STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315158	A. BUILDING ______ B. WING ______	06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD CENTER	**330 FRANKLIN TPK RIDGEWOOD, NJ 07450**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Survey date: 6/14/2022 Census: 73 Sample: 9 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		
F 880 SS=D	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	F 880		7/8/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 06/29/2022

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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	315158	A. BUILDING ______ B. WING ______	06/14/2022

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F 880	Continued From page 1 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, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of	F 880		

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F 880	Continued From page 2 infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to maintain proper infection control practices for 2 of 2 Certified Nursing Assistants (CNAs) observed during a Federal Infection Control (FIC) survey. This deficient practice was evidenced by the following: 1. On 6/14/22 at 12:35 PM, the surveyor observed CNA#1 in the COVID unit retrieve a lunch tray and walk inside of a resident's room, who was a Person Under Investigation (PUI). CNA#1 was observed wearing an N95 mask, surgical mask on top of the N95 mask and a face shield. The surveyor observed a sign on the resident's room, "PATIENT-SPECIFIC CONTACT PLUS DROPLET PRECAUTIONS STOP." The sign included text and an image describing a person wearing, "Face shield or goggles, Face mask, One pair of clean non-sterile gloves, Isolation gown." The sign also included verbiage, "Perform hand hygiene Before and After patient contact, contact with environment & after removal of Personal Protective Equipment (PPE). Wear a Face mask, Gown, Eye Protection, and Gloves upon entering this room. Change gown after EACH patient contact." Upon exiting the room, the surveyor interviewed	F 880	A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR 483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE? It was determined after interviewing the staff members for the root cause analysis that they needed to be educated on the proper donning and doffing during transmission based precautions as well as handwashing. Staff both stated that they were rushing and may have been nervous that the Department of Health was in the building. 6/14/2022 - Both Nursing Assistants were provided education by Nurse Practice Educator on the most updated CDC guidance and the facilities policies regarding transition based precautions. The infection control policy and procedure regarding patient specific contact plus airborne precautions. Demonstration of donning and doffing all PPE including gloving and handwashing was provided as	

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F 880	Continued From page 3 CNA#1. CNA#1 explained that she was unaware that full PPE (Face shield or goggles, Face mask, one pair of clean non-sterile gloves, Isolation gown) were needed when entering a PUI room. CNA#1 thought that full PPE was only necessary when entering a COVID positive (+) resident's room. 2. 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 clean 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." On 6/14/22 at 12:38 PM, the surveyor observed CNA #2 wearing face shield and N95 respirator mask, while donning PPE that included disposable gown and gloves. Another CNA handed the lunch tray to CNA #2 who then proceeded to walk inside the COVID-19 positive resident's room. While CNA #2 was setting up the resident's tray inside the room, the door was left opened. After setting the lunch tray for the	F 880	well as return demonstration by staff. All staff is currently receiving this education upon hire and annually and as needed. In addition, all staff will be completing the CDC required training related to Covid-19 validated by the Infection Preventionist by July 8, 2022. Directed In-service Training Starting June 27th all staff will be receiving the following in-service training for Topline Staff. Top line staff includes: Administration, Social Service Director, Maintenance Director, Recreation Director, Business office Manager, Director of Nursing, Nurse Practice Educator, Unit Manager, Clinical Reimbursement Coordinator, Human Resources Manager, Medical Records coordinator, Director of Therapy Services, and Infection Prevention Director. CDC Covid-19 - Module 1 - Infection Prevention & Control Program CDC Covid 19 preventions messages for front line long-term Care Staff: Closely monitor residents CDC Covid-19 Prevention Messages for Front Line Staff: Use PPE Correctly for Covid-19 Module 4 □ Infection Surveillance Module 5 - Nursing Home Infection Preventionist Training Course □ Outbreaks Module 6A- Principles of Standard Precautions Module 6B- Principles of Transmission Based Precautions	

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F 880	Continued From page 4 resident, the surveyor observed CNA #2 perform handwashing for 10 seconds while scrubbing hands with soap under the running water. With her wet hands, CNA #2 shut off the faucet, then grabbed a paper towel to dry her hands. Upon exiting the COVID-19 residents' room, the surveyor interviewed the CNA who agreed that she did not wash her hands in the proper procedure. On 6/14/22 at 12:50 PM, the surveyor interviewed the Nurse Practice Educator-Infection Preventionist (IP) who stated that the PUI resident had been exposed to a COVID + employee working on the unit on 6/6/22. She explained that other residents exposed to the COVID + employee tested positive for COVID-19 on 6/8/22. The IP indicated that therefore any residents exposed to the employee on the unit were considered PUI and were treated as if they were COVID +. The IP indicated that all employees should wear full PPE when entering a PUI resident's room to avoid the spread of COVID-19 to others. On 6/14/22 at 4:10 PM, the surveyors met with the Interim Director of Nursing and the Administrator who did not present any further information to explain why there was a breach in infection control practices. NJAC 8-39-19.4 (a)	F 880	Module 11A-Reprocessing Reusable Resident Care Equipment Module 11B-Environmental Cleaning and Disinfection CDC- Covid-19 Prevention messages for Front Line Long-Term Care Staff: Keep Covid-19 out! For Front Line Staff Front Line Staff includes: housekeeping workers, laundry workers, Certified Nursing Assistants, Recreation employees, Kitchen staff, therapy staff. CDC Covid-19 Prevention messages for front line staff: Keep Covid-19 Out! CDC Covid-19 Prevention messages for front line staff: Sparkling Surfaces. CDC Covid-19 Prevention messages for front line staff: Clean Hands. CDC Covid-19 Prevention messages for front line staff: Closely Monitor Residents. CDC Covid-19 Prevention messages for front line staff: Use of PPE Correctly for Covid-19. CDCCovid-19 Prevention messages for front line staff: Environmental Cleaning and Disinfection. CDC Covid-19 Prevention messages for front line staff: Hand Hygiene. CDC Covid-19 Prevention messages for front line staff: Principles of Transmission Based Precautions Target completion for the entire center will be July 8, 2022. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE	

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F 880	Continued From page 5	F 880	SAME DEFICIENT PRACTICE 6/14/2022- All residents on Contact Plus Droplet precautions have the potential to be affected by staff not properly donning and doffing of all PPE and hand washing when entering and leaving a patient�s room. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR All staff will be re-educated on the specific meaning of Contact Plus Droplet precautions and the proper procedure of donning and doffing and hand washing when entering these rooms to care for residents. All staff will be required to attend CDC infection preventionist Training Courses as spelled out in the facility Direct Plan Of Correction and a root cause analysis that was conducted. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE The Nurse Practice Educator or designee will perform 5 separate Infection control rounding audits on random units weekly on different shifts. The audits will focus on proper donning, doffing, and hand hygiene. Any deficient practice will be corrected immediately and staff will be provided education. The Audits will be submitted to the Center Nurse Executive each week. The Center Nurse Executive and Infection prevention nurse or	

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F 880	Continued From page 6	F 880	designee will report on IP rounds findings and Compliance monthly during QAPI meetings for the next 3 months. Completion date 7/8//2022.	

New Jersey Department of Health

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	060215	A. BUILDING: ____ B. WING ____	06/14/2022

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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. 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 THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General	S 560	8:39-5.1(a) Mandatory Access to Care The facility was not in compliance with the State of New Jersey minimum staffing requirements of CNAs during the 7:00 AM - 3:00 PM shift during the period from 5/29/22 through 6/11/22. The facility was deficient in CNA staffing for residents on 13 of 14 day shifts. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE?	7/1/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 06/29/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every ten residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) one direct care staff member to every fourteen residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.	S 560	The facility has enacted an all hands on deck approach to assisting the C.N.A.s during meal pass. All local agencies have been contacted with open contracts for the all needed positions. The corporation has offered sign on and retention bonus for staff. Overtime and supplemental staffing bonuses are available to staff from picking up shifts. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE All residents have the potential to be affected by this deficient practice. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR The facility continues to hold weekly labor management meetings to identify needs. These meetings are held with the Administrator, Regional Human Recourses Manager, Internal Human Resource manager, Agency lead representative and Corporate Recruitment Manager. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE Weekly Labor Management meetings will continue weekly. The Human Resource manager or designee will be providing recruitment and retention outcomes monthly during QAPI meetings for the next	

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S 560	Continued From page 2 (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 5/29/22 and 6/11/22 revealed the following: The facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: - 05/29/22 had 6 CNAs for 67 residents on the day shift, required 8 CNAs. - 05/30/22 had 7 CNAs for 67 residents on the day shift, required 8 CNAs. - 06/01/22 had 7 CNAs for 67 residents on the day shift, required 8 CNAs. - 06/02/22 had 6 CNAs for 67 residents on the day shift, required 8 CNAs. - 06/03/22 had 6 CNAs for 69 residents on the day shift, required 9 CNAs. - 06/04/22 had 7 CNAs for 69 residents on the day shift, required 9 CNAs. - 06/05/22 had 5 CNAs for 69 residents on the day shift, required 9 CNAs. - 06/06/22 had 7 CNAs for 69 residents on the day shift, required 9 CNAs. - 06/07/22 had 7 CNAs for 72 residents on the day shift, required 9 CNAs. - 06/08/22 had 8 CNAs for 72 residents on the day shift, required 9 CNAs.	S 560	4 months.	

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S 560	Continued From page 3 - 06/09/22 had 6 CNAs for 71 residents on the day shift, required 9 CNAs. - 06/10/22 had 8 CNAs for 71 residents on the day shift, required 9 CNAs. The facility was not in compliance with the State of New Jersey minimum staffing requirements of CNAs during the 7:00 AM - 3:00 PM shift during the period from 5/29/22 through 6/11/22. On 6/14/22 at 3:30 P.M., the surveyor discussed the staffing ratio concerns with the Administrator and Director of Nursing.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
315158 (Y1)	(Y2)	9/2/2022 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD CENTER	330 FRANKLIN TPK RIDGEWOOD, NJ 07450

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 07/08/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
6/14/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
060215		9/2/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD CENTER	330 FRANKLIN TPK RIDGEWOOD, NJ 07450

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 07/01/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 6/14/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			