

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

PRINTED: 07/09/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATLANTIC COAST REHAB &amp; HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>485 RIVER AVE LAKEWOOD, NJ 08701</b>
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F 000	INITIAL COMMENTS  STANDARD SURVEY: 5/22/19  CENSUS: 139  SAMPLE SIZE: 28 + 16 + 3 CLOSED RECORDS	F 000		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or  §483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by:	F 757		6/26/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  06/03/2019
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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.

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F 757	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to discontinue an unnecessary medication for a resident who no longer required it. This deficient practice was identified for 1 of 5 residents (Resident #49) reviewed for unnecessary medications and was evidenced by the following:</p> <p>The surveyor reviewed the physician's orders for Resident #49. The resident's medication profile included a current order for [REDACTED] dated 06/13/18. [REDACTED]</p> <p>[REDACTED] It is classified as a Schedule II medication by the DEA. A Schedule II drug, substance, or chemical is defined as a drug with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. In addition, there is a potential for diversion of this medication.</p> <p>The surveyor then reviewed the Medication Administration Record (MAR) for Resident #49. The MAR is a document on which all medications administered to a resident are recorded on a monthly basis. The surveyor obtained and reviewed the records for Resident #49 for the months of November 2018 through May of 2019. The review revealed that Resident #49 took one dose of the [REDACTED] a period from 11/01/18 to 05/18/19, once on 03/30/19 and 05/13/19.</p> <p>On 05/17/19 at 11:29 AM, the surveyor interviewed the nursing staff Unit Manager regarding the resident's use of [REDACTED] t and confirmed that the resident only required two</p>	F 757	<p>F757 D</p> <p>I. Corrective action(s) accomplished for resident(s) affected:</p> <ul style="list-style-type: none"> <li>Resident #49 had no negative outcomes related to unnecessary medication.</li> <li>Based on the non-usage of this medication, it was discontinued as per MD order.</li> </ul> <p>II. Residents identified having the potential to be affected and corrective action taken:</p> <ul style="list-style-type: none"> <li>All residents receiving medications have the potential to be affected.</li> <li>All PRN medications were reviewed to ensure no unnecessary medications were on active orders.</li> </ul> <p>III. Measures will be put into place to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>Education was given to all nurses regarding discontinuing medications for non-usage.</li> <li>All PRN medications were reviewed to ensure no unnecessary medications were on active orders.</li> </ul> <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>Unit Managers will conduct weekly audits x 4 weeks, then monthly x 3</li> </ul>		

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F 757	<p>Continued From page 2</p> <p>doses of medication during the referenced time period. She stated that the resident's use of the [REDACTED] was sporadic and was unable to provide an explanation for its continued use and stated she would look into the matter further.</p> <p>On 05/17/19 at 12:02 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) in charge of the medication cart. The surveyor observed that the resident had a remaining supply of [REDACTED], consisting of 28 tablets within two cards. When asked about the frequency of use, the LPN stated that the resident rarely asked for the medication. When asked about the continued use of the medication and the supply observed within the medication cart, the LPN replied that this may have resulted due to an error on the part of the nursing staff and/or pharmacy staff.</p> <p>On 05/20/19 at 9:36 AM, the survey team followed-up with the Director of Nursing (DON), in the presence of the Licensed Nursing Home Administrator (LNHA). The DON acknowledged that the [REDACTED] order for Resident #49 was not necessary and it was discontinued. She also stated that the consultant pharmacist, who reviewed medication regimens on a monthly basis, should have also noticed that the medication was not being used frequently.</p> <p>On 05/22/19 at 10:11 AM, the DON confirmed that there was a supply of [REDACTED] available in the facility's automated, computerized dispensing system for residents who may require it for pain.</p>	F 757	<p>months to validate that no unnecessary medications remain on active orders. Discrepancies will be reported to the DON/Designee with follow up actions as necessary.</p> <ul style="list-style-type: none"> <li>The DON/Designee will analyze and trend unnecessary medication findings, if any, and report outcomes to the QA Committee quarterly for recommendations as necessary.</li> </ul>		
F 880	<p>NJAC 8:39-27.1(a)</p> <p>Infection Prevention &amp; Control</p>	F 880		6/26/19	

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F 880 SS=E	Continued From page 3 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 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	F 880			

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F 880	<p>Continued From page 4</p> <p>resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 minimize cross contamination by performing ineffective handwashing. This deficient practice was identified for 4 of 5 residents (Residents #26, #53, #69 and #71) who were observed for hand washing during the course of various treatments in the survey and was evidenced by the following:</p> <p>1. In an interview on 5/15/19 at 9:29 AM, the Unit</p>	F 880	<p>F880 E</p> <p>I. Corrective action(s) accomplished for resident(s) affected:</p> <ul style="list-style-type: none"> <li>The identified employees were educated on proper hand washing hygiene and infection control practices immediately.</li> </ul>		

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F 880	<p>Continued From page 5</p> <p>Manager stated that Resident #71 had a [REDACTED]</p> <p>A Quarterly Resident Assessment Instrument (an assessment tool used by the facility) dated 3/28/19, identified that Resident # 71 had a [REDACTED]. The Electronic Health Record contained a treatment order to [REDACTED].</p> <p>A Quarterly Resident Assessment Instrument (an assessment tool used by the facility) dated 3/28/19, identified that Resident # 71 had a [REDACTED]. The Electronic Health Record contained a treatment orders to [REDACTED].</p> <p>On 5/16/19 at 9:30 AM, the surveyor observed a Licensed practical Nurse (LPN #1) perform the treatment to Resident #71's wound, accompanied by a Certified Nursing Assistant (CNA #1).</p> <p>The LPN went to the sink, turned on the faucet, and applied and rubbed soap within her dry hands. The LPN then washed her hands outside the stream of water for five seconds, and then under the stream of water for 15 seconds. The LPN then dried her hands with paper towel and</p>	F 880	<ul style="list-style-type: none"> <li>• Residents #26, #53, #69, and #71 were all observed for any adverse reactions. None were observed.</li> </ul> <p>II. Residents identified having the potential to be affected and corrective action taken:</p> <ul style="list-style-type: none"> <li>• All Residents receiving care have the potential to be affected.</li> <li>• All employees were reeducated on proper hand washing hygiene and infection control practices</li> </ul> <p>III. Measures will be put into place to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>• Ongoing education will continue for all employees, including new hires.</li> </ul> <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>• Unit Managers will conduct weekly audits x 4 weeks, then monthly x 3 months to ensure proper hand washing hygiene and infection control practices are in place.</li> </ul> <p>Discrepancies will be reported to the DON/Designee with follow up actions as necessary.</p> <ul style="list-style-type: none"> <li>• The DON/Designee will analyze and trend Treatment proper hand washing hygiene and infection control and report outcomes of each to the QA Committee quarterly for recommendations as necessary.</li> </ul>	

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F 880	<p>Continued From page 6 used it to turn off the water.</p> <p>After the LPN gathered the treatment supplies and prepared a clean work field, the LPN returned to the bathroom to wash her hands. The LPN turned on faucet and again applied and rubbed soap within her dry hands. The LPN then washed her hands outside the stream of water for three seconds and then under the stream for 15 seconds. The LPN then dried her hands with a paper towel, turned off the water using the towel, and returned to the resident.</p> <p>After removing the resident's soiled dressing, the LPN returned to the bathroom to wash her hands. For a third time, the LPN turned on faucet and applied and rubbed soap within her dry hands. The LPN then washed hands outside the stream of water for five seconds and then under the stream for 10 seconds. The LPN then dried her hands with a paper towel, turned off the water using the same towel, and returned to the resident.</p> <p>The LPN completed the treatment and disposed of the remaining treatment supplies. She returned to the bathroom to wash her hands. For the fourth time, the LPN turned on the water and applied and rubbed soap within her dry hands. The LPN then washed her hands outside the stream of water for five seconds and then under the stream of 15 seconds.</p> <p>On 5/16/19 at 9:42 AM, CNA #1, who had been assisting with the treatment, went to the bathroom to wash her hands. The CNA turned on the water and and applied and rubbed soap within her dry hands. The CNA then washed her hands outside the stream of water for three seconds and then</p>	F 880			

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F 880	<p>Continued From page 7 under the stream for 10 seconds.</p> <p>2. On 05/14/19 at 11:00 AM the surveyor observed a sign on the the door of Resident #53's room indicating to see the nurse before entering the resident's room. The surveyor also noted a cabinet just outside the resident's doorway. When interviewed at that time, the Unit Manager stated that the resident had a [REDACTED] on the [REDACTED] and had just been placed on [REDACTED].</p> <p>Upon review, the Electronic Health Record contained a physician's order dated 5/13/19 for contact isolation of the [REDACTED] l. There was also a treatment order, dated 5/17/19, to [REDACTED].</p> <p>On 5/20/19 at 10:55 AM the surveyor observed the same Licensed practical Nurse (LPN #1) perform a treatment to Resident #53's [REDACTED] assisted by a Certified nursing Assistant (CNA#2).</p> <p>The LPN put all of the treatment supplies in a clear plastic bag before entering the room and then donned a gown, gloves, and mask (known as Personal Protective equipment or PPE). The CNA assisting the LPN donned a gown and gloves. They both entered the room. LPN then prepared a clean field for the supplies on the resident's over bed table, and then went into bathroom to wash her hands.</p> <p>The LPN turned on the water at the sink and applied and rubbed soap within her dry hands,</p>	F 880		



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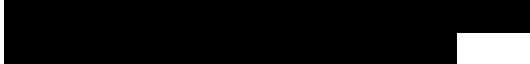

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F 880	<p>Continued From page 8</p> <p>washed them for five seconds outside the stream of water, and then rinsed them under the stream for 40 seconds. The LPN then dried her hands with a paper towel, turned off the water using the towel, applied new gloves, and returned to resident.</p> <p>After the LPN removed the resident's soiled dressing, she removed her gloves and returned to bathroom to wash her hands. Again, the LPN turned on the water at the sink, applied and rubbed soap within her dry hands, washed for five seconds outside the stream of water and then rinsed for 15 seconds under the stream. The LPN then dried her hands with a paper towel, turned off the water using the towel, and returned to the resident.</p> <p>After the LPN performed the treatment, disposed of all remaining supplies, and cleaned off the over bed table top, the LPN removed her gloves and returned to the bathroom a third time to wash her hands. Again, the LPN turned on the water, applied and rubbed soap within her dry hands, washed for five seconds outside the stream of water, and then rinsed for 30 seconds under the stream. The LPN then dried her hands with a paper towel, turned off the water using the same towel, and returned to assist the CNA in transferring the resident to a wheelchair.</p> <p>After the transfer was complete, the LPN and CNA both removed their PPE. After the CNA washed her hands, the LPN went into into the bathroom and for a fourth time, turned on the water, applied and rubbed soap within her dry hands, washed outside the stream of water for five seconds, and then rinsed under the stream for 30 seconds.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>The facility's Handwashing Policy indicated that handwashing was to be performed by wetting the hands with water, applying enough soap to cover all hand surfaces, rubbing the hands together vigorously, covering all surfaces of the hands and fingers, followed by rinsing the hands with water and drying thoroughly with a paper towel. The policy indicated that the total time for this process was to be no less than 20 seconds.</p> <p>On 5/21/19 at 12:00 PM the Director of Nursing provided training materials and inservice education records related to handwashing, which indicated that LPN #1 and CNA #1 had both successfully completed a Clinical Competency Validation in handwashing on 10/21/18.</p> <p>3. On 05/21/19 at 11:55 AM, the surveyor observed the Registered Nurse (RN) administer a [REDACTED] to Resident #69. [REDACTED]. The RN performed hand hygiene by rubbing alcohol gel on both hands and then donned gloves. She prepared [REDACTED], set it on a nearby table, and the removed her gloves. She washed her hands with soap and water, outside the stream of water for 15 seconds. She then checked the [REDACTED] and washed her hands again, outside the stream of water for 10 seconds.</p> <p>4. On 05/21/19 at 10:44 AM, the surveyor observed the Certified Nursing Assistant (CNA) wash her hands, prior to assisting a nurse with [REDACTED].</p>	F 880			

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F 880	<p>Continued From page 10</p> <p> The CNA turned on the faucet of the sink, wet her hands, applied soap, and washed her hands for 10 seconds, outside the flow of water. Following the completion of assistance with , the surveyor observed the same CNA turn on the faucet of the sink. She wet her hands, applied soap, and washed her hands for eight seconds, out of the flow of water.</p> <p>The surveyor interviewed the CNA at 11:11 a.m. on 05/21/19. The CNA verbalized that hands were supposed to be washed out of the flow of water for 25 to 30 seconds, while singing the happy birthday song. The CNA also stated that she was last in-serviced in the year 2019.</p> <p>On 05/21/19 at 12:00 PM, the surveyor reviewed documentation related to hand washing education. The CNA's name and signature were present on the annual in-service titled "Hand Washing" with a date of 10/17/2018. The content of the in-service indicated that hands are rubbed together vigorously for 20 to 30 seconds.</p> <p>The surveyors reviewed a copy of the document entitled "Hand Hygiene/Infection Prevention", which was used during during the handwashing education. It contained specified instruction to wet the hands under running water, then apply soap and thoroughly distribute over the hands, wash vigorously for at least 20 seconds using friction to cover all surfaces, with particular attention to fingertips and nails, and then to rinse under running water.</p> <p>NJAC 8:39-19.4</p>	F 880		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATLANTIC COAST REHAB &amp; HEALTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>485 RIVER AVE LAKEWOOD, NJ 08701</b>		
(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