

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2024
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NAME OF PROVIDER OR SUPPLIER SPRING OAK ASSISTED LIVING AT FORKED RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MAIN STREET LANOKA HARBOR, NJ 08734
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Standard and Complaint</p> <p>COMPLAINT #: NJ00144603, NJ00148716, NJ00155106, NJ00155183, NJ00164626</p> <p>CENSUS: 69</p> <p>SAMPLE SIZE: 4</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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		
A 901	<p>8:36-10.5(c)(4) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least</p>	A 901		

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

TITLE

(X6) DATE

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A 901	<p>Continued From page 1</p> <p>30 days;</p> <p>This REQUIREMENT is not met as evidenced by: C: NJ00144603, NJ00148716, NJ00155106, NJ00155183, NJ00164626</p> <p>Based on observation, interview, and record review it was determined that the facility failed to post menus in the food preparation area of the kitchen that included portion sizes for all meals. This deficient practice was evidenced by the following:</p> <p>On 3/5/2024 at 11:54 a.m., the surveyor conducted a tour of the kitchen. The surveyor noted there was no menu with portion sizes posted in the food preparation area. The facility's cook revealed that she knows based on experience what size scoop to use.</p> <p>At 12:02 p.m., the Food Service Director (FSD) revealed that a menu with portion sizes was not posted for staff while meals were being plated and served.</p>	A 901		
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>	A1185		

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A1185	<p>Continued From page 2</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 procedure(s) to prevent potential cross contamination of the resident's environment. This deficient practice was evidenced by the following:</p> <p>On 3/4/2024 at 10:15 a.m., while conducting a standard survey, Surveyor #1 observed a Housekeeper (HK), HK #1 utilizing a cleaning cart that included a yellow mop bucket containing a large string mop head with a handle. The surveyor did not observe the use of microfiber mop head or system.</p> <p>On 3/5/2024 at 10:48 a.m., Surveyor #2 interviewed the facility's HK, HK #2 who stated the facility's housekeeping staff utilized the yellow mop bucket and stringed mop head system to mop the floors of resident rooms and common areas. During continued surveyor interview, HK #2 stated that she changed the mop bucket water and mop head as needed. HK #2 stated that she typically changes the mop bucket water and stringed mop head after cleaning 2 to 3 resident apartments or when the mop bucket water appeared to be soiled.</p> <p>The surveyor reviewed the facility's policy titled, "INFECTION CONTROL" which revealed, " POLICY STATEMENT The primary purpose [facility] infection control policies and procedures are to establish guidelines to follow to provide a safe, sanitary, and comfortable environment ...</p> <p>2. The objectives of our infection control policies</p>	A1185		

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A1185	<p>Continued From page 3</p> <p>and procedures are:</p> <ol style="list-style-type: none"> a. Investigate, control and prevent infections b. Maintain a safe, sanitary, and comfortable environment c. Establish guidelines to follow in the implementation of Isolation precautions. d. Maintain a record of incidents and corrective actions related to infections. e. Establish guidelines to follow in implementing Standard Precautions <p>3. The Director of Wellness, in coordination with the Executive Director, shall be responsible for the direction, provision and quality of infection prevention and control services. "</p> <p>The surveyor reviewed the facility's policy titled, "HOUSEKEEPING " which revealed, " ... PROCEDURE ... 3. Housekeeping personnel shall be trained in cleaning procedures, including the use and care of equipment."</p>	A1185		
A1275	<p>8:36-18.2(a)(1) Infection Prevention and Control Services</p> <p>(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:</p> <ol style="list-style-type: none"> 1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002; 	A1275		

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A1275	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility's staff failed to perform proper hand hygiene technique in accordance with Centers for Disease Control (CDC) recommendations and the facility's policy titled, "HANDWASHING" for 2 of 2 staff members observed for handwashing: Cook and Certified Medication Aide: The deficient practice was evidenced by the following:</p> <p>On 3/4/24 at 11:15 a.m., Surveyor #1 observed the facility's Cook washing her hands at the handwashing sink located in the facility's kitchen. The cook turned on the water faucet, wet her hands, lathered the soap in her hands for 11 seconds, dried her hands with a paper towel, turned off the faucet with the same paper towel, and proceeded to touch the trash can lid to dispose of the paper towel. Immediately following the handwashing observation, Surveyor #1 interviewed the Cook who stated she was educated on proper handwashing.</p> <p>On 3/4/2024 at 11:32 p.m., Surveyor #2 observed the facility's Certified Medication Aide (CMA) washing her hands at the handwashing sink located in the facility's first floor wellness office. The CMA dispensed soap in her hand, turned on the faucet, rubbed her hands together under running water, turned off the faucet with her bare hands, and then proceeded to dry her hands with a paper towel. The CMA then properly disposed of the paper towel. At that time, Surveyor #2 conducted a post handwashing observation</p>	A1275		

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A1275	<p>Continued From page 5</p> <p>interview with the CMA who stated that she was trained on how to properly wash her hands but missed a few steps.</p> <p>The surveyor reviewed the facility's policy titled, "HANDWASHING " which revealed, "POLICY All associates will adhere to CDC's Standard Precautions guidelines and practice proper hand hygiene to reduce the transmission of potentially hazardous infectious agents through contact ...TECHNIQUE</p> <ol style="list-style-type: none"> 1. Gather needed supplies, if not present at the handwashing area: liquid soap or cleansing agent, hand lotion (optional), paper towels. 2. Stand away from the sink, so that your clothes do not touch the sink. 3. Wet your hands, keeping your fingers pointed down. This will cause the water to run off your fingertips and into the sink. Do not allow water to run up your forearms. 4. Dispense cleaning agent into one cupped hand and rub both hands to create lather. 5. Rub your hands together in a circular motion, washing your palms and the backs of your hands. Interlace your fingers to clean the spaces between your fingers and under your fingernails. 6. Lather well making sure the lather extends at least one inch past your wrists. Continue for at least 20 seconds. 7. Rinse your hands, keeping your fingers pointed down at all times. 8. Dry your hands thoroughly with a clean paper 	A1275		

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A1275	<p>Continued From page 6</p> <p>towel. Use the towel to turn off the faucet and carefully dispose of the paper towel in a waste container, being careful not to touch the container.</p> <p>9. With a new paper towel, turn off the faucet. Carefully dispose of the paper.</p> <p>10. As you leave the handwashing area, if there is a doorknob, open the door by covering the doorknob with a clean paper towel. If there is no doorknob, push the door open with your hip and shoulder to avoid contaminating your clean hands. 11. After leaving the handwashing area, apply a small amount of lotion to keep your skin moist."</p>	A1275		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65a006	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/23/2024
NAME OF FACILITY SPRING OAK ASSISTED LIVING AT FORKED RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MAIN STREET LANOKA HARBOR, NJ 08734

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 A0901	Correction	ID Prefix A1185	Correction	ID Prefix A1275	Correction
Reg. # 8:36-10.5(c)(4)	Completed	Reg. # 8:36-17.2(b)	Completed	Reg. # 8:36-18.2(a)(1)	Completed
LSC	04/19/2024	LSC	04/19/2024	LSC	04/19/2024
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	
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 3/5/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO