

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

PRINTED: 08/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2022
NAME OF PROVIDER OR SUPPLIER HARBORAGE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER ROAD NORTH BERGEN, NJ 07047		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS C #: NJ0049063 and 149484 Sample size: 3 Census: 191 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: C #: NJ0049063, NJ00149484 Based on observation, interviews, and record review, as well review of pertinent facility documents on 4/4/22, it was determined that the facility failed to follow the acceptable professional standard of practice and their "██████████ Management" policy for 1 of 3 residents (Resident ████████) observed during wound care treatment. This deficient practice is evidenced by the following: 1. According to Resident ████████ medical record, the Resident was admitted to the facility on ████████ with diagnosis that included but was not limited to: ██████████.	F 658	1. Residents affected by deficient practice a. Resident ████████ potentially could have been affected by RN#1's deficient professional standard of practice and policy b. RN#1 was immediately counseled and reeducated on wound management as per policy 2. Identifying other residents who could be affected by deficient practice a. All residents with wounds potentially can be affected by deficient practice 3. Measures to be put in place or systemic	5/13/22	

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

TITLE

(X6) DATE

Electronically Signed

04/15/2022

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 658	<p>Continued From page 1</p> <p>The Care Plan (CP), dated [REDACTED] showed that Resident [REDACTED] had [REDACTED]. Intervention included but was not limited to: Apply local treatment to affected area.</p> <p>The Treatment Administration Record (TAR), for the month of [REDACTED], showed an order dated [REDACTED] for [REDACTED] Solution twice a day. Cleanse sacral wound with [REDACTED] solution, pat dry, pack undermining with [REDACTED] and cover with [REDACTED].</p> <p>On 4/4/22 at 10:45 am, the surveyor observed Registered Nurse (RN #1) performed [REDACTED] care:</p> <p>RN #1 donned clean gloves, grabbed the gauze, wet it with [REDACTED] and cleanse the Resident's [REDACTED] on the [REDACTED]. RN #1 with the same gloves on, packed the [REDACTED] with [REDACTED] and covered it with [REDACTED] dressing (which was not according to the acceptable professional standard of practice and their policy). RN #1 then removed her gloves and performed handwashing.</p> <p>The surveyor conducted an interview with RN #1 on 4/4/22 at 12:13 pm, she stated that she should have washed her hands and changed gloves after cleansing Resident [REDACTED] with [REDACTED]. RN #1 stated that she failed to follow the professional standard of practice and their wound care policy.</p> <p>According to the Centers for Disease Control (CDC) and Prevention titled, "Hand Hygiene in Healthcare Settings, reviewed on 1/28/21, under Gloves Use: "When and How to Wear</p>	F 658	<p>changes that ensure deficient practice will not recur</p> <p>a. All licensed nurses were reeducated on [REDACTED] management as per policy and [REDACTED] competency checklist.</p> <p>b. Staff Educator will complete [REDACTED] management competency on staff upon hire, annually, and as needed.</p> <p>4. Monitor of Corrective Actions</p> <p>a. DON and/or designee will randomly monitor 4 nurses using [REDACTED] change competency checklist weekly for 4 weeks and then monthly for 3 months ending 7/31/22.</p> <p>b. Audit results will be reviewed during the monthly QAPI committee meeting.</p> <p>c. The QAPI committee will make recommendations based on the results of the audits.</p> <p>d. The QAPI committee will recommend tapering and dissolution of audits once consistent compliance has been achieved through 7/31/22.</p> <p>e. Findings of audits will be reviewed and presented to the Administrator monthly and quarterly to the Quality Assurance Performance and Improvement Committee.</p>		

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F 658	<p>Continued From page 2</p> <p>Gloves...Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient..."</p> <p>The facility's policy titled " ... Management" revised 10/2021, " ...to provide guidance for consistent wound care in accordance with professional standard of practice ...A resident/patient with ...receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infections ..." Attached with the policy titled " Dressing Change Competency Checklist ...8. Cleansed ...9. Disposed of gloves, performed hand hygiene. Applied clean gloves. 10. Applied treatment then dressing as ordered ..."</p> <p>NJAC 8:39-27.1(b)</p>	F 658			