

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/01/2019
NAME OF PROVIDER OR SUPPLIER HAMILTON PLACE AT THE PINES AT WHITING			STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759		
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F 000	INITIAL COMMENTS STANDARD SURVEY: 11/01/19 CENSUS: 57 SAMPLE SIZE: 18 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 698 SS=B	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to routinely document the evaluation of the status of the access site for a resident with [REDACTED] for four months. This deficient practice was identified for 1 of 1 residents, Resident #35, reviewed for [REDACTED] and was evidenced by the following: During the initial tour of the facility on 10/28/19 at 9:46 AM, the surveyor interviewed Resident #35, who stated that he/she goes out for [REDACTED]	F 698	F698 SS=B [REDACTED] CFR Part 483.25(l) 1) Resident #35 was added to the daily charting on the Interdisciplinary Documentation Task List. A physicians order for monitoring of the [REDACTED] was obtained and added to Medication Administration Record for each shift. The resident chart was placed on a weekly/monthly audit. 2) All [REDACTED] residents have the potential to be affected by the same deficient practice. All [REDACTED] residents will have physicians orders for evaluation of the access site and monitoring of the site	12/13/19	

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

TITLE

(X6) DATE

Electronically Signed

11/19/2019

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 698	<p>Continued From page 1 treatments on Monday, Wednesday and Friday.</p> <p>On 10/29/19 at 9:08 AM, the surveyor observed that the resident had an [REDACTED].</p> <p>The surveyor interviewed the resident to ascertain if the facility nurses were monitoring the site. Specifically, the surveyor asked if the nurses were listening to the site with a [REDACTED]. Resident #35 stated that the nurses didn't use a stethoscope, "they just feel it."</p> <p>Review of the face sheet revealed that Resident #35 was originally admitted to the facility on [REDACTED] and was recently hospitalized from [REDACTED]. The resident's admitting diagnoses included [REDACTED].</p> <p>Review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate care, dated [REDACTED], revealed that Resident #35's [REDACTED].</p> <p>Review of Resident #35's Physician's Order Sheet, dated 10/29/19, did not include an order to monitor the resident's [REDACTED].</p> <p>Review of the Resident #35's most recent Interdisciplinary Care Plan, dated 08/13/19, included the following intervention for [REDACTED]: If [REDACTED] is utilized to administer [REDACTED], every shift and as needed. The procedure of checking the [REDACTED] [REDACTED] was a method used for monitoring the condition of the resident's access site for [REDACTED].</p>	F 698	<p>by a nurse on every shift. All applicable medical record were reviewed and corrections made to reflect the protocol for monitoring of [REDACTED].</p> <p>3) The following measures were added to ensure that the deficient practice does not occur again;</p> <p>" All licensed nurses will receive re-education of the facility [REDACTED] protocol which includes monitoring of access sites.</p> <p>" Residents receiving [REDACTED] are identified upon admission and the electronic medical record is marked with Chart Flag</p> <p>" A physician order is written for evaluation of [REDACTED], which then plots to the resident's [REDACTED] electronic medication administration record for the nurse to document the monitoring on each shift.</p> <p>" A [REDACTED] care plan is generated upon admission according to CMS guidelines and personalized to type and placement of resident's [REDACTED] access site.</p> <p>" All admission charts will be reviewed by the 11-7 Charge Nurse, and/or Supervisor to include; 1) a Chart Flag in place 2) a physician order for q Shift monitoring of the access site 3) written and plotted on electronic medication administration record, and 4) the care plan is initiated and personalized to residents access site.</p> <p>4) We will monitor the corrective action and it's effectiveness as follows;</p>		

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F 698	<p>Continued From page 2</p> <p>On 10/29/19 at 10:45 AM, the surveyor interviewed the Charge Nurse who stated that she didn't see an order to check [REDACTED] for Resident #35. She added, "I'll get an order for that each shift."</p> <p>The Charge Nurse then provided the surveyor with the facility's Protocol for [REDACTED] Resident Care, which was revised on 06/28/19. The Protocol included the statement, "The facility's nurse will follow standard of practice in the daily care of the [REDACTED] resident." The "Process" section of this policy included in bold type: [REDACTED] " The Charge Nurse stated, "We should be documenting in the IDT (Interdisciplinary) notes."</p> <p>On 10/29/19 at 11:33 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1, who had just stepped out into the hallway after caring for Resident #35. LPN #1 stated that she had just checked the resident's [REDACTED]. She stated that she checks for [REDACTED] by [REDACTED]. LPN #1 then stated that she normally documents the results in the IDT notes.</p> <p>On 10/29/19 at 11:39 AM, the surveyor interviewed LPN #2 who stated that she often takes care of Resident #35. She stated that she checks for [REDACTED]. LPN #2 stated, "I usually chart in the IDT notes." The surveyor inquired if she would document [REDACTED] anywhere else. LPN #2 replied, "If there's a problem, I would chart in the [REDACTED] communication book but [the resident] hasn't had</p>	F 698	<p>Weekly chart audits for dialysis patients are conducted by the Director of Nursing or designee for 4 weeks, then monthly audits for 2 months. Audits of newly admitted dialysis residents will begin upon admission.</p> <p>Results of weekly and monthly audits of [REDACTED] charts are reported to the Administrator upon completion for further corrective action as needed. These audits are reported to the Quality Assurance and Performance Improvement Committee quarterly for two quarters. Admission Chart Review for Dialysis will be added to the Quality Assurance Program.</p>		

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F 698	Continued From page 3 any problems." Review of Resident #35's Dialysis Communication Book revealed that Resident #35 had not experienced any abnormalities with the [REDACTED] Review of Resident #35's Interdisciplinary Notes from July to October 2019 revealed the following number of times per month that the nurses documented checking the [REDACTED] July 2019: 13 entries August 2019: 6 entries September 2019: 5 entries October: 3 entries.	F 698			
F 880 SS=D	NJAC 8:39-27.1 (a) 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,	F 880		12/13/19	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 880	<p>Continued From page 4</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual 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>	F 880			

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F 880	<p>Continued From page 5</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and 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: Based on observation, interview and record review it was determined that the facility failed to address the risk of infection to residents during a.) the provision of a [REDACTED] care treatment for 1 of 1 nurses observed, b.) medication administration for 1 of 2 nurses observed, and c.) sanitization of kitchenware observed for 1 of 1 Dietary Aid.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. During the initial tour on 10/28/19 at 9:34 AM, the surveyor observed Resident #5 lying on an air mattress (mattress designed to prevent and treat pressure wounds). When interviewed, Resident #5 was confused and unable to provide answers to questions regarding wound care treatments.</p> <p>Review of the annual Minimum Data Set (MDS), an assessment tool used in the management of care, dated [REDACTED], reflected that the resident was [REDACTED].</p> <p>[REDACTED] The MDS further revealed that Resident #5 had been identified as being at risk for developing pressure ulcers and had a [REDACTED] at that time.</p>	F 880	<p>F880 SS=D Infection Prevention and Control CFR(s) 483.80(a)(1)(2)(4)(e)(f)</p> <p>1) LPN #1 received re-education regarding the facilities protocol for [REDACTED] care and clean dressing changes. Specific focus was placed on handwashing between the removal of soiled [REDACTED] dressing, cleansing and application of clean dressing, proper use of gloves during [REDACTED] care treatment and 60 second sterilization of scissors. Resident # 5 [REDACTED] was observed for signs of infection since observation of deficient practice. No signs were noted. LPN #2 received re-education to facility protocol for hand washing during medication pass and handwashing was observed by the DON to ensure the practice matched protocol. Resident #20, #4,#2 was observed for signs of infection since the observation of the deficient practice. No signs were noted.</p> <p>The Dietary Aide was re-educated on the Handwashing and Personal Cleanliness Policy and observed during the process of using the satellite kitchen dishwasher</p>		

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F 880	<p>Continued From page 6</p> <p>The MDS noted that skin and ulcer treatments were in place and included the use of pressure reducing devices on the wheelchair and the bed, pressure ulcer care, and application of ointment/medications.</p> <p>On 10/30/19 at 10:30 AM, the surveyor observed Licensed Practical Nurse (LPN #1) complete the [REDACTED] dressing change for Resident #5. The surveyor observed LPN #1 don two pairs of gloves prior to starting the [REDACTED] treatment. LPN #1 cleansed the [REDACTED] and discard the dirty gauze into the trash. The surveyor observed that LPN #1 did not remove her gloves or perform hand hygiene. LPN #1 then picked up a pair of scissors and wiped them down with an alcohol swab for approximately 10 seconds with the same pair of gloves. The surveyor observed that LPN #1 did not remove her gloves or perform hand hygiene. LPN #1 then cut a piece of [REDACTED]</p> <p>[REDACTED] inserted the piece of [REDACTED] into Resident #5's [REDACTED], and applied [REDACTED] on the skin around the [REDACTED] opening while wearing the same pair of gloves. LPN #1 then removed the top pair of gloves and applied an [REDACTED] over Resident #5's [REDACTED] opening. LPN #1 then removed the second pair of gloves and performed hand hygiene.</p> <p>During an interview with the surveyor on 10/30/19 at 10:40 AM, LPN #1 stated she dons two pair of gloves so she could apply the clean dressing. LPN #1 further stated that sometimes the ointment gets on her gloves, so she removes the</p>	F 880	<p>and washing hands to ensure the re-education was effective.</p> <p>2) All residents are at risk when the facility fails to address the risk of infection to residents during the provision of [REDACTED] care, medication administration and sanitation of kitchenware.</p> <p>3) The following Policy and Procedure additions were made to ensure that the deficient practice does not occur again; " All healthcare staff are required to complete the Handwashing lesson assignments. " All healthcare staff are required to attend a demonstration of the CDC approved handwashing technique. " All healthcare staff will perform a re-demonstration of the CDC approved handwashing technique.</p> <p>4) We will monitor the corrective action and its effectiveness as follows; a. Weekly dressing change audits are conducted by the Director of Nursing or designee for the period of 4 weeks, then monthly x 2 b. Audits of dressing changes are reported to the Administrator upon completion and the results are reviewed quarterly at the Quality Assurance and performance Improvement Committee meeting. c. Weekly handwashing audits are conducted by the Director of Nursing or designee for both nursing and diet aides assigned to the SNF unit for a period of 4 weeks, then monthly x2.</p>		

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F 880	<p>Continued From page 7</p> <p>top pair of gloves before she applies the [REDACTED] dressing.</p> <p>During an interview with the surveyor on 11/01/19 at 10:34 AM, in the presence of the Administrator and another surveyor, the Infection Control Nurse (ICN) stated the use of double gloves was not part of their facility practice. The ICN confirmed that nurses were supposed to remove gloves and wash hands after cleansing the [REDACTED].</p> <p>During a follow up interview with the surveyor on 11/01/19 at 11:25 AM and in the presence of ICN and another surveyor, LPN #1 stated that hand hygiene was performed prior to starting the [REDACTED] treatment, after removing the old dressing, and after the treatment was completed. LPN #1 stated she would also perform hand hygiene after cleansing the wound and don a fresh pair of gloves prior to continuing the treatment. LPN #1 further stated that she thought she had performed hand hygiene after cleansing Resident #5's wound.</p> <p>The surveyor reviewed the facility's undated [REDACTED] Care Procedure for Major [REDACTED]" policy provided by the Director of Nursing (DON.) The policy revealed under the "Procedure" section to cleanse scissors for 60 seconds of contact with alcohol then wash hands and don clean gloves. The policy further revealed to remove gloves and don clean gloves after cleansing the wound.</p> <p>The surveyor reviewed the facility's undated "Procedure for Clean Dressing Technique" policy provided by the ICN. The policy reflected to cleanse wound using "no-touch" technique, remove gloves, perform hand hygiene, and apply</p>	F 880	<p>d. Audits of handwashing are reported to the Administrator upon completion and the results are reviewed quarterly at the Quality Assurance and Performance Improvement Committee meeting for two quarters.</p>		

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F 880	<p>Continued From page 8</p> <p>clean gloves prior to applying any medication ordered.</p> <p>2. On 10/30/19 at 8:38 AM, the surveyor observed LPN #2 pour, prepare and administer medications for Resident #20. The surveyor observed LPN #2 wash her hands. LPN #2 turned on the faucet, applied soap to her hands, scrubbed her hands with soap for five seconds, rinsed and dried her hands.</p> <p>At 8:45 AM, the surveyor observed LPN #2 pour, prepare and administer medications for Resident #4. The surveyor observed LPN #2 wash her hands in the same manner, scrubbing her hands with soap for six seconds.</p> <p>At 8:54 AM, the surveyor observed LPN #2 pour, prepare and administer medications for Resident #2. The surveyor observed LPN #2 wash her hands in the same manner, scrubbing her hands with soap for five seconds.</p> <p>During an interview with the surveyor on 10/30/19 at 10:38 AM, LPN #2 stated that the scrub time should be 20 seconds to one minute.</p> <p>During an interview with the surveyor on 10/30/19 at 11:40 AM, the DON stated that she educated staff on handwashing by using a lotion that "glows." She stated that staff applied the lotion to their hands. Once the lotion dried, the staff member washed their hands and she inspected their hands with a black light. The DON confirmed that she expected the nurses to use friction and wash their hands for 20 seconds including the front and back of the hands, the nails and wrist area.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>During an interview with the surveyor on 10/31/19 at 9:38 AM, the ICN stated that the DON usually completed the handwashing education with staff. The ICN confirmed that staff should wash their hands with soap for 30 seconds.</p> <p>The surveyor reviewed the undated facility policy, 5.7 Standard Precautions For All Health Care Workers. The policy revealed that staff should wash their hands "with an appropriate antibacterial solution for at least 20 seconds."</p> <p>3. On 10/30/19 at 1:08 PM, the surveyor observed a Dietary Aid (DA) while he was cleaning the dining room and washing dishes after lunch. The DA wore disposable gloves while he removed soiled dishes, glasses and utensils from the dining room tables. He then wheeled the cart loaded with the soiled dishes into the small satellite kitchen adjacent to the dining room. The surveyor then observed the DA handle dishes that were on the counter and had just been washed in the dish washing machine. The DA did not change gloves or wash his hands in between handling the soiled dishes from the dining room and clean dishes and utensils on the counter in the kitchen.</p> <p>The DA then removed his gloves and donned a clean pair of disposable gloves without washing his hands in between the glove change. When the surveyor questioned the DA concerning the procedure for handling soiled dishware and clean dishes, he stated that he had "done it wrong." He then stated that he had only handled a couple of clean items before he changed his gloves. The DA also stated that it was the normal procedure for one person to handle both soiled and clean serviceware while washing dishes in the satellite</p>	F 880			

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F 880	<p>Continued From page 10 kitchen.</p> <p>On 10/30/19 at 1:21 PM, the surveyor observed the DA wash more dishes. At that time, when he changed gloves the DA washed his hands after he removed the soiled gloves. The DA wet his hands, applied soap and lathered his hands for five seconds outside of the running water, then rinsed his hands under the water stream.</p> <p>On 10/30/19 at 1:28 PM, the surveyor observed the DA as he continued to wash dishes. When he washed his hands, the DA applied friction outside the water stream for five seconds before rinsing.</p> <p>On 10/31/19 at 9:45 AM, the surveyor interviewed the Food Service Director (FSD) about the dish washing procedure in the satellite kitchen. The FSD stated that the DA was responsible to bring dirty dishes into the kitchen, load up a rack of dishes and then place the rack into the dishwasher. When the cycle ended, they were supposed to change gloves and put the clean dishes away. The procedure was usually performed by one DA. The FSD stated that sometimes the DA would push through two racks of dirty dishes, then change gloves before handling clean serveware. The FSD also stated that the Dietary Aids were supposed to wash hands in between changing gloves.</p> <p>The surveyor reviewed the Handwashing and Personal Cleanliness Policy, dated 01/27/12, which was provided by the FSD. The policy described the procedure for washing hands as, "Wash hands thoroughly with approved antibacterial or antimicrobial hand soap. Pay particular attention to the areas underneath fingernails and between fingers. Wash hands and</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER HAMILTON PLACE AT THE PINES AT WHITING			STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759		
(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 880	Continued From page 11 exposed parts of arms for 20 seconds. Rinse thoroughly with clean water. Dry hands with disposable towels or use an air dryer." The surveyor reviewed the Handwashing In-service provided for Dietary Aids in February, 2019. The in-service addressed the topic, "When to Wash Hands." This portion of the program included, "Before putting on gloves" as a circumstance which required proper handwashing. The surveyor noted that the DA who was observed washing dishes on 10/30/19 attended the handwashing in-service in February. NJAC 8:39 19.4 (a)(c)	F 880			