STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY		-	ID HUMAN SERVICES			FORM APPROV OMB NO. 0938-03		
312325 PLWNO 006/17/2020 NAME OF PROVIDER OR SUPPLIER All LAST FROM SUPPLIER CONSERCED TO SUPULATE THE DEPOSITOR SUPULATION SUPPLIER TO SUPPLIE TO S				· · ·		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER SINEET ADDRESS. CITY, SIRE, 2P CODE MERDIAN-FRESENUS JULYSIS AT RED BANK SIMANAPP STELENT OF DEFICIENCIES V000 SUMANAPP STELENT OF DEFICIENCIES D TAC EXCH DEPRENEW VISITE REVEALED BY FULL RECOLATIONY OR LSC IDEMTENTION INCOMATION D V000 INITIAL COMMENTS V000 This was a COVID-19 Focused Infection Control Survey (NJ0013764) conducted on 6/17/20. The Facility was in compliance with 42 CFR, Part 494, Continions for Coverage (CFC) for End Stage Renal Disease Facilities. Standard level deficiencies were evident. V 113 V 113 IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1) V 113 Wash hands between each patient or station. V 113 This STANDARD is not met as evidenced by: Based on observation, staff interview, and facility policy review on 617/20. It was determined that the facility failed to ensure that visitors do not enter clean areas while wearing contaminated gioves. V 113 This STANDARD is not met as evidenced by: Based on observation, staff interview, and facility policy review on 617/20. It was determined that the facility failed to ensure that visitors do not enter clean areas while wearing contaminated gioves. Findings include: Reference #1: Facility policy titled, Visitor Policy, states: " Visitors have a responsibility to ablie by FKC policies and procedure" " Reference #2: Facility policy titled, Personal Protective Equipment, states, "Gloves and wash hands after each patient contact," 1. During observations on the treat			312325	B. WING				
Preprint Tag read-bencies/ Must met precided by Yulk Preprint Tag (EAR H CORRECTIVE OF IN HARPORINATE DEFICIENCY) Confiction (COSS-REFERENCED TO TH HARPORINATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 This was a COVID-19 Focused Infection Control Survey (NJ00136746) conducted on 6/17/20. The Facility was in compliance with 42 CFR, Part 494, Conditions for Coverage (ICC) for End Stage Renal Disease Facilities. Standard level deficiencies were evident. V 113 V 113 IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1) V 113 Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. V 113 This STANDARD is not met as evidenced by: Based on observation, staff interview, and facility policy review on 6/17/20, titled, Visitor Policy, states, " Visitors have a responsibility to abide dy FKC policies and procedures" Findings include: Reference #1: Facility policy titled, Visitor Policy, states, " Visitors have a responsibility to abide by FKC policies and procedures" Reference #2: Facility policy titled, Personal Protective Equipment, states, "Gloves" Reference #2: Facility policy titled, Oresonal Protective endor factor hand hygiene between each patient and/or station to prevent cross containniation	NAME OF PROVIDER OR SUPPLIER				48 EAST FRONT STREET			
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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