employee to implement, coordinate, and ensure compliance with infection control policies and procedures. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documentation, it was identified that the facility failed to adhere to the Executive Directive No. 20-026 issued by the New Jersey	S1305	I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	12/11/20

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

TITLE

(X6) DATE

Electronically Signed

12/21/20

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S1305	<p>Continued From page 1</p> <p>Commissioner in response to the COVID-19 Pandemic by failing to hire a qualified Infection Control Preventionist for the facility.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/27/20 at 9:15 AM, the surveyors conducted an entrance conference with the Administrator, Director of Nursing (DON), and the Assistant Director of Nursing (ADON), who served as the facility Infection Prevention Nurse (IPN). The IPN stated that she did not possess certification in Infection Control. She further said that she was in the process of completing the Association of Professionals in Infection Control and Epidemiology (APIC) course but still had a couple of courses left to complete. The IPN stated that she dedicated 25 to 30 hours per week to Infection Control. She further noted that she conferred with a physician who served as the facility Infection Preventionist (IP), who visited the facility weekly to perform Respirator Fit Testing (a test to confirm a proper seal between the respirator facepiece and face) for three to four hours. She further stated that the physician IP provided the facility with one hour per week for Infection Prevention consultation. The DON said that both the Facility Educator and the Care Coordinator assisted the Infection Prevention Nurse with her Infection Prevention responsibilities though they were not certified in Infection Prevention.</p> <p>At 11:26 AM, in a later interview, the IPN stated that she worked at the facility for five years as the ADON/IPN. She said that she planned to finish the APIC course and then take the Certification in Infection Control (CIC) training. She further stated that she completed the Center for Disease</p>	S1305	<p>> The facility's Infection Prevention Nurse has completed the CDC Nursing Home Infection Preventionist Training.</p> <p>> The facility's Infection Prevention Nurse has completed the APIC Infection Prevention Certification Course.</p> <p>> The facility's Infection Prevention Nurse is a healthcare professional licensed and in good standing by the State of New Jersey, with five or more years of Infection Control experience.</p> <p>II. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>> All residents are affected.</p> <p>III. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur?</p> <p>> The Administrator will audit the qualification and training of the Infection Control Nurse quarterly to ensure compliance with all applicable State and Federal Requirements.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change?</p> <p>> The results of the audit will be reviewed</p>	

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S1305	<p>Continued From page 2</p> <p>Control (CDC) Modules in the past year but did not receive a certificate as too much time elapsed between courses. She stated that there was no one to contact to provide documented evidence of participation or completion.</p> <p>The IPN also stated that the Home Office or Corporate kept her informed of what the regulatory requirements were in Long-Term Care related to COVID-19. She said that she enrolled in the APIC Course independently and that the facility had no expectation of her to complete the Centers for Disease Control (CDC) or Certification in Infection Control (CIC) training. She further stated that she saw that an Infection Prevention Certification requirement was coming down the line and thought that she might as well do it now.</p> <p>Reference: State of New Jersey Department of Health Executive Directive No 20-026-1 dated October 20, 2020, revealed the following: ii. Required Core Practices for Infection Prevention and Control: Facilities are required to have one or more individuals with training in infection prevention and control employed or contracted on a full-time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this Directive may be fulfilled by: An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2; or b. A Physician who has completed an infectious Disease fellowship; or c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5) or more years of Infection Control experience.</p>	S1305	by QA Committee quarterly.	

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060234	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/23/2020
NAME OF FACILITY CARE ONE AT ORADELL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 KINDERKAMACK ROAD ORADELL, NJ 07649	

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 S1305	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-19.1(b)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/23/2020	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 11/27/2020		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		