

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315469</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE AT SEABROOK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3002 ESSEX ROAD TINTON FALLS, NJ 07753</b>	
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F 000	INITIAL COMMENTS  STANDARD SURVEY: 11/14/2019  CENSUS: 62  SAMPLE SIZE: 17 + 3  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 808 SS=D	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2)  §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.  §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility staff failed to ensure a resident received and consumed liquids in the appropriate consistency according to physician orders for 1 of 1 resident (Resident #37) who was on nectar thickened liquids.  This deficient practice was evidenced by the following:  On 11/13/19 at 12:05 PM, the surveyor observed Resident #37 seated in a chair at a dining room table and eating half of a grilled cheese	F 808	1. Resident #37 was assessed by RN and Physician, no signs of distress noted. Family notified. Respiratory status and vital signs monitored for 7 days. Dining associate was provided re-education and competency on proper thickening of liquids with return demonstration observed by Dining GM.  2. All residents have the potential to be affected  3. Dining GM/Designee will provide re-education on Therapeutic diets as it	12/16/19

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

TITLE

(X6) DATE

Electronically Signed

12/02/2019

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 808	<p>Continued From page 1</p> <p>sandwich. The surveyor observed Dietary Aide (DA) #1 at the resident's side stirring a yellowish liquid in a tall clear glass with a spoon.</p> <p>At 12:10 PM, two surveyors observed Resident #37 drink the liquid and then cough slightly. The resident was able to clear his/her throat and no distress occurred. Upon a closer look, there was a powder-like substance in the glass and the liquid did not appear nectar thick. At that time, a Licensed Practical Nurse (LPN) #1, approached the resident, stirred the liquid, poured liquid from the spoon, and stated the liquid was thinner than a nectar consistency. LPN #1 removed the glass. The resident's meal ticket indicated the resident had a diet order for nectar thick liquids.</p> <p>Review of the Face Sheet reflected that Resident #37 was admitted to the facility on [REDACTED] and had diagnoses that included but were not limited to [REDACTED].</p> <p>Review of a Quarterly Minimum Data Set (MDS), dated [REDACTED] reflected the resident had a Brief Interview of Mental Status (BIMS) of [REDACTED].</p> <p>The MDS also indicated that the resident had a diagnosis of [REDACTED] and was on a mechanically altered diet that required a change in texture of food or liquids such as pureed food or thickened liquids.</p> <p>Review of the Resident Medication Profile reflected that the resident had been on a Nectar Thick Liquid diet since 12/19/18 and a Mechanical Soft (chopped meats) diet since 01/29/19.</p>	F 808	<p>pertains to proper liquid consistencies to all dietary staff. All dining associates will complete competency on how to properly thicken liquids. All new dining staff will complete the same competency during orientation prior to serving in the dining room.</p> <p>4. Dining GM/designee will conduct daily random audits during meal service for 2 weeks and then weekly for 3 months to ensure residents receiving therapeutic diets are receiving the proper liquid consistency. Results will be submitted monthly for 4 months to QAPI committee.</p>		

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F 808	<p>Continued From page 2</p> <p>Review of the resident's Holistic Care Plan, dated 10/14/19, reflected that the resident preferred to eat meals in the dining room and required Nectar Thick Liquids.</p> <p>Review of the Registered Dietitian's (RD) #1 clinical notes, dated 06/18/19, 06/20/19, 09/13/19, and 09/18/19 reflected that the resident required Nectar Thick Liquids.</p> <p>Review of a Speech Language and Pathology Evaluation and Plan of Care dated 05/16/19, reflected the resident had a diagnosis of [REDACTED]). It also reflected the resident required Nectar Thick Liquids.</p> <p>Review of a Nursing Clinical Note, dated 11/13/19 at 4:03 PM, reflected that the nurse observed the resident had coughed with liquids in the dining room at lunch time. The nurse assessed the resident who had no pain and no difficulty breathing at that time. The nurse took the resident's vital signs and indicated the resident was "ok" and would be monitored.</p> <p>Review of a Nursing Clinical Note dated 11/13/19 at 4:33 PM, reflected that resident was seen by the provider.</p> <p>Review of a physician's Progress Note, dated 11/13/19, reflected the resident was seen because he/she coughed in the dining room. The provider noted that the resident had been on Nectar Thick Liquids and should continue with that consistency.</p> <p>During an interview with two surveyors on 11/13/19 at 12:10 PM, LPN #1 stated that the</p>	F 808			

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F 808	<p>Continued From page 3</p> <p>meal ticket indicated the resident's diet and that a nurse oversees and checks the diets as well as the Registered Dietitian (RD). She further stated that she did not see that the resident's tray did not contain the pre-thickened liquid and that it was her mistake. LPN #1 also stated that the purpose of thickened liquids was to help prevent a resident from choking.</p> <p>During an interview with two surveyors on 11/13/19 at approximately 12:15 PM, DA #1 stated that she had been working in her capacity for approximately [REDACTED] and that she prepared apple juice for the resident. She stated she used a full glass of apple juice from the juice machine dispenser and added a packet of thickener and stirred it. DA #1 stated she thought that the liquid was at a nectar consistency. She was unaware of the directions on the back of the thickener packet that indicated that the packet contents had to be mixed with six-ounces of fluid. DA #1 stated that the glass she used was an eight-ounce glass. At that time, the Dining Supervisor (DS) stated that the glass used was a 10-ounce glass. The DS stated that thickened liquids were indicated for residents who have trouble swallowing. She further stated that they no longer had a measuring cup to portion the liquids. In addition, she stated that other employees train new employees in regard to dining service including how to thicken liquids and that they only thicken coffee and soda, as they have prepackaged thickened juices, milk, and water.</p> <p>During an interview with two surveyors on 11/13/19 at 12:21 PM, RD #1 stated that the team oversees the diets the residents were served at meal time to ensure they were accurate. She</p>	F 808			

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OMB NO. 0938-0391

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F 808	<p>Continued From page 4</p> <p>further stated that there were instructions on the back of the thickener packet and that anyone who was trained could prepare thickened liquids, which included dining services staff.</p> <p>During an interview with two surveyors on 11/13/19 at 12:25 PM, DA #2 stated that thickened liquids were served to residents who had swallowing problems. She further stated that she had trained DA #1 since she'd been working on the █ floor. DA #2 also stated that they have prepackaged thickened juices. She further stated that she told DA #1 not to use the juice machine for thickened liquids especially because that juice was so cold that the powder did not mix or dissolve well. DA #2 stated that they only thicken coffee and soda and that they no longer have a measuring cup to portion liquid. The resident was provided with prepackaged nectar thick apple juice.</p> <p>During an interview with the surveyor on 11/13/19 at 12:32 PM, the General Manager of Dining Services (GM) stated that she provided a training about thickened liquids in October 2019. She stated that she trained the staff and then there was further one-on-one training for new employees working alongside other staff. In addition, the GM stated that DA #1 attended the training last month and that she did not have competencies or return demonstrations for preparing thickened liquids for her staff. She stated that she would provide the surveyor with the training information. She further stated that the residents' diets were indicated on their meal tickets, dining services plated the food, and nursing oversees that the diets were correct.</p> <p>During an interview with the surveyor on 11/13/19</p>	F 808			

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F 808	<p>Continued From page 5</p> <p>at 12:39 PM, the unit's Clinical Manager stated that the resident's diet was indicated on the meal slip and that it should be checked to the resident's name band. She further stated that a nurse oversees the dining room for all meals. In addition, she stated that CNAs and dining staff were also responsible to ensure the resident received the correct diet.</p> <p>During an interview with two surveyors on 11/13/19 at 1:34 PM, the Speech Therapist (ST) stated that thickened liquids were provided to residents that have swallowing problems. She also stated that nursing and the dining staff used the meal tickets, where the diet was indicated, to ensure the residents received the proper consistency. She further stated that anyone who was trained could prepare thickened liquids, and that the staff member who did not prepare the thickened liquid properly should be retrained. At 2:16 PM, the ST stated that dining services trained the kitchen staff how to prepare thickened liquids and that the Infection Control Registered Nurse (RN) #2 trained the nursing staff.</p> <p>During an interview with the surveyor on 11/13/19 at 2:06 PM, RN #2 stated that the nursing staff use only prepackaged thickened liquids and that the dining staff would have their own training and competency records.</p> <p>During an interview with the surveyor on 11/14/19 at 9:06 AM, the Director of Dining Services for the campus/RD #2 stated that the thickener packets should not have been on the units and that everyone should be trained how to thicken with powder in case it was necessary. RD #2 further stated that there should have been a measuring cup available to portion liquids. She also stated</p>	F 808			

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F 808	<p>Continued From page 6</p> <p>that she attended the training the GM stated she gave in October for thickened liquids and clarified the training was about diets; in fact, not about thickened liquids or instructions on how to prepare thickened liquids.</p> <p>The surveyor reviewed the undated facility document that pertained to the content of the thickened liquid training, that was provided by the GM. The document revealed that there were three types of thickened liquids offered to residents (nectar, honey and pudding). The document did not reflect any content regarding preparation instructions for the thickened liquids.</p> <p>Review of an undated facility document titled, "Thickened Liquids Local Review," reflected the following: 1. Thickened liquids would be provided when ordered. 2. Pre-thickened liquids would be used unless otherwise instructed. 3. Only Continuing Care staff deemed qualified by completing required training with return demonstration could assist with thickening liquids. 4. If a thickening agent was used, staff would follow the manufacturers guidelines on the thickening additive label to provide the consistency ordered. 5. Residents should be supervised when consuming any thickened liquid beverage in accordance with his/her plan of care.</p> <p>During a meeting with the surveyors, Director of Nursing, and Licensed Nursing Home Administrator (LNHA) on 11/14/19 at 11:00 AM, the LNHA stated that there were no routine competencies done for thickening liquids prior to the survey.</p> <p>NJAC 8:39-17.4(a)(1)</p>	F 808			

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F 812	Continued From page 7	F 812			
F 812 SS=E	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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 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 observation, interview and record review, it was determined that the facility failed to handle smallware (utensils, cups, straws) and serve food in a safe and sanitary manner to address the risk of development of food-borne illness.</p> <p>This deficient practice was evidenced by the following:  During the lunch meal service on the [REDACTED] floor on 11/08/19 at 11:40 AM, the surveyor observed the following:</p> <p>1. The Dining Services staff offered paper menus</p>	F 812 F 812	<p>1. Dining GM and all staff serving in the dining room were provided re-education on proper meal service process.</p> <p>2. All residents have the potential to be affected.</p> <p>3. Director of Dining/Designee will provide re-education on proper food handling procedures, proper glove use and proper hand hygiene during meal service to all nursing and dietary staff.</p> <p>4. Director of Dining/Designee will conduct random daily audits for 2 weeks and then</p>	12/16/19	



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F 812	<p>Continued From page 8</p> <p>to each resident. Some residents filled out their own menu selections, other residents required the assistance of the dining staff.</p> <p>2. The General Manager of Dining Services (GM) with donned gloves, handled a resident's paper menu and then prepared a sandwich by touching the bread, lettuce and tomatoes with the same donned gloves. She then handled another resident's paper menu and prepared an egg salad sandwich by touching the bread, lettuce and tomatoes with the same donned gloves. The GM then handled another resident's paper menu and prepared a second egg salad sandwich by touching the bread, lettuce and tomatoes with the same donned gloves. She then removed her gloves and went into the kitchenette area.</p> <p>3. The GM came out of the kitchenette area holding four-ounce clear plastic cups in her bare hands. The GM's fingers touched the inside of the top cup. A dining staff member squeezed mustard into the top cup for a resident.</p> <p>4. The GM with donned gloves, handled a resident's paper menu and then prepared a turkey and cheese sandwich by touching the bread, turkey, cheese, lettuce, and tomatoes with the same donned gloves. She then handled another resident's paper menu and prepared a tuna sandwich by touching the bread, lettuce and tomatoes with the same donned gloves. The GM then handled another resident's paper menu, fixed her blouse, removed her gloves and re-gloved without washing her hands in between.</p> <p>5. The GM with donned gloves, handled a resident's paper menu and then prepared a turkey and cheese sandwich by touching the</p>	F 812	<p>weekly for 3 months of meal service in dining rooms to ensure proper meal service to all residents. Results will be submitted monthly for 4 months to QAPI committee.</p>		

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F 812	<p>Continued From page 9</p> <p>bread, turkey, cheese, lettuce and tomatoes with the same donned gloves. She then handled another resident's paper menu and prepared a sandwich by touching the bread, lettuce and tomatoes with the same donned gloves. The GM then handled another resident's paper menu and prepared another turkey sandwich by touching the bread, turkey, lettuce and tomatoes.</p> <p>6. At 12:15 PM, the surveyor observed a Certified Nursing Assistant (CNA) #1 pick up a knife from the floor that a resident dropped. She placed the soiled knife in the soiled bin. She then took a clean knife from a clean bin and gave it to the resident without washing her hands in between. She then set up a tray and touched utensils and a cloth napkin without having washed her hands.</p> <p>The surveyor then observed a Care Associate pick up spoons that fell to the floor. She placed the soiled spoons in the soiled bin and then served two residents two bowls of ice cream without washing her hands in between.</p> <p>During the lunch meal service on the [REDACTED] floor on 11/12/19 at 11:55 AM, the surveyor observed the following:</p> <p>1. A resident removed a straw from his/her drinking cup and placed it on the table. At that time, a Dining Services staff member walked over to the resident, picked up the straw with his bare hands and placed the straw back into the resident's cup.</p> <p>During the lunch meal service on the [REDACTED] floor on 11/13/19 at 11:51 AM, the surveyor observed the following:</p>	F 812			

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F 812	<p>Continued From page 10</p> <p>1. The GM, with donned gloves, handled a resident's paper menu and then prepared a tuna sandwich by touching the bread, lettuce and tomatoes with the same donned gloves. She then cut a grilled cheese sandwich by holding the sandwich steady with her left hand, wearing the same donned gloves.</p> <p>2. At 11:59 AM, while wearing the same donned gloves, the GM handed CNA #2 a pair of gloves. CNA #2 took the gloves. She then put one glove on the resident's table and then donned both gloves. She proceeded to touch and cut up a resident's sandwich into small pieces.</p> <p>During an interview with the surveyor on 11/13/19 at 2:06 PM, the Infection Control Registered Nurse #2 stated that if an employee was preparing food with gloves donned and then touched something else, the employee should have removed their gloves, washed their hands and then re-gloved before touching food again. She also stated that if an employee picked up soiled utensils from the floor, they should have washed their hands before moving to another task.</p> <p>During an interview with the surveyor on 11/14/19 at 9:06 AM, the Registered Dietitian/Director of Dining Services for the campus stated that if an employee was preparing food while wearing gloves and then touched a resident's menu, the employee should have removed their gloves, washed their hands and then re-gloved before touching food again. She also stated that if an employee picked up soiled utensils from the floor, they should have washed their hands before moving to another task.</p>	F 812			

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F 812	<p>Continued From page 11</p> <p>Review of the undated facility's "Continuing Care Dining Services - Satisfaction Solutions" document reflected that staff should use gloves when handling food without utensils and that gloves should be changed frequently between tasks. It also reflected that employees hands should be washed frequently throughout service and between soiled and clean functions. It further reflected that employees hands should be washed between handling clean and soiled dishes.</p> <p>Review of the facility's "Food Handlers Employee Health" policy, dated 05/2012, reflected that staff should wash their hands thoroughly with soap and warm water before handling exposed foods and food contact surfaces, as often as required to remove soil and contamination, as well as before and between glove use.</p> <p>Review of the facility's "Hand Hygiene - Standard Operating Procedure," dated 05/2019, reflected that the purpose was to prevent the spread of potentially infectious organisms. It also reflected that hand hygiene should be performed after touching a resident and/or their belongings and after handling any contaminated item. In addition, it reflected that hands must be washed when handling food.</p> <p>Review of the facility's "Preventing Illness Caused by Infectious Organisms," dated 05/10/18, reflected that infection prevention was the set of methods practiced to prevent and control the spread of disease. It also reflected that handwashing was required after contact with inanimate objects in the immediate vicinity of the resident; before, between and after all physical contact with a resident; as well as before putting</p>	F 812			

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F 812	Continued From page 12 gloves on and immediately after gloves are removed. The document indicated that the elderly were at a greater risk for severe complications from a food-borne illness, and so it was critical that Continuing Care staff remain alert to the risk factors for food-borne illness and take the proper steps to ensure the safe preparation and serving of foods.	F 812			
F 880 SS=E	NJAC 8:39-17.2 (g) 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 conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		12/16/19	

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F 880	<p>Continued From page 13</p> <p>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 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to</p> <ol style="list-style-type: none"> <li>perform adequate hand hygiene and maintain clean supplies for 1 of 1 Registered Nurse (RN) observed during the provision of [REDACTED] care, and</li> <li>offer hand hygiene to residents prior to eating in 2 of 2 dining rooms.</li> </ol> <p>This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> <li>On 11/13/19 at 10:39 AM, the surveyors observed RN #1 perform handwashing prior to her providing [REDACTED] care on a resident. RN #1 wetted her hands, applied soap and rubbed her hands together under the running water for 19 seconds. RN #1 then set up the wound care field.</li> <li>On 11/13/19 at 10:45 AM, the surveyors observed RN #1 perform handwashing. RN #1 wetted her hands, applied soap and rubbed her hands together under the running water for 21 seconds. RN #1 then removed the resident's [REDACTED]</li> <li>On 11/13/19 at 10:48 AM, the surveyors observed RN #1 perform handwashing. RN #1 wetted her hands, applied soap and rubbed her hands together under the running water for 17 seconds.</li> <li>On 11/13/19 at 10:49 AM, the surveyors observed RN #1 remove a pair of gloves from her right scrub top pocket, don the gloves and then complete the [REDACTED] care of the resident's [REDACTED]</li> <li>On 11/13/19 at 10:57 AM, the surveyors observed</li> </ol>	F 880	<ol style="list-style-type: none"> <li>RN #1 was provided hand washing/hygiene and glove use re-education and competency with return demonstration observed by staff development coordinator. Residents in dining rooms were provided with hand wipes. All residents with [REDACTED] are monitored daily for any signs and symptoms of infection.</li> <li>All residents have the potential to be affected.</li> <li>Staff development coordinator/designee will re-educate nursing and dining staff on hand hygiene and infection prevention policies, including resident hand hygiene. Hand wipes were placed in the dining rooms.</li> <li>Staff development coordinator/designee will conduct 10 hand hygiene competencies per month for 4 months. Clinical managers/designee will conduct weekly random audits for 4 months of meal service in dining rooms to ensure residents are being offered hand hygiene prior to meals. Results will be submitted monthly for 4 months to QAPI committee.</li> </ol>		

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F 880	<p>Continued From page 15</p> <p>RN #1 wash her hands. RN #1 wetted her hands, applied soap and rubbed her hands together for 5 seconds before she placed her hands under the running water.</p> <p>During an interview with the surveyors on 11/13/19 at 11:01 AM, RN #1 stated the procedure for handwashing was to use a paper towel to turn the water on, wet hands, soap the hands and lather for 20 seconds, rinse the hands, and dry them completely. RN #1 stated it was important not to wash hands under the water because the soap runs off and it does not kill the germs. RN #1 stated gloves should not be kept in the scrub shirt pocket because they could become contaminated but that there were no gloves in the box in the resident's room.</p> <p>During an interview with the surveyors on 11/13/19 at 1:30 PM, the Infection Control RN (IC/RN) stated the process for washing hands was to wet the hands and wrists, apply soap being careful not to touch the inside of the sink, apply friction for at least 20 seconds, rinse the hands, and dry the hands. The IC/RN stated the friction was done outside of the water so the soap was not washed away because the soap was needed to clean the germs.</p> <p>During an interview with the surveyor on 11/13/19 at 1:50 PM, the Director of Nursing (DON) stated handwashing was done in the following steps: turn on the water, wet the hands, apply the soap, apply friction for at least 15 seconds, rinse the hands, and dry the hands. The DON stated that friction was done outside of the water because the water washes the soap off. The DON stated it was not a good practice to have patient care items in the nurses scrub pockets.</p>	F 880			



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F 880	<p>Continued From page 16</p> <p>2. On 11/07/19 at 11:30 AM, the surveyor observed the lunch meal in the [REDACTED] floor unit dining room. At 11:43 AM, the surveyor observed four residents self propel their wheelchairs into the dining room. The residents were served their lunch meal upon arrival at their dining table. The residents were not offered hand hygiene prior to eating.</p> <p>On 11/08/19 at 8:52 AM, the surveyor observed the breakfast meal in the [REDACTED] floor unit dining room. The surveyor observed two residents self propel their wheelchairs into the dining room. The residents were served their lunch meal upon arrival at their dining table. The residents were not offered hand hygiene prior to eating.</p> <p>On 11/08/19 at 11:20 AM, the surveyor observed the lunch meal in the [REDACTED] floor unit dining room. The surveyor observed four residents self propel their wheelchairs into the dining room. The residents were served their lunch meal upon arrival at their dining table. The residents were not offered hand hygiene prior to eating.</p> <p>On 11/08/19 at 11:23 AM, the surveyors observed the lunch meal in the [REDACTED] floor unit dining room. The surveyors observed 16 residents at that time. Some resident were assisted to their dining table by staff and some self propelled themselves in their wheelchairs. Once seated at the table, the residents were not offered hand hygiene prior to eating.</p> <p>On 11/13/19 at 11:30 AM, the surveyors observed lunch in the [REDACTED] floor unit dining room. The surveyors observed 12 residents at that time. Some resident were assisted to their dining table</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>by staff and some self propelled themselves in their wheelchairs. Once seated at the table, the residents were not offered hand hygiene prior to eating.</p> <p>On 11/13/19 at 11:34 AM, the surveyors observed lunch in the [REDACTED] floor unit dining room. The surveyor observed three residents self propel their wheelchairs into the dining room. The residents were served their lunch meal upon arrival at their dining table. The residents were not offered hand hygiene prior to eating.</p> <p>During an interview with a surveyor on 11/14/19 at 12:12 PM, the DON stated that residents should wash their hands before eating to prevent the spread of infection and for cleanliness.</p> <p>Review of the facility, "Hand Hygiene Competency Checklist," dated 06/15, revealed step 4 to lather all surfaces of wrists, hands, and fingers producing friction for at least 20 seconds. Step 6 revealed to rinse all surfaces of wrists, hands and fingers. The facility provided Hand Hygiene Competencies dated 04/02/19 and 05/15/19 for RN #1 which revealed "passed."</p> <p>Review of the facility, "Hand Hygiene - Standard Operating Procedure," dated 07/19, revealed the purpose was to prevent the spread of potentially infectious organisms to residents, staff and visitors. Procedure 1 indicated that hand hygiene should be performed before and after eating and drinking. Procedure 5 revealed to wet hands first with water, apply product, rub hands together vigorously for at least 15 seconds, rinse hands and dry hands.</p> <p>Review of the facility, "Hand Hygiene - Standard</p>	F 880			

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

PRINTED: 12/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

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F 880	Continued From page 18 Operating Procedure," dated 05/19, indicated in Section 2. 'When to Use Alcohol Hand Sanitizer' to "Ask residents/patients to use prior to eating."  NJAC 8:39-19.4(a 1)(l)(m)(n)	F 880			