

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

PRINTED: 03/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315461</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VIRTUA H &amp; R C AT BERLIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 LONG-A-COMING LANE BERLIN, NJ 08009</b>
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F 000	INITIAL COMMENTS  STANDARD SURVEY: 10/17/19  CENSUS: 106  SAMPLE SIZE: 21  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 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 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:	F 880		11/30/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/28/2019
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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 880	<p>Continued From page 2</p> <p>review, it was determined that the facility failed to minimize the potential spread of infection to residents for 1 of 2 nurses observed during wound treatment observation on 1 of 3 units [REDACTED] Unit).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 10/09/19 at 11:01 AM, the surveyor observed the Licensed Practical Nurse (LPN) complete the [REDACTED] dressing change for Resident [REDACTED]. The surveyor observed that the LPN donned gloves, cleaned the [REDACTED] and then removed her gloves. The LPN then donned another pair of gloves, applied the treatment to the [REDACTED] and applied the dressing to the [REDACTED]. The surveyor observed that the LPN did not perform hand hygiene prior to or after the removal of her gloves.</p> <p>At the completion of the [REDACTED] treatment, the surveyor interviewed the LPN. The LPN stated she should wash her hands after cleaning the [REDACTED] but she forgot to bring the hand gel into the resident's room.</p> <p>On 10/16/19 at 11:13 AM, the surveyor interviewed the Infection Prevention Manager (Manager). The Manager stated that any time the nurse changes gloves, hand hygiene "must be completed."</p> <p>On 10/16/19 at 2:45 PM, the Director of Nursing stated that the nurse should wash her hands after cleansing the [REDACTED] and prior to applying the treatment.</p> <p>The surveyor reviewed the facility's "Hand Hygiene" policy, revised on 04/26/17. The policy</p>	F 880	<p>Rehab 10.17.19 date survey completed F 880 Level D CFR 483.80(a)(1)(2)(4) (e)(f)</p> <p>1.) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the CMS -2567, Statement of deficiencies.</p> <p>Resident [REDACTED] the observed resident. No harm or injury occurred to the resident. The Licensed Professional Nurse (LPN), who was observed to have deficient practice for resident [REDACTED] has been reeducated on proper hand hygiene during [REDACTED] care and dressing changes.</p> <p>2.) How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>Patients and residents who receive [REDACTED] changes also have the potential to be affected.</p> <p>3.) What measure will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?</p> <p>The Senior Educator/designee will provide a review and re-education on the Hand Hygiene policy for the Registered Nurse (RN) and LPN staff. Education and in-serving has started and will be completed by October 30, 2019.</p> <p>The RN and LPN will attend a [REDACTED] change inservice, led by the Senior Educator/designee, where the RN</p>		

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F 880	Continued From page 3 revealed, "...hand disinfection is proven to be the single most effective procedure in preventing the spread of infections." The policy further reflected that hand hygiene must be performed "Before donning and upon removing gloves."  NJAC 8:39-19.4(a)	F 880	and LPN will demonstrate competency through a return demonstration. Education and in-serving will be completed by November 30, 2019.  Competency for new hires during orientation, which includes hand hygiene policy, review and demonstrate competency through return demonstration. Beginning immediately and on going.  4.) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not reoccur, i.e., what program will be out in place to monitor the continued effectiveness of the change  Director of Nursing (DON)/designee will conduct observation of [REDACTED] changes on 5 random patient/resident each month beginning immediatly (if there is less than 5 [REDACTED] in the building then 100% will be completed). The observations will continue each month until it is demonstrated 100% compliance for 3 consecutive months. Once the goal is met, observation of [REDACTED] changes on 5 random patient/resident each quarter for two quarters.  The nursing department and nursing leaders in the facility are responsible as part of the Quality Plan to monitor, track, trend, and report results of [REDACTED] change compliance in alignment with infection prevention procedures. The DON/designee is the responsible person		

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F 880	Continued From page 4	F 880	for reporting results to the Quality Assurance Improvement Committee at a minimum on a quarterly basis.		