

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>05MOOY</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHELSEA AT MANALAPAN, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>445 ROUTE 9 SOUTH MANALAPAN, NJ 07726</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 12/16/2021. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>The census was 57.</p> <p>The sample size was 5.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations</p>	A 000		
A1299	<p>8:36-18.3(a)(5) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p>	A1299		

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

TITLE

(X6) DATE

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A1299	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of Centers for Disease Control and Prevention (CDC) guidelines, 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 transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to ensure 2 of 2 waitresses in one dining room performed appropriate hand hygiene prior to meal service and between resident contacts, and ensure dietary staff offered or encouraged residents to perform hand hygiene during meal service.</p> <p>Findings included:</p> <p>Reference: A review of the Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from <a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a>, (updated 1/30/2020, retrieved on 12/16/2021), 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</p>	A1299		
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A1299	<p>Continued From page 2</p> <p>caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores."</p> <p>1. On 12/16/2021 at 12:02 PM, the surveyor observed a group of 22 random residents in the dining room. Waitress #1 and Waitress #2 proceeded to serve the meals to the residents. The surveyor observed the waitresses adjust the residents' wheelchairs and/or chairs so that the residents could sit closer to the table. The surveyor also observed Waitress #1 and Waitress #2 retrieve the individual residents' meals from the kitchen and placed the meals on the table. During the meal service, Waitress #1 and Waitress #2 intermittently adjusted their facemasks and patted the residents on their backs as they served each resident their meal. The surveyor further observed Waitress #1 and Waitress #2 did not utilize meal-serving trays during the noon meal service. The two waitresses held the residents' meal plates in their hands such that portions of the fingers were reaching and making contact with the residents' food as the meal was served. Waitress #1 and Waitress #2 failed to perform hand hygiene between contact with each resident. They did not offer or encourage the residents to perform hand hygiene prior to the meal service. By failing to ensure that their hands were not reaching into residents' meal plates as described above, Waitress #1 and Waitress #2 potentially introduced contaminants when they intermittently adjusted their masks, when maneuvering residents' wheelchairs, when they patted residents on their backs and when their fingers made contact with the plated food.</p> <p>On 12/16/2021 at 1:10 PM, the surveyor interviewed Waitress #1 and Waitress #2 together. They stated that they had been trained</p>	A1299		
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A1299	<p>Continued From page 3</p> <p>on the need to perform hand hygiene prior to serving meals to residents and the importance of performing or offering hand hygiene to residents during meal delivery. Per the waitresses, they thought the residents had performed hand hygiene before they came in the dining room. Waitress #1 and Waitress #2 acknowledged that they failed to perform hand hygiene and to offer the same to the residents throughout the meal service. They stated that they also forgot to perform hand hygiene on themselves.</p> <p>On 12/16/2021 at 1:46 PM, the surveyor interviewed the Executive Director and the Food Service Director. The Executive Director stated that staff training on infection control practices had been ongoing across the board. The Executive Director stated that hand hygiene was a prerequisite practice for an effective infection control program. Per the Executive Director, it was important for residents to be provided hand hygiene before they ate their meals to ensure they ate under a clean and sanitary condition. The Food Service Director stated that if there was no hand hygiene, there was the potential for cross contamination. Per the Food Service Director, staff should not assume residents' hands were clean. The Food Service Director added that it was his expectation that staff cleaned the residents' hands or offered to clean their hands prior to meal service. The Food Service Director stated that dietary staff (referring to Waitress #1 and Waitress #2) should utilize serving trays and ensure they handle plated meals strictly by holding the plates with an opened palm clinched to the sides of the meal plates or holding the handles, in the case of a cup. The Food Service Director concluded that the observation of Waitress #1's and Waitress #2's fingers reaching into the residents' meals was unacceptable. Per</p>	A1299		

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A1299	Continued From page 4  the Food Service Director, the practice posed the risk of cross contaminating the residents' food with whatever contaminant that had been picked up on the staff member's hands.	A1299		

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

*Karubend Perche* EXEC DIR 1/21/22

TITLE

(X8) DATE

POC – Deficiency #A1299 – 8:36-18.3 (a) (5) Infection Prevention and Control Services

1. In response to this deficiency, inservices will be held with employees to review proper handwashing techniques, training on infection control through proper handwashing and assisting residents in proper handwashing prior to eating in the dining room and social hour refreshments.
2. The facility identified all residents to have the potential to be affected by the same deficient practice.
3. Inservices were completed with all Dietary Staff regarding handwashing and proper infection control procedures when serving:
  - A. Servers washing their hands prior to meal service. (This task may not have been observed by the inspector as this takes place in the kitchen).
  - B. Servers are to wash their hands again if they assist a resident in a wheelchair to their table or touch that resident during service
  - C. Servers are to wash their hands if they touch their personal mask.
  - D. Servers are to offer and encourage residents to wash their hands prior to eating in the dining room.
  - E. Servers were instructed when serving to use a tray or to ensure their thumbs do not cross over the ridge of the plate onto the plate, holding the handles of cups, not the rims.
  - F. Signs have been posted on the doors in the kitchen offer visual reminders regarding handwashing.

Inservices were completed with Department Heads and Nursing Staff:

- A. Inservices were completed with Nursing Staff and Department Heads regarding the above listed items to ensure if they are serving in the dementia unit or assisting in the dining room, these same practices are being followed.

Inservices were completed with Activities Department:

- A. Inservices were completed with the Activities Department to ensure when serving social hour snacks or assisting in the dining room, these same practices are being followed.

4. To ensure these deficient practices are corrected moving forward, the Food Service Director will observe one meal five days a week for two weeks, then one meal weekly ongoing to ensure the handwashing practices are being followed. Any observation of the practices not being followed will result in the employee receiving additional training regarding proper handwashing.
  
5. To ensure these deficient practices are corrected moving forward, the Cottage Director will observe on meal five days per week for two weeks, then on meal weekly ongoing to ensure the handwashing practices are being followed. Any observation of the practices not being followed will result in the employee receiving additional training regarding proper handwashing.

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05MOOY	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/20/2022	Y2	Y3
NAME OF FACILITY CHELSEA AT MANALAPAN, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 445 ROUTE 9 SOUTH MANALAPAN, NJ 07726		

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix A1299	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.3(a)(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/20/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/16/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		