

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047
--	--

(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) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>Dates of Survey: 12/1/20</p> <p>Census: 52</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in substantial compliance with all of the standards in the New Jersey Administrative Code 8:43, Standards for Licensure of Residential Health Care Facilities, and has not implemented the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. 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>	R 000		
R1870	<p>8:43-16.3(a)(1) Infection Prevention and Control Services</p> <p>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>In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel having these infections, diseases, or conditions.</p>	R1870		

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

TITLE

(X6) DATE

12/28/20

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047
--	--

(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) COMPLETE DATE
R1870	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of records, it was determined that the facility failed to: a) screen everyone upon entering the facility for symptoms of Covid-19 virus and failed to disinfectant and sanitize the equipment used in the COVID-19 screening process; b) practice appropriate hand hygiene for 2 of 5 staff observed; and, c) ensure that the facility policy was followed with regards to personal protective equipment (PPE) and signage for Observation resident in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the U.S. CDC 's Cleaning and Disinfecting Your Facility, updated on 7/28/2020, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer ' s instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." The U.S. CDC ' s</p>	R1870		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047
--	--

(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) COMPLETE DATE
R1870	<p>Continued From page 2</p> <p>Preparing for COVID-19 in Nursing Homes updated on 11/20/2020, indicated, "Environmental Cleaning and Disinfection: develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Ensure HCP are appropriately trained on its use."</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene, which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."</p> <p>According to the U.S. CDC guidelines Responding to Coronavirus (COVID-19) in Nursing Homes, Considerations for the Public Health Response to COVID-19 in Nursing Homes, updated 4/30/2020 included, "Create a plan for managing new admissions and readmissions whose COVID-19 status is</p>	R1870		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047
--	--

(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) COMPLETE DATE
R1870	<p>Continued From page 3</p> <p>unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown."</p> <p>1. On 12/1/20 at 9:58 AM, the surveyor, entered the facility. The receptionist took the surveyor ' s temperature and placed the thermometer back onto the desk without disinfecting it and without placing it on a clean barrier. The receptionist then instructed the surveyor to sign the visitor's log using the multi-use pen. The surveyor used her own pen to sign the log. The receptionist did not ask the surveyor the screening questions for symptoms or exposure to the Covid-19 virus.</p> <p>On 12/1/20 at 10:24 AM, the surveyor observed the Dietary Aide (DA) enter the facility. The receptionist took the DA ' s temperature and, without disinfecting the thermometer, placed it back on the desk. The receptionist instructed the DA to sign the visitor ' s log and did not disinfect the multi-use pen after the DA used it. The receptionist did not ask the DA the screening questions for symptoms or exposure to Covid-19.</p> <p>On that same day, at that same time, in the Consultant Director of Nursing (CDON) presence, the surveyor interviewed the receptionist and asked how often she disinfected her desk, multi-use pen, and thermometer. The receptionist replied, "randomly."The surveyor further asked the receptionist why she had not asked the surveyor or the DA the screening questions for symptoms and exposure to the Covid-19 virus.</p>	R1870		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047
--	--

(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) COMPLETE DATE
R1870	<p>Continued From page 4</p> <p>The receptionist did not respond. The DON stated, "she should have disinfected the thermometer and pen after each use and should have asked the screening questions. I will educate her right away on the facility ' s screening procedure."</p> <p>The surveyor requested the facility ' s policy and procedure on the screening process.</p> <p>The CDON did not provide the surveyor with a policy but provided a copy of the facility ' s Screening Tool, which included screening questions related to exposure and symptoms for the Covid-19 virus.</p> <p>2. On 12/1/20 at 10:43 AM, the surveyor observed the Housekeeping Aide (HA) perform hand hygiene. The HA applied soap to her hands without first wetting them with water. The HA washed her hands for 13 seconds, dried her hands, and used the same paper towel, turned off the faucet, and dried her hands again using the same paper towel. The surveyor asked the HA why she didn ' t use a new paper towel to turn off the faucet and why she contaminated her hands using the same paper towel after using it to turn off the faucet. The HA did not respond.</p> <p>On 12/1/20 at 10:52 AM, the surveyor observed the Certified Nursing Assistant (CNA) perform hand hygiene. The CNA applied soap to her hands without first wetting them with water. The CNA washed her hands for 20 seconds, dried her hands, and used the same paper towel, turned off the faucet, and dried her hands again using the same paper towel. The surveyor asked the CNA why she contaminated her hands using the paper towel she used to turn off the faucet. The CNA stated, "it ' s my nerves."</p>	R1870		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047
--	--

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R1870	<p>Continued From page 5</p> <p>3. On 12/1/2020 at 11:24 AM, the Registered Nurse/Coordinator (RN/C) informed the surveyor that there was one resident on Observation because the resident had an overnight stay in the hospital and was on transmission-based precaution (TBP) for 14 days according to the facility protocol. The RN/C stated that the resident tested negative for COVID-19 upon return to the facility.</p> <p>At that same time, the RN/C further stated that the resident should have a PPE box and signage outside their room to inform the staff to see the nurse before entering the resident ' s room to see which PPE should be used. She stated that the residents in the Residential homes were all in private rooms.</p> <p>At 11:34 AM, the surveyor observed the Observation room door was closed, and there was no PPE bin or signage outside of the resident ' s room.</p> <p>At 11:36 AM, the CNA informed the surveyor that she was not aware that the Observation room was on TBP. She stated that if the resident in the Observation room was on TBP, there should be a PPE box outside and signage that instructed staff to stop and see the nurse before entering and indicated which PPE should be used.</p> <p>At 11:43 AM, the Licensed Practical Nurse (LPN) informed the surveyor that he was the resident's assigned nurse in the Observation room. The LPN stated that there should be a PPE bin and signage outside the resident ' s room. The LPN could not speak to why there was no PPE bin or signage outside the resident ' s room.</p> <p>At 12:26 PM, the Consultant Director of Nursing</p>	R1870		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047
--	--

(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) COMPLETE DATE
R1870	<p>Continued From page 6</p> <p>(CDON) informed the surveyors that there should have been a PPE bin and signage outside the Observation resident's room. She further stated that she was not aware that there wasn ' t signage or a PPE box outside the room of the resident on Observation.</p> <p>A review of the facility ' s Cohorting of Residents Policy with a reviewed date of 4/15/2020 included, "Notices to be posted to alert persons of the isolation restrictions. PPEs location and accessibility of all isolation equipment for caregivers. Residential residents may quarantine in their rooms if asymptomatic, and all other residents on the floor are affected by the same illness."</p> <p>At 12:31 PM, the surveyors met with the LNHA and the CDON, and there was no additional information provided.</p> <p>NJAC 8:57</p>	R1870		