

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2021
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NAME OF PROVIDER OR SUPPLIER CARDINAL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 455 HURFFVILLE-CROSSKEYS ROAD SEWELL, NJ 08080
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A 000	<p>Initial Comments</p> <p>Initial Comments: Census 86</p> <p>Sample size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 12/13/2021. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The census was 86.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations</p>	A 000		
A1299	<p>8:36-18.3(a)(5) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p>	A1299		

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

TITLE

(X6) DATE

03/28/22

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A1299	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to ensure that one of one dietary staff and two of two housekeeping staff performed hand hygiene between tasks and between gloves changes.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from: https://www.cdc.gov/handhygiene/providers/guidelin.html (updated 01/30/2020, retrieved on 12/15/2021), read in part: "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after</p>	A1299		

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A1299	<p>Continued From page 2</p> <p>contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores."</p> <p>1. On 12/13/2021 at 8:37 AM, the surveyor observed Housekeeper (HSK) #2 cleaning in Room #320. HSK #2 was wearing gloves. Surveyor observation revealed that HSK #2 sprayed solution from a bottle on surfaces such as the toilet seat and tank, handrails, washing hand basin, tabletops, and the kitchen counter tops in the room. The surveyor observed that although HSK #2 changed her gloves between tasks during the cleaning process, HSK #2 failed to wash her hands or perform any sort of hand hygiene when she changed her gloves. HSK #2 proceeded to Room #322 after completing the cleaning tasks in the room identified above and repeated the same sequence as described.</p> <p>On 12/15/2021 at 10:08 AM, the surveyor observed HSK #1 as she cleaned Room #221. HSK #1 pulled her cleaning cart beside the room. She then donned a pair of gloves without performing hand hygiene. She took two spray bottles, two cloth rags and a toilet brush into the resident's bathroom. While in the bathroom, she sprayed the contents of the two spray bottles simultaneously over the basin and immediately wiped off the basin. HSK #1 then washed the inside of the toilet bowl with the brush. HSK #1 then wiped the toilet seat and the surrounding areas of the toilet with the cloth rag. She then wiped the handrail in the resident's bathroom with the same rag she had used to clean the toilet. After she was done with wiping down the surfaces described above, she returned the toilet</p>	A1299		

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A1299	<p>Continued From page 3</p> <p>brush and the cloth rag to the cleaning cart. HSK #1 returned to the resident's room and, without changing her gloves, she simultaneously sprayed the contents of the two bottles on the resident's kitchen counter. HKS #1 proceeded to put away the resident's personal items such as a cup, a plate, a radio, and some decoration items which sat on the counter, thereby contaminating the items from contaminants which were picked up when HSK #1 cleaned the toilet. After completing the cleaning tasks in the room, HSK #1 doffed the pair of gloves she had on and then donned a new pair of gloves without performing hand hygiene. HSK #1 then proceeded to clean Room #223, where she repeated the cleaning procedures identified above.</p> <p>HSK #1 and HSK #2 failed to perform hand hygiene before they donned new gloves and in between glove changes. HSK #1 wore the same pair of gloves to clean the entire residents' rooms, and failed to change gloves between cleaning tasks, potentially cross contaminating the residents' rooms after handling the cloth rag used to clean the toilet. HSK #1 had potentially cross contaminated the residents' personal items with whatever contaminant may have been retained on her soiled gloves.</p> <p>On 12/13/2021 at 11:41 AM, HSK #1 acknowledged that she did not have hand sanitizer on her. She acknowledged that she did not change her gloves or perform hand hygiene after handling a cloth rag with which she cleaned the toilets in the identified residents' rooms. She stated that the facility conducted an in-service on cleaning procedure and hand hygiene with housekeeping staff a couple of months ago (did not recall the exact month).</p>	A1299		

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A1299	<p>Continued From page 4</p> <p>On 12/13/2021 at 11:57 AM, HSK #2 stated that she had been educated on the need to perform hand hygiene between glove changes. HSK #2 stated she just did not remember to perform hand hygiene in between gloves changes when she performed cleaning tasks in the identified residents' rooms.</p> <p>During an interview with the Infection Control Preventionist (ICP) and the Executive Director (EC) on 12/13/2021 at 12:56 PM, the ICP reported to the surveyor that hand hygiene was a standard infection control practice in a healthcare setting. The ICP stated that HSK #1's and HSK #2's failure to perform proper hand hygiene was a fast way to spread germs. The ICP stated that staff should perform hand hygiene between cleaning tasks, when they went from dirty to clean areas, when they went in the bathroom, before they donned new gloves, and between residents' care.</p> <p>2. On 12/13/2021 at 9:40 AM, the surveyor observed Cook #1 in the facility's main kitchen during the meal service preparation. The surveyor observed Cook #1 mixing cheese steak. The surveyor observed Cook #1 leave the area where she mixed the cheese steak to dispose of items in the trash and to check on what she was cooking on the stove. Upon returning to the table where she was mixing the cheese steak, Cook #1 disposed of the gloves she wore prior to leaving the area and, without performing hand hygiene, she donned another pair of gloves. The surveyor observed that Cook #1, just before she continued mixing the cheese steak, intermittently adjusted her mask and dug the now contaminated gloved hand into the cheese steak and continued to mix it.</p>	A1299		

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A1299	<p>Continued From page 5</p> <p>On 12/13/2021 at 9:48 AM, Cook #1 stated that she had been trained to change her gloves between tasks while preparing food in the kitchen. Cook #1 acknowledged that she failed to perform any sort of hand hygiene after doffing her old gloves and before she donned a new pair of gloves. She stated that she did not realize that she had contaminated her glove when she adjusted her mask and had now introduced the contaminant into the food that was to be served to the residents.</p> <p>During an interview with the Infection Control Preventionist (ICP) and the Executive Director (EC) on 12/13/2021 at 12:56 PM, the ICP told the surveyor that hand hygiene was a standard infection control practice in a healthcare setting. The ICP stated that Cook #1's failure to perform proper hand hygiene was a fast way to spread germs and food-borne illnesses. The ICP stated that staff should perform hand hygiene when they went from dirty to clean areas, when they adjusted their masks, before they donned new gloves, and between residents' care.</p>	A1299		
A1301	<p>8:36-18.3(a)(6) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>6. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases;</p>	A1301		

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A1301	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, Centers for Disease Control and Prevention (CDC) guidelines, and New Jersey Department of Health (NJDOH) Executive Directive 20-026-1, last revised 10/20/2020, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections.</p> <p>Specifically, the facility failed to ensure unvaccinated staff wore masks over their nose during staff-to-staff interaction, during staff-to-resident interaction, and during contractor-to-resident interaction, and that unvaccinated staff did not wear a cloth mask when the facility was in a community with a high COVID-19 transmission rate.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: A review of the CDC Updated Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated 09/10/2021 and retrieved 12/15/2021) indicated, "Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a</p>	A1301		

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A1301	<p>Continued From page 7</p> <p>healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have: Not been fully vaccinated ..."</p> <p>Reference: NJDOH issued Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following: Cohorting, PPE (personal protection equipment) and Training Requirements in Every Phase: Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE, if applicable. All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g. breakroom).</p> <p>1. On 12/13/2021 at 8:37 AM, the surveyor observed Housekeeper (HSK) #2 during room cleaning in Room #320. The HSK wore her mask below her jaw.</p> <p>During an interview on 12/13/2021 at 8:52 AM, HSK #2 reported to the surveyor that although she had been educated on the need to always ensure she wore her mask over her nose, it was hard to keep it up because the mask repeatedly slipped.</p> <p>2. On 12/13/2021 at 8:55 AM, Contractors (CT) #1 and #2 were observed doing repair work in the facility dining room. The two contractors wore their mask below their nose. Resident #1, who was identified as a wanderer, frequented the area where the two contractors carried out their repair work and was exposed to the contractors. The resident stood less than two feet away from the</p>	A1301		

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A1301	<p>Continued From page 8</p> <p>contractors each time the Resident #1 came around the repair site.</p> <p>3. On 12/13/2021 at 9:02 AM, the surveyor observed Dietary Technician (DT) #1 in the kitchen with her mask worn under her jaw.</p> <p>During an interview on 12/13/2021 at 9:07 AM, DT #1 reported to the surveyor that she had been educated to always ensure she wore her mask above the nose. Per DT #1, her mask slipped down her nose when she talked. She acknowledged she had the mask below her jaw.</p> <p>4. On 12/13/2021 at 9:15 AM, the surveyor observed the Certified Home Health Aide (CHHA) #1 and Licensed Practical Nurse (LPN) #1 in Room #319. The facility utilized the room as an office space. The observation revealed that CHHA #1 and LPN #1 were not wearing their masks over their nose during their interaction. The observation further revealed that CHHA #1 wore a cloth mask.</p> <p>During an interview on 12/13/2021 at 9:18 AM, CHHA #1 stated that she knew to wear her mask over her nose during staff-to-staff and staff-to-resident interaction. She stated that she did not wear her mask over her nose as described above because LPN #1, with whom she was interacting, was her mother. CHHA #1 further verified that she had not been vaccinated.</p> <p>5. On 12/13/2021 at 9:27 AM, the surveyor observed the Maintenance Manager (MM) in Room #211 during an interaction with Licensed Practical Nurse (LPN) #2 with an unidentified resident present. The observation revealed the MM wore his mask below the nose while standing near the resident who occupied the room. The</p>	A1301		

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A1301	<p>Continued From page 9</p> <p>observation revealed that the MM stood less than six feet from the resident in the room. The resident was not wearing a mask at the time of the observation.</p> <p>During an interview on 12/13/2021 at 9:32 AM, the MM reported to the surveyor that he knew to wear his mask over his nose but pulled it down so he could communicate clearly with LPN #1 and the unidentified resident in the room.</p> <p>On 12/13/2021 at 12:56 PM, the surveyor interviewed the Infection Control Preventionist (ICP) and the Executive Director (ED). The ICP provided the surveyor with a copy of her ICP certification which revealed she took the Centers for Disease Control and Prevention (CDC) Nursing Home Infection Preventionist Training Course. She stated all staff were trained to wear masks, regardless of vaccination status. She said staff had to wear masks for staff-to-staff and staff-to-resident interactions. The ICP continued to inform the surveyor that residents were to be encouraged to use their masks when direct care or other staff members went in their rooms or around the residents. The ICP stated that proper use of source control (wearing mask over the nose) was important because it helped ensure residents did not get cross-contaminated by staff and staff were not cross-contaminated by residents. She added that it was also important to wear masks appropriately to avoid resident-to-resident cross-contamination and staff-to-staff cross-contamination.</p> <p>The ED provided the surveyor with the vaccination list of all staff members at the facility. A review of the list revealed LPN #1 and CHHA #1 had not been vaccinated. Addressing the finding, the ED stated that the facility's twice</p>	A1301		

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A1301	Continued From page 10 weekly testing of non-vaccinated staff did not identify that LPN #1 and CHHA #1 had yet tested positive for COVID-19. The ED also stated that the facility did not inquire or probe the vaccination status of the CT #1 and CT #2, who failed to wear their mask over their nose while in close proximity with the resident. The ICP clarified that if the identified staff and/or contractors were carriers, there was the potential they had cross-contaminated the residents they interacted with. The ICP confirmed that the facility was in a county with high CALI score (a score which indicated the community transmission rate of COVID-19) and that it encouraged adherence to the required PPE. The ED concluded that the facility would keep the residents on close monitoring.	A1301		
A1303	8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following: 7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following: i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused; iii. Methods to ensure that sterilized	A1303		

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A1303	<p>Continued From page 11</p> <p>materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and</p> <p>iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to implement its infection control and prevention program and policy titled, "Cleaning and Disinfection of Resident-Care Items and Equipment" to ensure employees disinfect reusable medical equipment between resident's use, for 2 of 2 residents observed, Resident #5 an</p> <p>Findings included:</p> <p>Reference: A publication by Occupational Safety and Health Administration (OSHA): Title 29 Part 1910.1030. Bloodborne pathogens. included the following, " ...Standard Precautions: equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient)"</p>	A1303		

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A1303	<p>Continued From page 12</p> <p>1. On 02/15/2022 at 3:40 PM, the surveyor observed Certified Nursing Assistant (CNA) #7 going into the apartment of Resident #5 with a thermometer, blood pressure (BP) cuff, and pulse oximeter (measures oxygen level). CNA #7 had a cart in the hallway that she was using to place the equipment on between room visits. It was observed that there were no disinfectant wipes on the cart. CNA #7 was observed coming out of Resident #5's apartment and then entering into Resident #6's apartment. The BP cuff, pulse oximeter, and thermometer were not cleaned or disinfected in between the residents. CNA #7 was observed in the apartment of Resident #6 taking the blood pressure, pulse oximeter, and temperature of Resident #6. When CNA #7 came out of the resident's room, she did not disinfect the medical equipment.</p> <p>On 02/15/2022 at 3:43 PM, CNA #7 was interviewed. CNA #7 stated she was supposed to disinfect the medical equipment between each resident. CNA #7 acknowledged that she did not disinfect the equipment after she left either resident's apartment or before entering the room. She stated she had not been disinfecting the medical equipment for months.</p> <p>On 02/15/2022 at 3:52 PM, the surveyor interviewed Licensed Practical Nurse (LPN) #6 who stated that it was her expectation that since CNAs took vital signs of all residents during their shift, they disinfect the medical equipment between each resident's use.</p> <p>On 02/15/2022 at 4:03 PM, the Infection Control Nurse (IC Nurse) and the Executive Director (ED) were interviewed simultaneously. They both stated that it was their expectation, since the</p>	A1303		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2021
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NAME OF PROVIDER OR SUPPLIER CARDINAL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 455 HURFFVILLE-CROSSKEYS ROAD SEWELL, NJ 08080
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A1303	Continued From page 13 policy of the facility required that all reusable medical equipment was to be cleaned and sanitized between each resident. Surveyor's review of facility's policy titled, "Cleaning and Disinfection of Resident-Care Items and Equipment," dated October 2018, revealed, "Policy Statement: Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC [Centers for Disease Control and Prevention] recommendations for disinfection and the OSHA [Occupational Safety and Health Administration] Bloodborne Pathogens Standard ...1. d. Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment.) ...4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufactures' instructions"	A1303		
A1333	8:36-18.4(k) Infection Prevention and Control Services (k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the	A1333		

New Jersey Department of Health

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A1333	<p>Continued From page 14</p> <p>possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections.</p> <p>Specifically, the facility failed to ensure that two of two housekeeping staff adhered to the manufacturer's recommended contact time for chemical disinfection during the cleaning process.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: According to the CDC's general environmental cleaning techniques, last reviewed on 04/21/2020 and retrieved on 12/15/2021 from: http://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html, revealed: "For all environmental cleaning procedures, always use the following general strategies: Wipe surfaces using the general strategies as above (e.g., clean to dirty, high to low, systematic manner), making sure to use mechanical action (for cleaning steps) and making sure that the surface is thoroughly wetted to allow required contact time (for disinfection steps)."</p> <p>1. On 12/13/2021 at 8:37 AM, the surveyor observed Housekeeper (HSK) #2 cleaning in Room #320. The surveyor observed that HSK #2 sprayed solution from a bottle on surfaces such as the toilet seat and tank, handrails, washing hand basin, tabletops, and the kitchen counter tops in the room. The solution was later identified as Ecolab 73 Disinfecting Acid Bathroom Cleaner EPA NO. 1677-246 and Ecolab 14 plus Antibacterial All-Purpose Cleaner. Although the label on the cleaning solutions did not indicate the</p>	A1333		

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A1333	<p>Continued From page 15</p> <p>contact times of the chemicals, the observation revealed that HSK #2 immediately wiped the solution after spraying it on the surfaces identified above. HSK #2 proceeded to Room #322 after completing the cleaning task in the room identified above and repeated the same sequence as described.</p> <p>On 12/15/2021 at 10:08 AM, the surveyor observed HSK #1 as she cleaned Room #221. HSK #1 pulled her cleaning cart beside the room. She then donned a pair of gloves without performing hand hygiene. She took two spray bottles identified as the same bottles used by HSK #2 in the observation above. HSK #1 took two cloth rags and a toilet brush into the resident's bathroom. While in the bathroom, she sprayed the contents of the two spray bottles simultaneously over the basin and immediately wiped off the basin. HSK #1 then washed the inside of the toilet bowl with the brush. HSK #1 then wiped the toilet seat and the surrounding areas of the toilet with the cloth rag. Without changing out the cloth rag after wiping the toilet seat, she wiped the handrail in the resident's bathroom. After she was done with wiping down the surfaces described above, she returned the toilet brush and the cloth rag to the cleaning cart. HSK #1 returned to the resident's room and, without changing out her gloves, she simultaneously sprayed the contents of the two bottles on the resident's kitchen counter. HKS #1 proceeded to put away the resident's personal items such as a cup, a plate, a radio, and some decoration items which sat on the counter, thereby contaminating the items from contaminant which was picked up when HSK #1 cleaned the toilet. After completing the cleaning task in the room, HSK #1 doffed the pair of gloves she had on and then donned a new pair of</p>	A1333		

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NAME OF PROVIDER OR SUPPLIER CARDINAL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 455 HURFFVILLE-CROSSKEYS ROAD SEWELL, NJ 08080
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A1333	<p>Continued From page 16</p> <p>gloves without performing hand hygiene. HSK #1 proceeded to clean Room #223, where she repeated the cleaning procedures identified above.</p> <p>A review of the two spray bottles HSK #1 used in the cleaning process indicated the manufacturer advised against the simultaneous use of either chemicals with another product during the cleaning process. The label advised that the use of the cleaning chemical in the manner described in the above observation had the potential to cause acid buildup. Although the label on the spray bottles did not indicate the contact time for the cleaning and/or disinfecting chemicals, the Infection Control Preventionist (ICP) provided the safety data sheet of the chemical disinfectant used by HSK #1 on 12/13/2021 at 12:22 PM, and it revealed a contact time of two minutes. Conversely, a review of the product information from https://www.ecolab.com/offerings/bathroom-cleaning/73-Disinfecting-Acid-Bathroom-Cleaner Ecolab on 12/13/2021 revealed that the contact time reported on the safety data sheet provided by the ICP did not correspond to that which was published by the product manufacturer. Specifically, the product manufacturer indicated that the product had a five-minute contact time. This information was current as of the survey date.</p> <p>HSK #1 and HSK #2 failed to ensure that they followed the manufacturer's recommended contact time for the chemical disinfectant. By failing to ensure they followed the manufacturer's recommended contact time for the cleaning chemicals, HSK #1 and HSK #2 failed to ensure that the surfaces in the residents' rooms were adequately disinfected.</p>	A1333		

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A1333	<p>Continued From page 17</p> <p>On 12/13/2021 at 11:41 AM, HSK #1 informed the surveyor that she did not recall what the contact time was for the cleaning solution. She verified that she wiped off the solution immediately after spraying it on surfaces in the identified residents' rooms. HSK #1 informed the surveyor that the facility conducted an in-service on cleaning procedure with housekeeping staff a couple of months ago (did not recall the exact month).</p> <p>On 12/13/2021 at 11:57 AM, HSK #2 reported to the surveyor that she did not know what the contact time was for the identified disinfectant. HSK #2 stated that she had been educated on the need to observe the manufacturer's recommended contact time for chemical disinfection. Per HSK #2, she just did not remember the manufacturer's recommended contact time.</p> <p>During an interview with the ICP in the presence of the Executive Director (ED) on 12/13/2021 at 12:56 PM, the ICP informed the surveyor that the manufacturer's recommended contact time for disinfectants was to be followed strictly to ensure they performed their disinfecting function. She stated that housekeeping staff should perform housekeeping tasks from clean to dirty areas. Per the ICP, HSK #1's simultaneous use of the cleaning chemicals as described in the observation had the potential to cause chemical burns when the resident used the toilet or other appliances that were cleaned in such a manner. She stated that it was the best practice to follow the manufacturer's directions for use of any chemical to ensure such use was safe and effective for their intended purpose.</p>	A1333		

Plan of Correction Infection Control Survey conducted by the State Agency on 12/13/2021

8:36-18.3(a)(5) Infection Prevention and Control Services: Techniques to be used during each resident contact, including handwashing before and after caring for a resident

1. Housekeeper #2, Housekeeper #1 and Cook #1 received one on one competency based in-service training on the facility's hand hygiene and glove policy and has demonstrated competency to the IPC.
2. Due to the nature of the deficiency, all residents will be considered at risk.
3. All employees have been re-trained on the facility's hand hygiene and glove change policy. Training is conducted on hire, as needed, and at least annually. Hand sanitizing stations with a visual hand rub guide have been reinstalled in the AL corridors. Each resident apartment has hand sanitizer for staff use.
4. The IPC will conduct random monthly hand hygiene observations, provide immediate feedback and report findings quarterly to the QA committee.

Compliance date 1/31/22

8:36-18.3(a)(6) Infection Prevention and Control Services Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases

1. Housekeeper #2, LPN#1 Diet tech #1, CHHA #1 and the MM received one on one competency based in-service training on how to properly wear a mask and has demonstrated competency to the IPC. CHHA#1 has been instructed to wear a surgical mask rather than a fabric mask. The Executive Director has spoken with the project manager and a notice has been posted for all contractors regarding proper mask wearing.
2. Due to the nature of the deficiency, all residents will be considered at risk
3. All employees have been re-trained on the facility's mask protocols. Additional training on the CDC's knot & tuck method has been conducted for employees who have surgical mask fit issues.
4. Administration will observe staff mask compliance during daily rounds. Non-compliant staff will receive immediate feedback on proper mask wearing. Ongoing non-compliance may result in counseling and/ or disciplinary action.

Compliance date 1/31/22



455 Hurffville-Cross Keys Road Sewell, NJ 08080. 856-582-5292

8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services: Sterilization, disinfection, and cleaning practices and techniques used in the facility

1. LPN #2 no longer works in the facility
2. Due to the nature of the deficiency, all residents will be considered at risk
3. All nurses have been in-serviced on not bringing medication carts into a resident apartment and reprocessing of multiuse medical equipment between residents. A medical equipment reprocessing guide has been secured to the medication cart to serve as a reminder and a guide on how to reprocess multiuse medical equipment.
4. The Nursing Director and or Pharmacy consultant will observe for proper medical equipment reprocessing and medication cart compliance when conducting quarterly medication pass observations. IPC will conduct monthly random compliance observations. Findings will be submitted quarterly to the QA committee.

Compliance date 1/31/22

8:36-18.4(k) Infection Prevention and Control Services: (k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.

1. Housekeeper #2, Housekeeper #1 have received one-on-one training on cleaning and disinfection techniques including chemical safety, contact times, and proper cleaning techniques and have demonstrated competency to the IPC.
2. Due to the nature of the deficiency, all residents will be considered at risk
3. All housekeeping staff have been retrained on cleaning and disinfection techniques including chemical safety, contact times, and proper cleaning techniques. An Instruction guide for each cleaning agent and disinfection product including what surfaces the product is to be used for and the contact time has been secured to housekeeping carts. The housekeeping supervisor will audit the carts at least weekly to verify that the carts are stocked with the necessary cleaning supplies.
4. The housekeeping supervisor will conduct monthly observations of staff cleaning and disinfection of resident apartments and or other areas within the facility. The IPC will conduct monthly random compliance observations of housekeeper cleaning techniques and provide immediate feedback. Housekeeping supervisor and IPC findings will be submitted quarterly to the QA committee.

Compliance date 1/31/22

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/28/2022
NAME OF FACILITY CARDINAL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 455 HURFFVILLE-CROSSKEYS ROAD SEWELL, NJ 08080	

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 A1299	Correction	ID Prefix A1301	Correction	ID Prefix A1303	Correction
Reg. # 8:36-18.3(a)(5)	Completed	Reg. # 8:36-18.3(a)(6)	Completed	Reg. # 8:36-18.3(a)(7)(i-iv)	Completed
LSC	01/31/2022	LSC	01/31/2022	LSC	01/31/2022
ID Prefix A1333	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.4(k)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/31/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/13/2021
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO