

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

PRINTED: 08/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/20/2022
NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1049 BURNT TAVERN ROAD BRICK, NJ 08724		
(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 INFECTION CONTROL SURVEY CENSUS: 127 SAMPLE SIZE: 7 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	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	F 880		6/22/22	

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

TITLE

(X6) DATE

Electronically Signed

06/10/2022

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 880	<p>Continued From page 1</p> <p>arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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. This REQUIREMENT is not met as evidenced by: C #: Covid-19 INFECTION CONTROL SURVEY</p> <p>Based on observation, interviews, and record review on 5/20/2022, it was determined that the facility failed to ensure handwashing was performed according to their policy and acceptable standards of infection control practice according to the Centers for Disease Control and Prevention (CDC). This deficient practice was identified for 2 of 4 employees (Activity Aide (AA #1) and Certified Nursing Assistant (CNA #1)) observed for handwashing technique. This deficient practice was evidenced by the following:</p> <p>Reference: According to the Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR) "Guideline for Hand Hygiene in Health-Care Settings, dated October 25, 2002, showed "...Recommendations: 2. Hand-hygiene technique...B. 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 the hands with water and dry thoroughly with a disposable towel..."</p> <p>A review of the facility line-list provided by the facility on 5/20/2022 showed that the Covid-19</p>	F 880	<p>Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies (SOD). This plan of correction is prepared and/or executed because the provisions of Federal and State Laws that require it.</p> <p>1. On 5/20/2022, The Activity Aide and CNA identified as allegedly out of compliance were in-serviced on facility policy and acceptable standards of infection control practice according to the Centers for Disease Control and Prevention. The CNA and Activity aide also successfully completed competencies on hand hygiene. The facility was unable to implement corrective action for specific residents involved in this deficient practice as none were specified in the 2567.</p> <p>2. All residents have the potential to be affected.</p> <p>a. In accordance with Federal regulations at 42 CFR §488.424, a Directed Plan of Correction was imposed on the facility.</p>		

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F 880	<p>Continued From page 3</p> <p>outbreak started on 4/25/2022 by a staff member and the last tested positive for Covid-19 was a resident on 5/18/2022.</p> <p>During the tour of the unit the surveyor observed handwashing technique of 2 employees, which were not according to the facility policy of acceptable standards of practice and CDC guidelines.</p> <p>On 5/20/2022 at 10:42 a.m., the surveyor accompanied by the Infection Preventionist Nurse(IPN), on the Applewood Unit, AA#1 was observed interacting with several residents in the Day Room without hand hygiene between resident contact.</p> <p>On 5/20/2022 at 10:45 a.m., in the presence of the IPN, the AA performed handwashing with soap and water for 12 seconds.</p> <p>On 5/20/2022 at 11:03 a.m., on the Applewood Unit CNA #1 performed handwashing with soap and water for 5 seconds.</p> <p>During interviews with the AA #1 and the CNA #1 on 5/20/2022, from 10:40 a.m. to 11:30 a.m., they stated they were aware that hand hygiene helps prevent the spread of infections and they were aware of the Covid-19 outbreak in the facility. Both employees stated that they were fully vaccinated including booster for Covid-19.</p> <p>During an interview on 5/20/2022, at 2:45 p.m., the Director of Nursing (DON), and the IPN stated that staff were in-serviced on handwashing and are expected to wash their hands and scrub hands with soap for 20 seconds. They confirmed that the aforementioned handwashing</p>	F 880	<p>b. As part of the Directed Plan of Correction a Root Cause Analysis (RCA) was completed. AA #1 failed to perform proper hand hygiene between patient contact when hosting an activity in the day room. CNA #1 failed to perform proper handwashing while being observed by the surveyor.</p> <p>c. The RCA identified that being observed by the surveyor made CNA #1 nervous, causing them to scrub their hands with soap and water for less than 20 seconds before rinsing with water.</p> <p>d. The RCA identified that AA#1 lacked knowledge regarding when to perform hand hygiene using ABR vs soap and water. It was also identified being observed by the surveyor made AA #1 nervous causing them to scrub their hands with soap and water for less than 20 seconds before rinsing with water.</p> <p>3. The Infection Preventionist and/or designee will provide in-service education to all facility staff on policy and acceptable standards of infection control practice according to the Centers for Disease Control and Prevention using the following training:</p> <p>a. As part of the Directed Plan of Correction the following education was provided:</p> <p>b. Module 1- Infection Prevention & Control Program: Topline staff and IP</p> <p>c. Module 4- Infection Surveillance:</p>		

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F 880	<p>Continued From page 4</p> <p>observations were not according to their policy and CDC guidelines.</p> <p>A review of the form "Hand Washing Competency" showed the aforementioned AA #1 had a handwashing observation competency on 3/11/2022, and the aforementioned CNA #1 had a handwashing observation competency on 2/1/2022, and they met the requirements.</p> <p>The facility policy titled "Handwashing/Hand Hygiene" revised in June 2021, showed, This facility considers hand hygiene the primary means to prevent the spread of infections...All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers..."</p> <p>NJAC 8:39-19.4(a)(1)(b)</p>	F 880	<p>Topline staff and IP</p> <p>d. Module 5- Outbreaks: Topline staff and IP</p> <p>e. Module 6a- Principles of Standard Precautions: All staff</p> <p>f. Module 6b- Principles of Transmission Based Precautions: All staff</p> <p>g. Module 7- Hand Hygiene: All staff</p> <p>h. Module 11b- Environmental Cleaning and Disinfection: All staff</p> <p>i. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out!- Frontline staff</p> <p>j. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19- Frontline Staff</p> <p>4. The Infection Preventionist and/or designee will complete five audits weekly for two months. The audits will be in the form of observations of staff members performing hand hygiene when indicated. Results of the observations will be reported to the monthly Quality Assurance Performance Improvement committee for two months and will be determined the need for further and continued action.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315213	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/29/2022	Y3
NAME OF FACILITY WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1049 BURNT TAVERN ROAD BRICK, NJ 08724		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/22/2022	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 5/20/2022		<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		