

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/26/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK			STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723		
(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 Complaint #: NJ149449 Census: 109 Sample Size: 5 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. 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 and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 10/26/2021	F 000			
F 812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	F 812		11/18/21	

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

TITLE

(X6) DATE

Electronically Signed

11/18/2021

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 812	<p>Continued From page 1 safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, New Jersey Administrative Code (NJAC) 8:24, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to prepare, distribute, and serve food under sanitary conditions, Specifically, the facility failed to ensure that dietary staff performed hand hygiene in between tasks for four (Dietary Aide #1, Dietary Aide #2, Dietary Aide #3, and Chef #1) of four staff observed in the kitchen.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJAC 8:24-2.3, Personal cleanliness, indicates, "(f) Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: 1. After touching bare human body parts other than clean; hands and clean, exposed portions of arms; 2. After using the toilet room; 3. After caring for or handling service animals or aquatic animals; 4. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco,</p>	F 812	<p>"This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law"</p> <p>F812: SCOPE and SEVERITY = "F" CORRECTIVE ACTION S ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ The involved Dietary staff were counseled and in-serviced re: Performing Proper Hand Hygiene in between tasks to ensure that food is prepared, distributed, and served to residents under sanitary conditions. No residents were adversely affected by the deficient practice. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE ¿ All residents have the potential to be affected by the same deficient practice.</p> <p>MEASURES PUT INTO PLACE OR</p>		

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F 812	<p>Continued From page 2</p> <p>eating, or drinking, except as specified in N.J.A.C. 8:24-2.4(a)2; 5. After handling soiled equipment or utensils; 6. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; 7. When switching between working with raw food and working with ready-to-eat food; 8. Before donning gloves for working with foods; and 9. After engaging in other activities that contaminate the hands."</p> <p>Reference: CDC Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guideline.html (updated 01/30/2020 and retrieved on 10/25/2020), read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores."</p> <p>1. On 10/26/2021 at 11:48 AM, an observation of the kitchen was conducted. The observation revealed Dietary Aide (DA) #1 intermittently adjusted her mask during the noon meal service. DA #1 stood behind the serving line and was responsible for placing cold beverages on the</p>	F 812	<p>SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <ul style="list-style-type: none"> ¿ All dietary staff were educated re: Proper Hand Hygiene in between tasks to ensure that food is prepared, distributed, and served under sanitary conditions, MONITORING OF CORRECTIVE ACTIONS: ¿ Food Service Director or Designee will conduct 5 Observation Audits of Dietary Personnel on "Hand Hygiene and Proper Handling of Dietary Items" weekly x 4 weeks, then monthly thereafter x 6 months. ¿ Results of audits will be reported to the Administrator monthly and presented in the quarterly QAPI Meeting. The QAPI Committee will determine the need for further audits and/or action plans. 		

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F 812	<p>Continued From page 3</p> <p>residents' meal trays. The observation revealed DA #1 placed her right hand on the serving portion of the residents' plates after having intermittently adjusted her mask. DA #1 was wearing a pair of gloves and failed to remove her gloves and perform hand hygiene after her gloved hands had been contaminated when she intermittently adjusted her face mask. The gloves worn by DA #1 contacted the serving surface portion of the residents' plates when she transferred the plates to the rack.</p> <p>On 10/26/2021 at 11:52 AM, DA #3 was observed on the serving line in the kitchen. DA #3 wore a glove on his left hand and had his right hand bare. During the serving process, DA #3 repeatedly adjusted his mask with his bare hand and intermittently locked his two hands together such that his bare right hand held onto the gloved left hand. DA #3 was responsible for receiving the plated meal and passing it on to DA #2 who placed beverages on the tray. DA #3's bare hand was touching the edges of residents' meal plates.</p> <p>On 10/26/2021 at 11:52 AM, Chef #1 packed a stack of serving dishes from the plate warmer which sat against the wall immediately next to the steam table. Chef #1 stacked and held the serving dishes against her clothes which had patches of different colored substances on them. The topmost dish on the stack came in direct contact with Chef #1's clothing. The surveyor intervened when Chef #1 attempted to serve residents' meal on the identified dishes. Chef #1 placed the identified dishes back in the dishwashing machine.</p> <p>On 10/26/2021 at 11:55 AM, DA #2 was observed making a peanut butter and jelly sandwich. DA #2</p>	F 812			

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F 812	<p>Continued From page 4</p> <p>repeatedly adjusted her mask during the meal making process. Although DA #2 wore a pair of gloves, she failed to remove the gloves and ensure she performed hand hygiene when she touched her mask repeatedly. The surveyor intervened and told DA #2 that she was not to serve the observed meal to any resident.</p> <p>During an interview on 10/26/2021 at 12:10 PM, DA #1 stated she did not know that there was a potential to cross-contaminate the dishes by touching the plating portion of the dishes after adjusting her mask. DA #1 acknowledged she failed to perform glove changes or hand hygiene after the identified practices. DA #1 stated she received hand-hygiene training every week through facility-wide in-services.</p> <p>On 10/26/2021 at 12:17 PM, Chef #1 stated that she knew not to hold serving dishes against her body because there was the potential for a dish to pick up contaminants on her clothes. She stated that she stacked and held the dishes in the manner described in the observation because she was hurriedly trying to make sure residents got their noon meal timely.</p> <p>On 10/26/2021 at 3:24 PM, the Director of Nursing (DON) and the Infection Control Preventionist (ICP) were interviewed. The ICP stated that hand hygiene was a prerequisite practice for an effective infection control program. The ICP stated that dietary staff's failure to perform proper hand hygiene was a fast way to spread germs. The ICP stated staff should perform hand hygiene after they used the bathroom, when they adjusted their masks, before they donned new gloves, and after they doffed used gloves.</p>	F 812			

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F 880 SS=F	<p>New Jersey Administrative Code § 8:39-17.2(g) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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 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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;</p>	F 880		12/14/21	

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F 880	<p>Continued From page 6</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 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 observations, interviews, record review, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and</p>	F 880	<p>"This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet</p>		

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F 880	<p>Continued From page 7</p> <p>transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to ensure housekeeping staff observed the manufacturer's recommended contact time for a chemical disinfectant and performed hand hygiene in between cleaning tasks for two (Housekeeper #1 and Housekeeper #2) of two housekeepers observed.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: CDC Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guideline.html (updated 01/30/2020 and retrieved on 10/25/2020), read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores."</p> <p>Reference: Review of the CDC guideline,</p>	F 880	<p>requirements established by state and federal law"</p> <p>F800: SCOPE and SEVERITY = "F" CORRECTIVE ACTION S ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: <ul style="list-style-type: none"> ¿ The involved Housekeeping Staff were counseled and in-serviced re: (1) Observing the manufacturer's recommended contact time for a chemical disinfectant, and (2) Performing hand hygiene in between cleaning tasks. No residents were adversely affected by the deficient practice. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE <ul style="list-style-type: none"> ¿ All residents have the potential to be affected by the same deficient practice. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: <ul style="list-style-type: none"> ¿ All Housekeeping Staff were in-serviced on (1) Observing the manufacturer's recommended contact time for a chemical disinfectant, and (2) Performing hand hygiene in between cleaning tasks. <ul style="list-style-type: none"> ¿ DPOC (DIRECTED PLAN OF CORRECTION): Under the guidance of the Infection Prevention and Control Officer, and in collaboration with the IP, Medical Director, Governing Body and the </p>		

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F 880	<p>Continued From page 8</p> <p>Environmental Cleaning Procedures-Best Practices for Environmental Cleaning in Healthcare Facilities, dated 6/3/2020 and retrieved online on 05/14/2021 from: https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html, revealed, "Clean patient areas and patient zones before patient toilets. Follow proper procedures for effective uses of mops, cloths, and solutions."</p> <p>Reference: CDC's General environmental cleaning techniques, last reviewed on 04/21/2020 and retrieved on 10/29/2021 from http://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html, indicated, "For all environmental cleaning procedures, always use the following general strategies: Wipe surfaces using the general strategies as above (e.g., clean to dirty, high to low, systematic manner), making sure to use mechanical action (for cleaning steps) and making sure that the surface is thoroughly wetted to allow required contact time (for disinfection steps)."</p> <p>1. On 10/26/2021 at 10:20 AM, Housekeeper (HSK) #1 was observed as she cleaned room #220 on the Brighton Unit. She pulled her cleaning cart alongside the room and then donned a pair of gloves without performing hand hygiene. She brought a bottle labeled "Sienna Multi-Surface Cleaner and Disinfectant" and a toilet brush into the bathroom. The toilet brush dripped liquid in the hallway and in a path leading into the resident's bathroom as it had been sitting directly in the mopping bucket which contained the mopping solution. While in the bathroom, she sprayed the content of the spray bottle over the basin and toilet seat. She then went back to her cart where she accessed a cloth rag. Upon her</p>	F 880	<p>QAPI committee, the following were completed and/or updated:</p> <ul style="list-style-type: none"> o A Root Cause Analysis was completed by the QAPI Committee, which included the following reasons on why the deficiency occurred. o An Infection Prevention and Intervention Plan has been implemented based on the findings of the Root-Cause Analysis. This was incorporated in the QAPI Program with Corrective Actions and a PIP (Performance Improvement Plan) to ensure on-going compliance. This was discussed in the QAPI Meeting on December 1, 2021. o The facility's Long-Term Care Infection Control Self-Assessment was updated to reflect the status of the facility. o The Directed In-Service Training Programs have been initiated and will be completed as directed by the NJ-Department of Health. The In-Service Trainings include the following: <ul style="list-style-type: none"> o Module 1: Infection Prevention and Control Program* – For Topline Staff and infection Preventionist - https://www.train.org/main/course/1081350/ o CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Sparkling Surfaces – For Frontline staff - https://youtu.be/t7OH8ORr5lg o CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 – For Frontline staff - https://youtu.be/YYTATw9yav4 o Nursing Home Infection Preventionist 		

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F 880	<p>Continued From page 9</p> <p>return into the bathroom, she washed the inside of toilet bowl with the brush and rested the brush by the room entrance doorway where the brush dripped liquid over the floor. HSK #1 later placed the toilet brush back into the mopping bucket after the brush sat for few seconds, dripping onto the floor directly in front of the resident's room. HSK #1 then went back in the room and wiped the seat and the surrounding areas of the toilet with the cloth rag. Without changing out the cloth rag after wiping the toilet seat, she wiped the flush handle and the handrail in the resident's bathroom. After she was done wiping down these surfaces, she turned on the faucet in the basin and rinsed the cloth rag under running water. She squeezed the cloth rag out and placed it in the basin.</p> <p>After the wipe down task, HSK #1 retrieved a wet mop from the cart and mopped the resident's bathroom floor. She returned the mop to her cart, returned to the bathroom, picked up the rag cloth which she had rinsed under water, and wiped down the bedside tables which had the resident's personal items sitting on them. As she wiped down one of the bedside tables, she picked up and replaced the resident's water pitcher and a book. After she completed the cleaning tasks in the room, she proceeded to room #222 and repeated the same cleaning procedure while still wearing the gloves she had used while cleaning room #220.</p> <p>On 10/26/2021 at 10:33 AM, HSK #2 arrived in front of room #241 with a cleaning cart. Immediately upon arrival at the entry way into the room, she donned a pair of gloves without performing hand hygiene. She retrieved items from the cart, including a spray bottle of Sienna</p>	F 880	<p>Training Course Module 11 B - Environmental Cleaning and Disinfection- For All staff including topline staff and infection preventionist - https://www.train.org/main/course/1081815/</p> <ul style="list-style-type: none"> o Nursing Home Infection Preventionist Training Course Module 7 - Hand Hygiene – For All staff including topline staff and infection preventionist -https://www.train.org/main/course/1081806/ o Nursing Home Infection Preventionist Training Course Module 6A - Principles of Standard Precautions - For All staff including topline staff and infection preventionist - https://www.train.org/main/course/1081804/ o Nursing Home Infection Preventionist Training Course Module 6B - Principles of Transmission Based Precautions – For All staff including topline s.taff and infection preventionist - https://www.train.org/main/course/1081805/ <p>MONITORING OF CORRECTIVE ACTIONS:</p> <ul style="list-style-type: none"> ¿ Infection control Preventionist/ Housekeeping /Designee will conduct 3 Observation Audits of Housekeeping Staff on (1) Observing the manufacturer's recommended contact time for a chemical disinfectant, and (2) Performing hand hygiene in between cleaning tasks. This will be done weekly x 4 weeks, then monthly thereafter x 3 months. ¿ Results of audits will be reported to 		

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F 880	<p>Continued From page 10</p> <p>disinfectant and cloth rags, and entered the bathroom. While in the bathroom, she sprayed the content of the Sienna spray bottle over the basin and toilet seat. She proceeded to immediately wipe down the sprayed solution on and around the toilet seat and the surrounding areas of the toilet with the cloth rag. Without changing out the cloth rag and after wiping the toilet seat, she wiped the toilet's flush handle and the handrail in the resident's bathroom. A review of the spray bottle label confirmed it was the same product used by HSK #1. The product label directed users to leave the surface wet with the solution for five minutes. HSK #2 and HSK #1 failed to adhere to the manufacturer's directive and wiped down the surfaces in the resident's room after the disinfectant sat for less than two minutes.</p> <p>After the wipe down task, HSK #2 retrieved a feather-like brush and was observed dusting down the overhead light fixtures in the room. She did this with the resident asleep in bed face-up and mouth opened wide. As she wiped down the table, she picked up and replaced the resident's water pitcher, cookies, and a book. She wore the same gloves throughout the cleaning process. HSK #2 proceeded to room #243 (a double occupancy room) to perform cleaning procedures there. In addition to not observing the recommended contact time of the chemical disinfectant and not changing gloves between tasks, HSK #2 sprayed the disinfectant on the toothbrushes and cups which sat on the hand-washing basin in the residents' bathroom.</p> <p>On 10/26/2021 at 10:53 PM, HSK #1 and HSK #2 were interviewed with the Assistant Nursing Home Administrator (ANHA) present. They said</p>	F 880	<p>the Administrator monthly and presented in the quarterly QAPI Meeting. The QAPI Committee will determine the need for further audits and/or action plans. COMPLETION DATE: DECEMBER 14, 2021</p>		

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

PRINTED: 12/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/26/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK			STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723		
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F 880	<p>Continued From page 11</p> <p>they were assigned to clean throughout the facility. They acknowledged they failed to perform hand hygiene prior to donning gloves and between resident contact as described in the observations. The HSKs also acknowledged that they did not know the dwell (wet/contact) time for the chemical disinfectant they were using.</p> <p>On 10/26/2021 at 3:24 PM, the Director of Nursing (DON) and the Infection Control Preventionist (ICP) were interviewed. The ICP provided a copy of her ICP certification which revealed she took the CDC Nursing Home Infection Preventionist Training course. The ICP stated that housekeeping staff were last trained on cleaning procedures a couple of weeks prior. She stated housekeepers should clean from the clean areas to dirty areas and use different rags to clean the different living areas of the entire resident room. She stated, "Not following the proper cleaning procedures, touching residents' personal effects with used gloves, and not using the cleaning products correctly can increase the spread of infections." She verified that the chemical disinfectant (Sienna Multi-Surface Cleaner and Disinfectant) used by the facility had a manufacturer recommended dwell time of five minutes. During the interview, the ICP emphasized that not following the manufacturer recommended dwell time could affect the disinfecting properties of the cleaning products. She stated that housekeeping staff's practice of placing the universal toilet cleaning brush in the mopping bucket and allowing it to drip fluid from lack of containment could also create cross contamination affecting other residents. The DON stated that housekeeping staff's failure to follow the manufacturer's guidelines for the chemical disinfectant created the potential that the product</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SHORROCK			STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723		
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F 880	Continued From page 12 would not work as designed. She stated the manufacturer's recommended "kill" (dwell) time for disinfectants was to be followed strictly to ensure they performed their disinfecting function. She stated toilet brushes should always be contained and not allowed to drip fluid on the floor because the practice could lead to infecting, re-infecting, and or cross-contaminating residents and staff with existing or secondary infection. As an example, the DON identified the potential to spread methicillin-resistant Staphylococcus aureus (MRSA) and or Clostridium difficile (C. diff) from the practice of placing the toilet brush in the mop bucket and/or allowing the brush to drip fluid onto the floor. New Jersey Administrative Code § 8:39-19.4(a)1-6	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315453	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/22/2021	Y3
NAME OF FACILITY COMPLETE CARE AT SHORROCK			STREET ADDRESS, CITY, STATE, ZIP CODE 75 OLD TOMS RIVER ROAD BRICK, NJ 08723		

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 F0812	Correction	ID Prefix F0880	Correction	ID Prefix _____	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed
LSC _____	11/18/2021	LSC _____	12/14/2021	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 10/26/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO