

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

PRINTED: 12/08/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMPTON RIDGE HEALTHCARE AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>94 STEVENS ROAD TOMS RIVER, NJ 08755</b>		
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F 000	INITIAL COMMENTS  Survey Date: 1/4/21  Census: 176  Sample: 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=E	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	F 880		3/3/21	

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

TITLE

(X6) DATE

Electronically Signed

01/21/2021

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>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 transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 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: Based on observation, interview, and record review it was determined that the facility failed to follow proper infection control procedures by a.) not donning (put on) and doffing (remove) the proper personal protective equipment for residents on transmission based precautions, and b.) not performing hand hygiene between resident contact on 1 of 5 units (SMART Unit).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/4/21 at 10:23 AM, the surveyor interviewed the Administrator, Director of Nursing (DON) and the Infections Preventionist (IP). The IP confirmed that the staff should be wearing masks and eye protection at all times. On the COVID-19 confirmed hallway the staff should wear full PPE (gown, gloves, mask and eye protection). On the Person Under Investigation (PUI) hallway the staff should wear full PPE. On the recovered and clean hallways, the staff should wear at minimum a surgical mask. The IP added that the staff had been fit tested for the N95 mask and if they choose to wear a surgical mask over it they could, but that it was not required.</p> <p>The Administrator stated that the residents ate meals in their rooms.</p> <p>The IP stated that a Food Service Worker (FSW) delivered the trays to the unit and the trays were</p>	F 880	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the practice. " No resident(s) was affected by this practice. " All employees at Hampton Ridge will appropriately don(put on) and doff(remove) the proper personal protective equipment (PPE) for residents on transmission- based precautions. " Employees at Hampton Ridge will appropriately wash their hands per the Policy. " All employees at Hampton Ridge will adhere to the Infection Control Program Policy &amp; Procedure for Transmission Based Isolation for Covid-19, which are based on CDC guidelines. " All Nurses &amp; C.N.A.s were re-educated regarding Policy &amp; Procedure for Droplet/Contact Precautions. " C.N.A.s #1,2,3,4 was interviewed &amp; a review of the deficient practice was conducted, 1:1 re-education occurred with C.N.A.s #1,2,3,4. The following was reviewed: their deficient practice (incorrect donning, doffing, hand hygiene, &amp; tray pass). " C.N.A.s #1,2,3,4 infection control policies, as well as tray pass protocols reviewed, understanding ensured by return demonstration. Education was</p>		

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F 880	<p>Continued From page 3</p> <p>distributed to the residents by the nursing staff. She added that the COVID-19 confirmed residents received their meals on disposable plates and utensils and reusable items were used on the other units.</p> <p>At 12:23 PM, the surveyor began tour on the SMART Unit that was comprised of a hallway dedicated to COVID-19 confirmed residents, a hallway dedicated to New Admissions Person Under Investigation (PUI) residents and a hallway dedicated to recovered residents. The surveyor observed multiple wall mounted ABHR dispensers throughout the SMART Unit hallways as well as wall mounted bins that contained PPE.</p> <p>At 12:29 PM, the surveyor observed a Certified Nursing Assistant (CNA #1) on the wing dedicated to confirmed COVID-19 residents dressed in full Person Protective Equipment (PPE-gown, gloves, mask, N95, and eye protection). CNA #1 delivered disposable meal trays to the residents in their rooms on that hallway.</p> <p>At 12:32 PM, upon completion of the lunch meal delivery, the surveyor observed CNA #1 discard her gown and gloves, exit the COVID-19 dedicated wing and wash her hands with soap and water appropriately. At 12:35 PM, the surveyor interviewed CNA #1 who confirmed that she was the dedicated CNA for the COVID-19 confirmed residents.</p> <p>On 1/4/21 at 12:47 PM, the surveyor observed CNA #2 and CNA #3 at a closed metal meal tray cart that they pushed on to the PUI hallway. The trays contained the lunch meal on reusable dishes and utensils. The surveyor observed that</p>	F 880	<p>delivered both verbally &amp; in written form.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. " All residents had the potential to be affected by the deficient practice. " No residents were adversely affected by this deficient practice.</p> <p>3. What measure will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>A RCA was completed, human error was found to be the contributing factor to this deficient practice. All staff involved have been educated and new processes put in place to avoid reoccurrence. The tray delivery system has been reviewed and in-services have been done to ensure meal delivery occurs from negative, non-exposed residents to COVID-19 positive residents to prevent the development and transmission of communicable diseases. " All employees; topline staff, frontline staff &amp; all staff received re-education/in servicing regarding donning (put on) &amp; doffing(removal) by the Infection Control Preventionists &amp;/ designee. " All employees will participate in annual mandatory education regarding care of the patient in Isolation care, Transmission-Based Precautions (TBP), Contact/Droplet Precautions. " The Handwashing Policy was reviewed by the Infection Control Preventionist, Director of Nursing, ADON, Administrator, &amp; Medical Director and found to be compliant with CDC</p>		

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F 880	<p>Continued From page 4</p> <p>there were signs on the door frame that read: "New Admission Precautions, and also a sign on the door itself that read: STOP Special Droplet/Contact Precautions, In addition to Standard Precautions. Only essential personnel should enter this room. Everyone Must: including visitors, doctors, and staff-Clean hands when entering and leaving room, Wear face mask, Wear eye protection (faceshield or goggles), Gown and glove at door... and Keep Door Closed." CNA #1 joined in the meal delivery on the PUI hallway.</p> <p>The doors of Rooms nine (9) to 15 were open to the hallway.</p> <p>The three (3) CNA's donned white disposable gowns that they retrieved from a bin on the wall outside of room 9. They were already masked and wearing eye protection. CNA #2 entered room ■ where she set up the residents tray for consumption, and then exited the room wearing the white gown and went to the cart to remove another tray. CNA #1 removed a tray from the cart and went into room ■ where she set up the residents lunch tray while the resident sat in a chair next to the bed. CNA #1 then exited the room still wearing the white gown. CNA #1 then grabbed a second lunch tray and entered room ■ and set up that residents tray. CNA #1 then exited the room wearing the same white gown and performed hand hygiene with Alcohol based gel. CNA #3 was observed in the hallway by room ■ putting on a new white disposable gown.</p> <p>At 1:05 PM, the surveyor interviewed CNA #2 who stated that the PUI hallway was for new patients on precautions and that it also "spilled over" to the middle hallway and that the remainder of the</p>	F 880	<p>regulations. Policy dated.</p> <p>" Nursing Unit Managers will monitor staff for compliance with for appropriate PPE, Hand Hygiene, &amp; Tray Pass, with immediate correction and education, if necessary. Weekly X4 weeks than Monthly X4 months. These finding will be reported at our QA meetings Quarterly.</p> <p>" Infection Control Preventionist or designee to observe Tray pass on COVID-19 and PUI unit, weekly X4 weeks than Monthly X4 months. These finding will be reported at our QA meetings Quarterly.</p> <p>" Food Service Director &amp; Nursing Unit Managers will reviewed during clinical meeting, which residents are in COVID-19, PUI, or Recovered rooms to ensure tray order &amp; delivery times are correct.</p> <p>" Trays are to be passed from clean to dirty.</p> <p>" Education of all staff to follow signage regarding this POC &amp; Infection Control was conducted &amp; is on-going. In addition The following directed in-service training will be completed by the Infection Preventionist as of 2/26/2021 and will be completed by additional top line staff (Director of Nursing, Assistant Director of Nursing, Unit Managers, Supervisors) by 3/3/2021: Module 1 <input type="checkbox"/> Infection Prevention &amp; Control Program</p> <p>The following directed in-service training</p>		

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F 880	<p>Continued From page 5</p> <p>middle hallway for residents that were off quarantine. CNA #2 stated that the residents on the PUI hallway were potential COVID and "We act like they have it." She added that the staff must wear gown, gloves, mask, surgical mask and eye covering. CNA #2 stated that they usually keep the same gown on when passing out trays, because we usually do not touch the residents and then added that there was still some confusion about it.</p> <p>CNA #2 confirmed that the staff was dedicated to specific hallways of the [REDACTED] Unit.</p> <p>The CNA's were then observed pushing the meal cart to the "spill over" PUI rooms and finally into the Recovered resident area of the middle hallway. The doors to the resident rooms were opened to the hallway. The first four rooms [REDACTED] on the middle hallway had the special precaution sign on the door to the resident rooms.</p> <p>The surveyor then interviewed CNA #3 who stated that gowns and gloves were changed after each resident. CNA #3 confirmed that she was dedicated to the New Admission PUI hallway. CNA #3 confirmed that the room [REDACTED] to [REDACTED] were residents that were off the 14 day quarantine.</p> <p>At 1:08 PM, the surveyor observed CNA #1 don a gown and gloves and bring a lunch tray to a resident in room [REDACTED]. CNA #3 then handed another lunch tray to CNA #1 who remained in room [REDACTED]. CNA #3 stated that that was how they usually passed out the trays. She added that they still treat them the as potentially infectious even though they were off precautions.</p> <p>CNA #1 then removed her gown and gloves and</p>	F 880	<p>will be completed by the Infection Preventionist as of 2/26/2021 and will be completed by all staff including topline staff by 3/3/2021: Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions</p> <p>The following directed in-service training will be completed by the Infection Preventionist as of 2/26/2021 and will be completed by all staff including topline staff by 3/3/2021. Nursing Home Infection Preventionist Training Course Module 7 <input type="checkbox"/> Hand Hygiene</p> <p>The following directed in-service training will be completed by the Infection Preventionist as of 2/26/2021 and will be completed by front-line staff by 3/3/2021: CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out!</p> <p>" Residents are aware of the signage and we respect the wishes of the residents in that some may insist that the doors remain open for periods of time. Risk vs benefits have been explained to residents in those areas of the facility.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur ie: what quality assurance program will be put into place.</p> <p>" With assistance from the Infection Preventionist, Quality Assurance and Performance Improvement Committee and Governing Body a plan of correction</p>		

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F 880	<p>Continued From page 6</p> <p>discarded them in a garbage can in the room, exited the room and preformed hand hygiene with an alcohol based hand rub (ABHR).</p> <p>CNA #3 then donned a gown and gloves and brought a lunch tray to room [REDACTED]. CNA #1 then handed a tray to CNA #3, who remained in room [REDACTED]</p> <p>The surveyor then observed a resident in a motorized wheelchair propelled herself from the PUI hallway and onto the recovered section of the hallway. The resident stated that he/she resided in a room on the recovered hallway and stated that he/she was returning from physical therapy.</p> <p>The surveyor then observed CNA #3 had removed her gown and gloves and discarded them in room [REDACTED] exited the room and preformed hand hygiene with an ABHR.</p> <p>CNA #1 wearing full PPE entered room [REDACTED] (recovered resident room) and set the residents tray for the lunch meal.</p> <p>CNA #3, also wearing full PPE entered room [REDACTED] and assisted CNA #1 to reposition the resident in bed. The two CNA's then exited room [REDACTED] without their gown and gloves and perform hand hygiene with ABHR.</p> <p>The surveyor then observed a fourth CNA (CNA #4) provide a lunch meal to the resident in room [REDACTED] on the recovered hallway. CNA #4 then went to the meal tray cart and retrieved another meal. The surveyor did not observe CNA #4 conduct hand hygiene.</p> <p>At 1:16 PM, the surveyor observed CNA #1 and</p>	F 880	<p>will be developed and agreed upon</p> <p>" Audit will be conducted the IP, QAPI chairs &amp; designee Weekly X4 weeks than Monthly X4 months, of all residents on Transmission -Based Precautions to ensure the residents are appropriately placed in the facility, and the signage correctly identifies these residents.</p> <p>" IP &amp;/ designee, the QAPI chair-DON will conduct audits on COVID-19, PUI &amp; Recovered rooms to ensure staff are donning (on) &amp; doffing (off) PPE, Hand Hygiene, weekly X4 weeks than Monthly X4 months, with immediate correction &amp; education if necessary</p> <p>" A log will be maintained by the IP regarding all the above-mentioned audits. A Quarterly QAPI report will be generated by the QAPI chair.</p> <p>" C.N.A. [REDACTED]s#1,2,3,4 observed for proper donning (on) &amp; doffing (off), Handy Hygiene &amp; Tray Pass. C.N.A.#1,2,3,4 provided return demonstration of proper technique &amp; understanding of when to don(on) &amp; doff(off) PPE during tray pass.</p> <p>" C.N.A. [REDACTED]s#1,2,3,4 was observed for appropriate donning (on) &amp; doffing (off), Hand Hygiene &amp; Tray pass, with corrective action, if necessary.</p> <p>" All C.N.A. [REDACTED]s &amp; Nurses are observed Weekly by the Nursing Unit Managers or designee on all units, for correct donning (on) &amp; doffing (off), Hand Hygiene, Tray pass and following signage.</p>		

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F 880	<p>Continued From page 7</p> <p>CNA #3 push the meal cart down the hallway and placed it in the hallway by room [REDACTED]. CNA #3 in full PPE entered room [REDACTED] with a lunch tray and then exited the room in full PPE and returned the tray to the meal cart and stated that they had a doubled lunch meal. CNA #3 then returned to room [REDACTED] and discarded her gown and gloves. CNA #1, dressed in full PPE, brought a lunch tray to a resident in room [REDACTED] where set up assistance was provided for the resident.</p> <p>CNA #2 was observed in room [REDACTED] without a gown and gloves and provided assistance to the resident that was seated in a chair by the door. CNA #2 moved the phone and bedside table and then exited the room and without conducting hand hygiene went to the meal cart and grabbed a tray and brought the tray to a resident in room [REDACTED] where she then set the tray up for the resident.</p> <p>The surveyor then observed CNA #1 and CNA #3 push the meal cart back up the hallway and placed it in the hallway by the nurses station.</p> <p>CNA #2 then exited room [REDACTED] and stood in the doorframe of room [REDACTED] talking to CNA #4. The surveyor did not observe hand hygiene.</p> <p>CNA #2 and CNA #4 stated that they make rounds on their resident's based on the residents therapy schedule. CNA #2 stated that they usually have the same assignment and that they have been dedicated to the hallway for residents that were recovered and no longer on quarantine.</p> <p>CNA #2 stated that they deliver the meal trays "opposite" of from well to ill residents rounds. She then added that the trays were delivered in the order that they come up to the floor from the</p>	F 880	<p>" Correct tray order for COVID, PUI, &amp; Recovered will be monitored Weekly X4 weeks than Monthly X4 months. These finding will be reported at our QA meetings Quarterly. Corrective actions are immediate if necessary.</p> <p>" All staff, including front-line, top-line and support staff are observed weekly by the IP or designee for adherence to Transmission-Based Precautions.</p>	

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F 880	<p>Continued From page 8</p> <p>kitchen. CNA #2 stated that they trays come up for the residents on the COVID hallway first and then a cart comes up for the residents on the other hallways.</p> <p>At 1:26 PM, the surveyor observed CNA #4 walk onto the COVID hallway, preformed hand hygiene with ABHR and then exited that area.</p> <p>At 1:30 PM, the surveyor observed CNA #3 return to the PUI hallway to make rounds.</p> <p>At 1:40 PM, CNA #3 pushed a small cart that contained three lunch meals and placed the cart in the hallway near the empty unit dining room. CNA #3 then pushed the small cart down the hallway through the PUI spill over rooms through the hallway to room ■.</p> <p>At 1:46 PM, the surveyor observed CNA #4 bring the metal tray cart that was by the nurses station back down the hallway by room ■. CNA #2 and CNA #4 began to remove completed meal trays from resident rooms on the recovered hallway.</p> <p>CNA #4 then entered room ■ and removed the completed meal tray from a resident and returned it to the cart. CNA #2 entered room ■ and removed the completed tray. Both CNA's returned the completed trays to the tray cart and without conducting hand hygiene CNA #4 re-entered room ■ and removed the completed tray and returned it to the meal cart. CNA #2, without conducting hand hygiene returned to room ■ CNA #4 then removed the completed tray from a resident in room ■ and placed it on the meal cart.</p> <p>At 1:41 PM, the surveyor observed CNA #4</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>perform hand hygiene with ABHR, enter room ■■■ remove a completed tray to the meal cart and re-enter room ■■■ and remove the second completed tray and return it to the cart. Without conducting hand hygiene, CNA #4 pulled the tray cart up the hallway and parked it in the hallway by room ■■■.</p> <p>CNA #4 then entered room ■■■ without wearing full PPE (no gown or gloves). The door of room ■■■ had the aforementioned Special droplet/contact precautions sign on the door. CNA #4 removed the completed meal tray from the room and placed it on the tray cart. CNA #2 was observed to enter room ■■■ without wearing full PPE (no gown or gloves) and removed the completed tray of Resident #6. Without conducting hand hygiene or donning full PPE (no gown or gloves), CNA #2 re-entered room ■■■ and went to the bedside of Resident #7. CNA #2 was observed standing at the bedside and assisted the resident by placing folded linen by the residents right leg. The surveyor observed the Special droplet/contact precautions sign on the door.</p> <p>At 2:00 PM, the surveyor observed CNA #2 wash her hands with soap and water appropriately.</p> <p>On the same day at 3:24 PM, the surveyor interviewed the Infection Preventionist (IP) and she was made aware of the surveyor's observations made during the lunch meal distribution on the SMART Unit. The IP confirmed that rounding for residents outside of an emergent situation, should begin with residents that were not exposed or have recovered from COVID-19, then to residents that were PUI and lastly to residents confirmed COVID-19.</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>The IP added that PPE was used to protect the residents and staff.</p> <p>The IP stated that when the census on the COVID-19 confirmed unit was low, the dedicated staff would have to take an assignment on the PUI hallway and that they should conduct rounds beginning in the PUI hallway first, followed by the COVID-19 hallway.</p> <p>The IP stated that she had observed the tray delivery process on previous occasions and that the trays order of tray distribution depended on which trays were delivered to the unit first.</p> <p>The IP also stated that a gown and gloves were not required to be worn by staff when assisting residents on the recovered hallway.</p> <p>The IP confirmed that the staff should change their gloves and gowns between resident rooms on the PUI Hallway and that hand hygiene should also have been completed in between residents. She stated that the staff should not be coming out a resident room into the hallway with a gown on.</p> <p>She added that the staff did "not technically" have to wear full PPE because Resident #6 and Resident #7 were no longer on contact precautions. She added that the Special Precautions sign should have been removed from the door. She added that the staff should know who was no longer on precautions. The IP also confirmed that residents should not travel through the PUI hallway to go to or return from the therapy department.</p> <p>On the same day at 4:47 PM, the surveyor</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>reviewed the schedule of food delivery that revealed the [REDACTED] Unit had two tray delivery times for each meal (breakfast, lunch, and dinner).</p> <p>On the same day at 5:04 PM, the surveyor reviewed an undated facility Policy and Procedure titled, Isolation Precautions. Under Types of Isolations it read:</p> <ul style="list-style-type: none"> <li>* Respiratory or Droplet - Masks are required if coming within three (3) feet of resident. Gloves are required if patient items in room are to be touched. Gowns are to be worn if rendering personal care.</li> <li>* Contact - Masks are optional. Gloves are to be worn if patient or items in room are to be touched. Gowns are to be worn if rendering personal care and contact with infected body fluids is expected.</li> <li>* Enteric Precautions - Masks are optional. Gloves are to be worn if patient items in room are to be touched. Gowns are to be worn if soiling is likely.</li> </ul> <p>The policy definitions were as follows: Contact Precautions refers to measures that are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment.</p> <p>Droplet precautions refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Hand hygiene refers to washing hands with water and either plain soap or soap/detergent containing an antiseptic agent; or through applying an ABHR.</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>Standard Precautions refers to infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is a combination and expansion of Universal Precautions and Body Substance Isolation (a practice of isolating all body surfaces such as blood, urine, and feces).</p> <p>PPE refers to protective items or garments worn to protect the body or clothing from hazards that can cause injury.</p> <p>At 5:25 PM, the surveyor reviewed the facility policy with a revised date of 11/20/19 and titled, Personal Protective Equipment, read:</p> <p>Employees using PPE must observe the following precautions: * Wash hands immediately or as soon as feasible after removing gloves or any other form of PPE. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands. * Remove PPE after it becomes contaminated and before leaving the work area.</p> <p>The surveyor then reviewed an undated Policy and Procedure titled, Hand Hygiene and read: Hand Hygiene Procedure based on CDC (Centers for Disease Control) guidelines: A. Use handwashing: 1. When hands are visibly dirty 2. After known or suspected exposure to [REDACTED] infection 3. After known or suspected exposure to [REDACTED] infection 4. If exposure to [REDACTED] is suspected</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>or proven</p> <p>5. Before eating</p> <p>6. After toileting</p> <p>B. Use alcohol based hand sanitizers for everything else.</p> <p>C. Routine hand washing technique:</p> <ol style="list-style-type: none"> <li>1. Wet hands under running water.</li> <li>2. Keeping hands lower than elbows, apply soap or antimicrobial skin cleanser and thoroughly distribute over hands.</li> <li>3. Wash vigorously for at least 20 seconds, using friction to cover all surfaces of the hands, with particular attention to fingertips and nails.</li> <li>4. Rinse under running water.</li> <li>5. Use paper towel to dry hands.</li> <li>6. Avoid recontamination of hands on sinks or sink components after washing (use separate paper towel as barrier to turn faucets off).</li> </ol> <p>D. When using alcohol-based hand sanitizers:</p> <ol style="list-style-type: none"> <li>1. Put product on hands and rub hands together.</li> <li>2. Cover all surfaces until hands feel dry.</li> <li>3. Use based on manufacturers recommendations.</li> </ol> <p>The surveyor then reviewed the Admission Record of Resident #6 which revealed the resident was admitted to the facility in [REDACTED]. A review of Resident #6's Order Summary Report revealed a completed order dated 1 [REDACTED] for New-Re-admission transmission based (Droplet &amp; Contact) Precautions x 14 days.</p> <p>The surveyor then reviewed the Admission Record for Resident #7 which revealed they were admitted to the facility in [REDACTED]. A review of the Order Summary Report revealed a completed order dated [REDACTED] for New/Re-admission transmission based (Droplet</p>	F 880			

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F 880	<p>Continued From page 14 &amp; Contact) Precaution x 14 days.</p> <p>The surveyor then reviewed the successfully completed competencies for CNA #1, CNA #2, CNA #3 and CNA #4 related to: Personal Protective Equipment Application which read under: 10. Removed personal protective equipment inside the resident's room. 11. Placed in appropriate receptacle. 12. Performed hand hygiene.</p> <p>and, Gowning which read under: 10. Uses gowns only once and then removes and discards. 11. Performed hand hygiene.</p> <p>and, Hand Hygiene Competency read under: 1. The employee states the purpose of hand hygiene and gives examples of when handwashing/hand hygiene should be done: * Before and after resident contact. * After contact with blood, body fluids, or contaminated surfaces even if gloves are worn. * After removing gloves. * Before preparing food, water, or medication. * Before and after performing a treatment or procedure. * Before eating. *After toileting. * Between resident contact and if moving from a contaminated body site to a clean body site during resident care. 2. The employee states the equipment needed for handwashing and for hand hygiene with a waterless product. 3. The employee lists the steps for handwashing: * Wet hands under running water. * Apply about 5 ml of liquid (foam) soap.</p>	F 880			

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

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F 880	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>* Run vigorously for 20 seconds, cleaning under finger nails.</li> <li>* Rinse well under running water.</li> <li>* Dry hands with a clean paper towel.</li> <li>* Turn off faucet with a new paper towel.</li> </ul> <p>4. The employee lists the proper use of an alcohol-based Hand Sanitizer:</p> <ul style="list-style-type: none"> <li>* Apply about 5 ml of product to the palm of one hand.</li> <li>* Rub hands together.</li> <li>* Rub the product over all surfaces of hands and fingers until hands are dry.</li> </ul> <p>The surveyor then reviewed the Course Completion History for the four CNA's identified above which revealed that they completed the CMS targeted COVID-19 training.</p> <p>N.J.A.C. 8:39 - 19.4</p>	F 880			