

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>60A012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/08/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNRISE ASSISTED LIVING OF RANDOLPH</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>648 ROUTE 10<br/>RANDOLPH, NJ 07869</b> |
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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 |
|--------------------|--|---------------|---|--------------------|
| A 000              | Initial Comments<br><br>Initial Comments:<br>Census: 83<br><br>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 10/8/2021. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.   | A 000         |   |                    |
| A1275              | 8:36-18.2(a)(1) Infection Prevention and Control Services<br><br>(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:<br><br>1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interviews, and record review it was determined that the facility failed to perform handwashing technique in accordance | A1275         |   |                    |

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

TITLE

(X6) DATE

11/08/21

New Jersey Department of Health

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| A1275 | <p>Continued From page 1</p> <p>with the Centers for Disease Control (CDC) and facility's policy for 3 of 4 Staff Members observed for handwashing: one Housekeeper, one Certified Nursing Assistant (CNA) and one Activities Director (AD).<br/>The deficient practice was evidenced by the following:</p> <p>Reference: CDC guidance when and how to wash your hands: <a href="http://cdc.gov/handwashing">cdc.gov/handwashing</a>, June 20, 2021<br/>Follow these five steps every time.<br/>Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.<br/>Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.<br/>Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.<br/>Rinse your hands well under clean, running water.<br/>Dry your hands using a clean towel or air dry them.</p> <p>Reference: Hand hygiene in a Health Care Setting: <a href="http://cdc.gov">cdc.gov</a> October 17, 2002<br/>When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet (IB) (90-92,94,411). Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis (IB) (254,255).</p> <p>On 10/8/21, during the tour of the Assisted Living</p> | A1275 |  |  |
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| A1275 | <p>Continued From page 2</p> <p>units, the surveyor observed the following staff members perform handwashing:</p> <p>1. At 10:45 a.m., after conducting an interview with a Certified Nursing Assistant (CNA), the surveyor asked the CNA to perform handwashing. The surveyor observed the CNA turn the faucet on and then off without wetting her hands before beginning the handwashing process. The CNA then took liquid soap from the soap dispenser and rubbed her hands with friction for 12 seconds without wetting her hands. Because her hands were dry, no lather was produced. The CNA then turned the faucet on, rinsed her hands and then turned the faucet off with her hands. She dried her hands with a paper towel from the motion activated dispenser and then rolled that paper towel in her hands before discarding it in the trash. The CNA was not able to explain the handwashing process to the surveyor, including how long hands should be washed. The facility provided in service education on the proper handwashing technique on March 18, 2021. Though the CNA's name was on the attendance list, the CNA failed to sign the list as having attended the in service.</p> <p>2. At 10:55 a.m., the surveyor observed a Housekeeper perform handwashing for 8 seconds by washing her hands under running water without soap. The Housekeeper turned off the faucet with her hand and dried her hands with a paper towel and then rolled the paper towel in her hands before discarding it in the trash. Post survey interview with the Executive Director (ED) on 10/13/21 confirmed that the Housekeeper was not employed at the facility at the time of the March 2021 in service. There was no documented evidence of infection control education provided to this new employee upon</p> | A1275 |  |  |
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| A1275              | <p>Continued From page 3</p> <p>orientation.</p> <p>3. At 12:05 p.m., the surveyor observed the Activity Director (AD) perform handwashing for 20 seconds. The AD turned on the faucet and took paper towels from the motion activated dispenser and placed them on the handwashing sink. She rubbed her hands with soap and water for 20 seconds with friction, turned off the faucet with her hand and then picked up the paper towel from the top of the handwashing sink and dried her hands. The AD signed in as having attended the hand washing in service on March 18, 2021.</p> <p>At 1:15 p.m., the surveyor informed the ED and the Registered Nurse (RN) of the above concerns and both acknowledged that hands should be washed with soap and water for 20 seconds.</p> <p>On 10/13/21 via telephone, the ED told the surveyor that though the facility provided in service education on proper hand washing technique, they did not consistently observe staff for return demonstration of competency to confirm compliance with the facility's Hand Hygiene policy. The ED failed to provide the surveyor documented evidence that the CNA and Housekeeper were provided education on hand hygiene.</p> <p>Surveyor review of the "Team Member Hand Hygiene" skill procedure provided by the Executive Director which revealed,<br/>"3. Turn on the faucet and adjust the water to warm. 4. Place your hands under running water, with your fingertips pointing downward into the sink. 5. Apply soap to the palm of one hand and rub your hands together to form a lather. 6. Rub soap lather all over the surfaces of your hands ... 7. Continue to wash, rubbing lather all over the</p> | A1275         |   |                    |

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| A1275              | Continued From page 4<br><br>surfaces of your hands for at least 20 seconds.<br>8. Rinse your hands under warm running water, with your fingertips pointing downward into the sink. 9. Dry your hands with a disposable paper towel. 10. Use a paper towel to turn off the faucet. 11. Discard the paper in the trash." | A1275         |   |                    |

## STATE FORM: REVISIT REPORT

|  |    |   |   |                               |    |
|--|----|---|---|-------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>60A012 | Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | Y2  | DATE OF REVISIT<br>11/23/2021 | Y3 |
| NAME OF FACILITY<br>SUNRISE ASSISTED LIVING OF RANDOLPH      |    |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>648 ROUTE 10<br>RANDOLPH, NJ 07869 |                               |    |

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<br>Y4             | DATE<br>Y5 | ITEM<br>Y4      | DATE<br>Y5 | ITEM<br>Y4      | DATE<br>Y5 |
|------------------------|------------|-----------------|------------|-----------------|------------|
| ID Prefix A1275        | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 8:36-18.2(a)(1) | Completed  | Reg. # _____    | Completed  | Reg. # _____    | Completed  |
| LSC _____              | 11/27/2021 | 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 _____       |            |

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|---|------------------------|--|-----------------------|------|
| 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<br>10/8/2021      |                        | <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 |                       |      |



Sunrise of Randolph  
648 State Route 10 West  
Randolph, NJ 07869

**A1275**

**1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these residents are the residents specified in the Statement of Deficiencies (SOD).**

The Community immediately rolled out hand-washing in-services combined with observation of staff for return demonstration.

Resident Care Director, Assisted Living Coordinator and Executive Director reviewed and educated staff on facility "Team Member Hand Hygiene" skill procedure.

**2. How the facility will identify other residents having the potential to be affected by the same deficient practice.**

The Resident Care Director, Neighborhood Coordinator/ Dining Service Coordinator, Maintenance Coordinator, Executive Director/Designee to complete weekly observation for 3 months of randomly selected staff for handwashing demonstration to ensure staff compliance with "Team Member Hand Hygiene" skill procedure.

**3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.**

The Community will comply with the provisions of the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices where under 8:36 - 18.2 section (a)(1) Infection Prevention and Control Services, it is required that the facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:

1. Guidelines for Hand Hygiene in Health Care MMWR/51 (RR-16), October 25, 2002; Therefore, all team members must perform handwashing technique in accordance with the "Team Member Hand Hygiene" skill procedure



**4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes.**

The Resident Care Director, Neighborhood Coordinator/ Dining Service Coordinator/ Maintenance Coordinator / Executive Director/Designee will complete weekly observations for 3 months of randomly selected staff for handwashing demonstration to ensure compliance with "Team Member Hand Hygiene" skill procedure. Any team member found to not be in compliance will be immediately addressed and disciplinary action will take place.

The Resident Care Director, Neighborhood Coordinator/ Dining Service Coordinator, Maintenance Coordinator, Executive Director/ Designee will report the findings of the above observation to the QAPI Committee for 3 months to confirm that the processes outlined above are sustained.

During and at the conclusion of the 3-month period, the Committee will re-evaluate and initiate any necessary action or extend the review period.

The Executive Director is responsible for ensuring implementation and ongoing compliance of this POC and addressing and resolving any variances that may occur.

Completion Date: 11/27/2021