

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

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2019
NAME OF PROVIDER OR SUPPLIER HAMPTON RIDGE HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 94 STEVENS ROAD TOMS RIVER, NJ 08755		
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F 000	INITIAL COMMENTS STANDARD SURVEY: 10/22/19 CENSUS: 187 SAMPLE SIZE: 38 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, document review, it was determined that the facility failed to ensure that kitchen staff wore beard restraints while preparing food in the kitchen, to maintain	F 812	1)HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE	11/27/19	

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

TITLE

(X6) DATE

Electronically Signed

11/06/2019

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 812	<p>Continued From page 1 food sanitation.</p> <p>This deficient practice was observed during the initial tour of the kitchen and subsequent observations, for 5 of 5 food service workers, and was evidenced by the following:</p> <p>On 10/09/19 at 11:25 AM, the surveyor inspected the facility's kitchen in the presence of the Food Service Director (FSD). The surveyor observed five male Food Service Workers (FSW) (#1, #2, #3, #4, and #5) as they prepared food in the kitchen. All five FSW had beards and/or facial hair, none were wearing a beard restraint. When interviewed, the FSD stated that FSWs were to wear beard restraints while inside the kitchen and preparing food. The FSD also stated that it was the facility's policy for staff to wear hair/beard restraints while in the kitchen.</p> <p>During the food tray line observation on 10/18/19 at 11:20 AM, the surveyor observed FSW #1, enter the kitchen without wearing a beard restraint. FSW #1 went and stood near the steamtable where there was uncovered food items. The surveyor observed FSW #1 as he placed covered bowls of ready-to-eat peaches on a metal food cart. The FSW also removed containers of milk from the milk box and place them on to meal trays.</p> <p>When interviewed on 10/18/19 at 11:25 AM, FSW #1 stated that he had just returned from his lunch break and forgot to put on a beard restraint. FSW #1 stated that it was the facility's policy for staff to wear beard/hair restraints while in the kitchen.</p> <p>During another interview conducted by the surveyor on 10/18/19 at 12:20 PM, the FSD</p>	F 812	<p>No residents were adversely affected by this deficient practice.</p> <p>2)HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>All residents had the potential to be affected and no residents were affected.</p> <p>3)WHAT MEASURES WILL BE PUT INTO PLACE OF WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR</p> <p>All employees at Hampton Ridge received education/in-servicing regarding wearing beard guards. All employees who are not clean shaven are to wear beard guards when walking into the kitchen as per policy.</p> <p>4) 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</p> <p>" Audit to be conducted by the Infection Control Preventionist, & QAPI chair- DON, Food Service Director daily for 2 weeks. " Post 2 weeks of daily audits, 4 weeks of weekly audits by the Infection Control Preventionist, & The QAPI chair- DON & the Food Service Director.</p>		

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F 812	<p>Continued From page 2</p> <p>stated that FSWs were supposed to wear hair/beard restraints while in the kitchen. The FSD stated that he reminded his staff to wear hair/beard restraints while in the kitchen the other day. The FSD added FSW #1 knew better than to enter the kitchen without a beard restraint.</p> <p>During a dining room observation conducted by the surveyor on 10/21/19 at 12:30 PM. The surveyor, who was standing near the door of the kitchen inside the dining room, observed three FSWs standing near the steamtable preparing meal trays without wearing beard restraints.</p> <p>On 10/21/19 at 12:40 PM, in the presence of the FSD, FSW #2 was observed entering and exiting the kitchen without wearing a beard restraint. The surveyor also observed FSW #2 serve meals to residents in the dining room without a beard restraint. When interviewed, the FSD stated that he did not have any explanation as to why FSW #2 was not wearing a beard restraint.</p> <p>During an interview on 10/22/19 at 9:10 AM, the Infection Prevention Nurse (IPN) stated that all FSWs were required to wear beard/hair restraints while in the kitchen. The IPN stated that beard/hair restraints were worn to prevent contaminating the food. The IPN stated that she provided in-services education to the kitchen staff and added that the kitchen staff knew that hair/beard restraints should be worn in the kitchen.</p> <p>Review of the facility's undated policy titled, "Employee Sanitary Practices," provided by the IPN, revealed the following: All kitchen employees will practice standard sanitary procedures. All employees shall: 1.) Wear hair restraints (hairnet,</p>	F 812	<p>" Then monthly audits for a year by the Infection Control Preventionist, & The QAPI chair-DON and the Food Service Director.</p> <p>" A log will be maintained by the Infection Control Preventionist regarding all above mentioned audits. A Quarterly QAPI report will be generated by the QAPI chair as well as the Food Service Director.</p>		

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F 812	Continued From page 3 and/or beard restraint) to prevent hair from contacting exposed food.	F 812			
F 880 SS=D	NJAC 8:39 17.2(g) 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 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	F 880		11/27/19	

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F 880	<p>Continued From page 4</p> <p>communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a 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 a.) follow appropriate infection control procedures while caring for a resident on [REDACTED] isolation precautions, and b.) ensure the facility's Isolation</p>	F 880	1)HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE		

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F 880	<p>Continued From page 5</p> <p>Precautions policy and procedure was developed in accordance with the Center for Disease Control (CDC) guidelines on transmission based precautions.</p> <p>This deficient practice was identified for Resident #138, 1 of 3 residents reviewed for transmission based precautions and was evidenced by the following:</p> <p>On 10/10/19 at 10:40 AM, the surveyor observed Resident #138 from the resident's room doorway. The resident was laying in bed. The surveyor noted there was a red and white colored sign posted outside the resident's room door. The sign instructed visitors to report to the nurse prior to entering the room. There was also a red biohazard waste container inside the resident's room and in the hallway. The surveyor observed a beige colored cabinet affixed to the wall outside Resident #138's room, which contained Personal Protective Equipment (PPE). PPE are special coverings designed to protect individuals from exposure to or contact with infectious agents. These include gloves, face masks, protective eyewear, face shields, and protective gowns.</p> <p>On 10/18/19 at 11:51 AM, the surveyor observed from the doorway that Registered Nurse (RN) #1 was inside Resident #138's room. RN #1 was wearing gloves and was not wearing a gown. The surveyor observed as RN #1 handed Resident #138 a cup of drink. The surveyor also observed the resident who was swinging his/her hands in the air and towards RN#1. The RN#1 held and rubbed the resident's hands and adjusted the bed linens. When she finished, RN#1 removed her gloves, washed her hands and exited the room. The RN#1 then approach the surveyor and</p>	F 880	<p>All employees at Hampton Ridge who enter the room of residents who are on isolation for [REDACTED] will wear gloves and gowns upon entry.</p> <p>All employees at Hampton Ridge will adhere to the Infection Control Program Policy & Procedure for Isolation for [REDACTED], which is based on CDC guidelines. Resident 138 was not affected by this practice. Continued on [REDACTED] t Precautions & remains stable.</p> <p>Nurse who entered resident 138 room was re-educated regarding policy & procedure for [REDACTED] Precautions for [REDACTED]</p> <p>2)HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>No residents were adversely affected by this deficient practice. All residents had the potential to be affected.</p> <p>3)WHAT MEASURES WILL BE PUT INTO PLACE OF WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR</p> <p>All employees at Hampton Ridge received education/in-servicing regarding donning gown and gloves upon entry to an isolation room for [REDACTED] by the Infection Control Preventionists. All employees will participate in annual</p>		

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F 880	<p>Continued From page 6</p> <p>stated, "I know my mistake, I was not wearing a gown. I should have been wearing a gown." During that interview, RN #1 stated she went inside the room to give the resident a drink.</p> <p>Review of the "Admission Record" revealed that Resident #138 was admitted to the facility with diagnoses that included: [REDACTED]</p> <p>Review of an annual Minimum Data Set (MDS), an assessment tool dated [REDACTED], revealed that Resident #138 had long and short-term cognitive deficits. The MDS showed that the resident required extensive assistance from staff for all activities of daily living and was incontinent of bowel and bladder.</p> <p>Review of Resident #138's isolation care plan (CP), dated [REDACTED], reflected that the resident was on isolation precautions for [REDACTED]</p> <p>The CP interventions included to maintain isolation precautions according to the Medical Doctor's order and according to the facility's protocol. The CP also reflected to instruct family/visitors/caregivers to maintain isolation precautions and to discard in appropriate receptacle and wash hands before leaving the room.</p> <p>Review of an Order Summary Report, dated [REDACTED], reflected a physician's order for</p>	F 880	<p>mandatory education regarding care of the patient in Isolation for [REDACTED]. Policy & Procedure for Contact Precautions of [REDACTED] was revised to reflect the current CDC standards for transmission-based precautions. All staff were educated on the revised version of the above Policy. Unit Managers will monitor staff for compliance when entering rooms with transmission-based precautions.</p> <p>4)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</p> <p>Audit to be conducted by the Infection Control Preventionist, & QAPI chair- DON, daily for 2 weeks if there are residents with Isolation Precautions for [REDACTED] If there are no residents with [REDACTED] during this 2-week period of time a "Mock Isolation for [REDACTED]" room will be conducted to validate staffs' compliance with revised [REDACTED] Isolation Policy for [REDACTED]. Post 2 weeks of daily audits, 4 weeks of weekly audits by the Infection Control Preventionist, The QAPI chair- DON while there are patients at the facility with [REDACTED] If there are no current patients in house with [REDACTED] we will conduct "Mock Isolation for [REDACTED] room entry and donning of gloves and gown. (For 4 weeks)</p>		

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F 880	<p>Continued From page 7</p> <p>isolation precautions for [REDACTED] every shift.</p> <p>Review of a document titled; "Lab Results Report," dated [REDACTED] at 9:26 AM, revealed that Resident #138 tested [REDACTED] for [REDACTED].</p> <p>During an interview on 10/22/19 at 9:02 AM, the Infection Prevention Nurse (IPN) stated that the minimum requirement for staff when caring for residents on [REDACTED] isolation was to wear gloves. The IPN stated that [REDACTED] that could live on surfaces for a long time and that it was recommended for staff to wear a gown and gloves. The IPN added, it was also the facility's policy for a gown and gloves to be worn when there was a possibility for staff to come in contact with bodily fluid or when providing direct patient care. When asked about the likelihood of coming in contact with bodily fluid in the environment of an incontinent resident, the IPN agreed that there was a likelihood that staff could come into contact with contaminated surface in the resident's environment.</p> <p>Review of the facility's undated policy titled, "Isolation Precaution," reflected the purpose was to prevent the transmission of infection among the facility residents and that the policy was in accordance with state and federal guidelines. Under "Types of Isolation," the policy indicated that gloves were to be worn if the resident or items in the room were to be touched, and that gowns were to be worn if rendering personal care and contact with infected body fluids was expected. The policy reflected under, "Isolation Precautions Procedure," that standard precautions would be used for all resident care and that if excessive contact with body fluids was expected, gowns and/or masks should also be</p>	F 880	<p>Then monthly audits for a year by the Infection Control Preventionist, with [REDACTED]</p> <p>A log will be maintained by the Infection Control Preventionist regarding all above mentioned audits. A Quarterly QAPI report will be generated by the QAPI chair.</p>		

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F 880	<p>Continued From page 8 worn.</p> <p>The CDC guidelines for current recommendations on transmission based precautions indicated, under "Part III: Precautions to Prevent Transmission of Infectious Agents," that healthcare personnel caring for patients on [REDACTED] Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g., [REDACTED] [REDACTED])</p> <p>http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</p> <p>The facility policy does not follow the above referenced CDC guidance on isolation practices, which requires individuals to don a gown and gloves when entering the room of a person on contact isolation.</p> <p>NJAC 8:39-19.4 (a)</p>	F 880			