

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30830	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/10/2022
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NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW WOODBURY LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 752 COOPER STREET WOODBURY, NJ 08096
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A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Gastrointestinal Illness Focused Infection Control</p> <p>Census: 82</p> <p>Sample Size: 3</p> <p>A Gastrointestinal illness Focused Infection Control Survey was conducted by the State Agency on 5/10/22. 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.</p>	A 000		
A1185	<p>8:36-17.2(b) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) Housekeeping personnel shall be trained in cleaning procedures, including the use and care of equipment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure housekeeping staff followed proper cleaning procedures to prevent potential cross contamination of the resident's environment in response to an outbreak of gastroenteritis as evidenced by the following:</p>	A1185		

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

TITLE

(X6) DATE

06/08/22

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A1185	<p>Continued From page 1</p> <p>On 5/10/2022 at 11:03 a.m., while conducting a focused infection control (FIC) survey due to gastroenteritis, the surveyor observed Housekeeper #1 in the back hallway of the facility with a yellow cleaning cart containing a large string mophead with handle. On 5/10/2022 at 11:05 a.m., the surveyor interviewed Housekeeper #1 who explained that when cleaning resident rooms, the mop head and the water in the bucket water were not changed in between cleaning each resident's room. Housekeeper #1 informed the surveyor that she had completed cleaning two resident apartments and bathrooms in the locked memory care unit and that she had not changed the mop head or the water in the mop bucket. Housekeeper #1 continued to explain that she cleaned six resident rooms a day and did not change the mop head or mop bucket water unless she was sanitizing a resident's floor of feces or urine.</p> <p>On 5/10/2022 at 1:00 p.m., the surveyor interviewed the facility's Maintenance Director who explained mop heads were not changed in between cleaning residents' rooms but were washed overnight. The Maintenance Director also confirmed mop bucket water should be changed in between every room but was not aware that the mop heads should be changed in between cleaning resident apartments. The facility failed to provide a policy for floor cleaning when requested by the surveyor.</p>	A1185		
A1273	<p>8:36-18.1(b) Infection Prevention and Control Services</p> <p>(b) The licensed professional nurse, in coordination with the administrator, shall be</p>	A1273		

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A1273	<p>Continued From page 2</p> <p>responsible for the direction, provision, and quality of infection prevention and control services. The health care services director, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that the Registered Nurse (RN) did not: exceed employment as the Infection Control Preventionist (ICP) to more than five locations did not perform infection surveillance, competency-based training of staff and audits of adherence to the recommended infection prevention and control practices, in accordance with the Executive Directives 020-026 and the Senate No 2798, State of New Jersey 219th Legislature.</p> <p>This practice had the potential to affect all of the residents.</p> <p>References:</p> <p>A. Senate No. 2798 State of New Jersey 219th Legislature [Fourth Print] Introduced on August 3, 2020, requires and states, " ... f (1) An infection preventionist assigned to a long</p>	A1273		

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A1273	<p>Continued From page 3</p> <p>term care facility's infection prevention and control committee pursuant to subsection e. of this section shall be a managerial employee and shall be employed at least part-time at a long-term care facility with a licensed bed capacity equal to 100 beds or less or full-time at a long-term care facility with a licensed bed capacity equal to 101 beds or more and shall be employed: (a) in the case of a long-term care facility with a licensed bed capacity equal to 100 or fewer beds, on at least a part time basis ...</p> <p>{1} The department shall require each assisted living facility to establish an infection prevention and control committee and assign ... an individual designated as the infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate ...</p> <p>(2) The infection preventionist shall report directly to the administrator of the assisted living facility and shall provide the administrator quarterly reports detailing the effectiveness of the assisted living facility's infection prevention policies.</p> <p>(3) The infection preventionist shall be responsible for: (a) contributing to the development of policies, procedures, and a training curriculum for assisted living facility staff based on best practices and clinical expertise; (b) monitoring the implementation of infection prevention and control policies and recommending disciplinary measures for staff who routinely violate those policies; {c} assessing the facility's infection prevention at such intervals as determined by the Department. An assisted</p>	A1273		
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A1273	<p>Continued From page 4</p> <p>living facility that is unable to hire an infection preventionist on a full-time or part-time basis may contract with an infection preventionist on a consultative basis until October 1, 2021, ... February 1, 2022,"</p> <p>(4) a) in the case of [an assisted living] a facility with multiple locations, the facility shall be permitted to employ one full-time infection preventionist who shall be responsible for up to five locations;</p> <p>This deficient practice was evidenced by the following:</p> <p>On 5/10/22, the surveyor in response to a reported outbreak of gastroenteritis. The surveyor observed the following staff members for hand hygiene:</p> <p>1. On 5/10/2022 at 10:25 a.m., the surveyor observed the Dishwasher washing his hands at the handwashing sink located in the facility's kitchen. The Dishwasher washed his hands for 10 seconds in accordance with facility's policy and procedure. However, after the Dishwasher finished rinsing his hands, he proceeded to turn off the faucet with his bare hands then dried his hands with a paper towel removed from the automatic paper towel dispenser. Post handwashing observation, the surveyor interviewed the Dishwasher who stated he should have dried his hands prior to turning off the faucet and used a paper towel to turn off the faucet.</p> <p>2. On 05/10/2022 at 12:06 p.m., the surveyor observed the lunch meal service in an assisted living hallway in which Dining Server (DS) #1 failed to perform hand hygiene in between delivering meal trays to four residents in four separate rooms. The surveyor did not observe</p>	A1273		
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A1273	<p>Continued From page 5</p> <p>DS #1 perform hand hygiene before preparation and delivery of the meal trays. Post meal pass observation, during surveyor interview, DS #1 acknowledged she had not sanitized her hands in between delivering meal trays to the various residents. DS #1 also stated she was not trained on handwashing but attempted to use sanitizer..</p> <p>3. On 05/10/2022 at 12:13 p.m., the surveyor observed the lunch meal service in an assisted living hallway in which Dining Server #2 failed to perform hand hygiene in between delivering meal trays to two residents in two separate rooms. The surveyor had not observed DS #2 doff her gloves or perform hand hygiene before preparing and delivering the meal tray to the second resident. Post meal pass observation, during surveyor interview, DS #2 expressed no knowledge that failing to perform hand hygiene in between residents could promote the spread of infection amongst the residents. DS #2 stated she had gloves on, so it was ok. Continued interview with DS #2 revealed that she wore the same pair of gloves while delivering trays to residents in the same hallway and changed gloves before serving in a different hallway.</p> <p>4. On 5/16/22 at 8:33 a.m., the surveyor interviewed the RN via telephone who stated that she was a Regional Nurse and was covering as the delegating RN for the facility until the newly hired RN who begins on [REDACTED]. In addition, the RN stated that she was also the ICP for this facility and 7 other facilities in New Jersey. The RN further stated that she had not provided any educational training which included handwashing to the staff since the [REDACTED] outbreak and was unable to provide a surveillance report when requested by the surveyor.</p>	A1273		
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A1273	Continued From page 6 The facility failed to ensure that the ICP was not employed by more than 5 facilities as specified in the state of New Jersey 219th legislature.	A1273		
A1275	8:36-18.2(a)(1) Infection Prevention and Control Services (a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented: 1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002; This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review it was determined that the facility failed to perform hand hygiene and proper handwashing technique in accordance with the Centers for Disease Control (CDC) and facility's policy for 3 of 4 Staff Members observed for handwashing: two Dining Servers, one Resident Assistant and one Dishwasher. The deficient practice was evidenced by the following: CDC Reference: Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: " Immediately before touching a patient	A1275		

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A1275	<p>Continued From page 7</p> <ul style="list-style-type: none"> " 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 contact with blood, body fluids, or contaminated surfaces " Immediately after glove removal <p>Healthcare facilities should:</p> <ul style="list-style-type: none"> " Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations " Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled " Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered <p>Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance</p> <p>(Reference: Centers for Disease Control and Prevention. (2020, January 30). Hand hygiene guidance. Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/handhygiene/providers/guideline.html)</p> <p>CDC Reference: Wash hands with soap and water for at least 20 seconds. Use the cleanest water possible, for example from an improved source. *If soap and water are not available use an alcohol-based hand rub that contains at least</p>	A1275		

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A1275	<p>Continued From page 8</p> <p>60% alcohol.</p> <ol style="list-style-type: none"> 1. Wet hands with water. 2. Apply enough soap to cover the front and back of your hands and in between your fingers. 3. Rub hands together and scrub the front and back of your hands and in between your fingers. 4. Wash the front and back of your hands, in between your fingers, and under your nails. 5. Rinse your hands with clean water. 6. Dry hands completely using a clean towel or single-use towel or air dry. <p>(Reference: Centers for Disease Control and Prevention. (2022, January 26). Handwashing and making a solution for handwashing in global, low-resource settings. Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/handwashing.html)</p> <p>On 5/10/2022, during the tour of the Assisted Living facility for a Focused Infection Control Survey due to an outbreak of ██████████, the surveyor observed the following staff members for hand hygiene:</p> <ol style="list-style-type: none"> 1. On 5/10/2022 at 10:25 a.m., the surveyor observed the Dishwasher washing his hands at the handwashing sink located in the facility's kitchen. The Dishwasher washed his hands for 10 seconds in accordance with facility's policy and procedure. However, after the Dishwasher finished rinsing his hands, he proceeded to turn off the faucet with his bare hands then dried his hands with a paper towel removed from the automatic paper towel dispenser. Post handwashing, the Dishwasher explained to the surveyor that he was educated to wash hands for 30 to 60 seconds. He acknowledged that he had 	A1275		
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A1275	<p>Continued From page 9</p> <p>not done so. The Dishwasher further stated he should have dried his hands prior to turning off the faucet and used a paper towel to turn off the faucet.</p> <p>2. On 05/10/2022 at 12:06 p.m., the surveyor observed lunch meal service in an assisted living hallway in which Dining Server (DS) #1 failed to perform hand hygiene in between delivering meal trays to four residents in four separate rooms. The surveyor did not observe DS #1 perform hand hygiene before preparing and delivering the meal tray. After the meal pass observation, the surveyor interviewed DS #1 who acknowledged she had not sanitized her hands in between delivering meal trays to residents. DS #1 also stated she was not trained on handwashing but attempted to use sanitizer.</p> <p>3. On 05/10/2022 at 12:13 p.m., the surveyor observed lunch meal service in an assisted living hallway in which Dining Server #2 failed to perform hand hygiene in between delivering meal trays to two residents in two separate rooms. The surveyor did not observe DS #2 doff her gloves or perform hand hygiene before preparing and delivering the meal tray to the second resident. Post meal pass observation, the surveyor interviewed DS #2 who appeared to have no knowledge that failing to perform hand hygiene in between residents could promote the spread of infection. DS #2 stated she had gloves on, so it was ok. Continued interview with DS #2 revealed she wore the same pair of gloves while delivering meal trays to all residents in the same hallway and changed gloves before serving a different hallway.</p> <p>On 5/16/2022 at 3:34 p.m., the surveyor received an email from the facility's Regional</p>	A1275		

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A1275	<p>Continued From page 10</p> <p>Nurse/Infection Preventionist who revealed she was unable to provide the surveyor with the requested handwashing competencies with return demonstration for the Dishwasher, Dining Server #1, and Dining Server #2 because they were not part of the health and wellness department.</p> <p>According to surveyor review of the facility policy titled "Handwashing" documents: "1. Handwashing should be completed ...before and after direct or indirect resident contact ... before preparing or serving food. 4. Alcohol handrubs should be used when hands are not visibly soiled, before direct resident contact ...after contact with intact skin, before and after donning gloves and after contact with objects in resident's environment. 5. The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves."</p> <p>Further review of Handwashing policy revealed: "Handwashing Procedure: 6. Lather well making sure the lather extends at least one inch past your wrists. Continue for at least 10-15 seconds." CDC guidelines recommends hand washing with soap and water for at least 20 seconds.</p>	A1275		