STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315313	A. BUILDING _____ B. WING _____	06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT CRESSKILL	221 COUNTY ROAD CRESSKILL, NJ 07626

(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
F 000	INITIAL COMMENTS STANDARD SURVEY: 6/7/21 CENSUS: 59 SAMPLE SIZE: 17+3 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	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	F 880		6/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/18/2021

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F 880	Continued From page 1 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 resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its	F 880		

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F 880	Continued From page 2 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed follow appropriate hand hygiene practices for 1 of 2 nurses who administered medication to 2 of 5 residents. (Resident #11 and #27) This deficient practice was evidenced by the following: On 06/04/2021 at 09:10 AM, during the medication observation, the surveyor observed the Licensed Practical Nurse (LPN) administer medication to Resident # 27. Prior to administering the resident's medication, the LPN performed hand washing. The LPN applied soap and immediately placed his hands under the running water and scrubbed his hands for 30 seconds, and used a paper towel to dry his hands. The LPN donned (put on) gloves and administered one of the eye medications in both of the resident's eyes and then administered the nasal spray, one spray to each nostril. The LPN removed the gloves and donned new gloves without performing hand hygiene and administered the next eye medication to the resident's [redacted] eye. The LPN removed the gloves and performed hand washing. He applied soap and immediately placed his hands under the running water and scrubbed his hands for 20 seconds. On 06/04/2021 at 10:10 AM, during the medication observation, the surveyor observed the LPN administer medication to Resident #11. The nurse performed hand washing after the	F 880	1. The corrective action was accomplished by the nurse having additional training on hand washing the same day. In addition, a hand washing competency was completed. 2. Resident's receiving medications have the potential to be affected. The facility did not identify any other nurses or residents that were affected during additional observations conducted on rounds during medication pass. 3. Measures being put in place include additional training on hand washing for staff as well as a documented return demonstration of hand washing through formal competency. 4. The facility will monitor its corrective action by observations of hand washing. The Director of Nursing or designee will conduct hand washing observation audits three times per week for a period of three months. These audits will be presented quarterly to the Quality Assurance Performance Improvement Committee for one quarter. 5. Directed Plan of Correction - A Root Cause Analysis (RCA) was completed. The nurse did not wash their hands outside of the flow of water. The nurse during the survey indicated it was not correct and upon interview during RCA, indicated they became "nervous". The	

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F 880	Continued From page 3 administration of the medications. The LPN applied soap then immediately placed his hands under the running water and scrubbed for 30 seconds. During an interview with the surveyor at that time, the LPN stated rubbing his hands under running water was not correct and he should have "lathered up" before rinsing his hands and that was probably why the soap was not lathering up. During an interview with the surveyor on 06/04/2021 at 12:38 PM, the Registered Nurse Staff Educator stated she had given hand washing in-services along with competencies to the staff. She stated the proper way to wash hands was after applying soap, vigorously rub hands together for at least 20 seconds then rinse hands under the running water. She further stated that rubbing your hands together under the running water was not the proper way to wash your hands because the soap would be rinsed off. During an interview with the surveyor at 06/04/2021 at 12:46 PM, the Director of Nursing (DON) stated hand washing education was part of the general orientation and competencies were observed on the staff. A review of the LPN's competency labeled "Hand washing" dated 3/2/21, indicated the LPN met the criteria for proper hand washing which included the nurse had lathered all surfaces of his hands, wrist, and fingers producing friction, for at least 20 seconds then rinsed all surfaces. A review of the facility's "Handwashing/Hand Hygiene" policy with a review date of 02/28/2020, included, "Vigorously rub hands with soap and	F 880	nurse was able to correctly define the 20 seconds of scrubbing outside of water flow/rinsing. The nurse also indicated to the surveyor and during RCA that the 20 seconds is used to "lather up". Module 1; Infection Prevention and Control Program was provided to topline staff as well as the infection preventionist. The Video "Keep COVID-19 out was viewed by frontline staff; and "Clean Hands" video was viewed by frontline staff.	

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F 880	Continued From page 4 rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) rinse hands thoroughly under running water". A review of the facility's "Administration Medication" policy with a revised date of April 2019, indicated staff must follow established facility infection control (e.g. handwashing, antiseptic technique, gloves, isolation precautions, etc.) procedures for the administration of medications. A review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Clean Hands Count for Healthcare Providers, reviewed 1/8/2021, included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry." NJAC 8:39:19.4 (a)	F 880		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315313		8/4/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT CRESSKILL	221 COUNTY ROAD CRESSKILL, NJ 07626

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 06/15/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/7/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO