New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1EGWIO	B. WING		12/3	1/2020
				STATE, ZIP CODE		
WELLING	GTON ESTATES	2018 HIGI SPRING L	AWAY 35 .AKE, NJ 07	762		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
	Initial Comments: CENSUS: 70					
	conducted by the S The facility was fou with the New Jersey infection control reg Licensure of Assiste Comprehensive Pe Assisted Living Pro-	d Infection Control Survey was tate Agency on 12/31/2020. Ind not to be in compliance y Administrative Code 8:36 gulations standards for ed Living Residences, resonal Care Homes and grams and Centers for d Prevention (CDC) etices to prepare for				
A1299	8:36-18.3(a)(5) Infe Services	ction Prevention and Control	A1299			
	established and imprevention and conto, policies and produces to Techniques to resident contact, incompared to the stability of the stability	and procedures shall be blemented regarding infection trol, including, but not limited cedures for the following:  o be used during each cluding handwashing before for a resident;				
	by: Based on observati pertinent facility dod determined that 5 o	NT is not met as evidenced ons, interviews, and review of cuments on 12/31/2020, it was ut of 6 staff members washing technique failed				

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
		1EGWIO	B. WING		12/3	1/2020	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
WELLINGTON ESTATES 2018 HIGHWAY SPRING LAKE,				762			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
A1299	Continued From pa	ge 1	A1299				
	with accepted stand according to the fac Washing." This defi by the following:	nygiene practices consistent dards of practice. and cility policy titled "Hand cient practice was evidenced					
		issued Executive Directive ed date of January 6, 2021 ng:					
	Prevention and Cor facility's current reo prevention and con at all times. Maintai and control practice	Practices for Infection Introl: 1. Regardless of a pening phase, core infection trol practices must be in place ning core infection prevention as is key to preventing and as and is crucial in ensuring ty, safe care.					
	(HK#1) was observed technique. HK #1 seconds, then preceadjust the water, ring.	0:44 a.m., Housekeeper ed for hand washing crubbed with soap for 16 eded to touch the faucet to used her hands, then again to shut off the water, then happer towel.					
	(HK#2) was observed technique. HK #2 searms for 32 second	0:52 a.m., Housekeeper ed for hand washing crubbed her hands and her s. While scrubbing her arms, ttom and the sides of the sink					
	Health Aide (CHHA washing technique. hands for 10 secon	1:05 a.m., Certified Home ) was observed for hand The CHHA scrubbed her ds then rinsed her hands with d again for 8 seconds then ater.					

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			A. BOILDING.	<del></del>			
		1EGWIO	B. WING		12/3	1/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
WELLIN	GTON ESTATES	2018 HIGH	HWAY 35 .AKE, NJ 07	762			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE	
A1299	Continued From pa	ge 2	A1299				
	Medication Tech (C washing techniques scrubbed hands 3 shands again for 30 to reapply soap, solunder running wate under the running whands with a paper On 12/31/2020 at 1 (HK#3) was observed technique. HK #3 a water, scrubbed ha 15 seconds while swater her hands to the scrubbed hands again for 30 to reapply soap hands again for 30 to reapply soap hands again for 30 to reapply soap hands again for 30 to reapply soap, so under running water hands again for 30 to reapply soap, so under running water hands with a paper.	1:30 a.m., Housekeeper ed for hand washing pplied soap then turned on the nds under the running water crubbing hands under the uched the sink several times.					
	the Executive Directis in-serviced 3 times through "Relias" on "Infection Control a section. In addition	on 12/31/2020 at 11:45 a.m., etor (ED) reported that the staff es a year on hand-washing line modules, under the nd Blood-borne Pathogens" the ED stated, that they are fter viewing the modules and above to pass.					
	employees who we technique titled "Re	ity documents for the 5 re observed for hand washing lias," verified that all 5 had at n 2020, which covered					
	Washing." undated shall be regarded be single most importations under procedure se	cility policy titled "Hand , under "Policy," Hand washing y this organization as the ant means of preventing the s. ection #1. All personnel shall ed hand washing procedures					

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		1EGWIO	B. WING		12/3	1/2020		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
WELLIN	WELLINGTON ESTATES  2018 HIGHWAY 35  SPRING LAKE, NJ 07762							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
A1299	to prevent the spread other personnel, results using warm running first. Use soap. Lath surfaces thoroughly of hands, fingers, a hands together for a Thoroughly rinse witouch side of sink. Dry hands complete	ad of infection and diseases to sidents, and visitors. g water and soap, wet hands her well beyond wrist. Work all v, including wrists, palms, back and under fingernails-rub at least 15-20 seconds. It clean water. Be sure not to bely use paper towel to turn off ands from resoiling and throw	A1299					