

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

PRINTED: 06/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 316646		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2021	
NAME OF PROVIDER OR SUPPLIER NOVACARE OUTPATIENT REHABILITA				STREET ADDRESS, CITY, STATE, ZIP CODE 1103 WHITE HORSE PPIKE OAKLYN, NJ 08107			
(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
E 000	Initial Comments This was a Federal Recertification Survey conducted on April 14, 2021. NovaCare Outpatient Rehabilitation Oaklyn, NJ is in compliance with Emergency Preparedness regulation CFR 485.727, Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services for this Federal Recertification Survey only.			E 000			
I 000	INITIAL COMMENTS This was a Federal Recertification and Covid -19 Infection Control Focus Survey conducted on April 14, 2021. NovaCare Outpatient Rehabilitation Oaklyn, NJ is in compliance with the requirements of 42 CFR Part 485, Subpart H, Outpatient Physical Therapy Services. Standard level deficiencies were identified.			I 000			
I 022	PATIENT CARE POLICIES CFR(s): 485.709(d) Patient care practices and procedures are supported by written policies established by a group of professional personnel including one or more physicians associated with the clinic or rehabilitation agency, one or more qualified physical therapists (if physical therapy services are provided) and one or more qualified speech pathologists (if speech pathology services are provided). The policies govern the outpatient physical therapy and/or speech pathology services and related services that are provided. The policies are evaluated at least annually by the			I 022			

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

TITLE

(X6) DATE

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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I 022	<p>Continued From page 1</p> <p>group of professional personnel, and revised as necessary based upon this evaluation.</p> <p>This STANDARD is not met as evidenced by: Based on review of four (4) out of four (4) months of temperature logs and staff interview on 4/14/2021, it was determined that the facility failed to update its policy and procedure for maintaining proper Hydrocollator water temperature.</p> <p>Findings include:</p> <p>Reference #1: The facility policy and procedure titled, "Hydrocollator Machine Maintenance and Cleaning" states, "... a) Hydrocollator heater is thermostatically controlled and water is maintained according to manufacturer guidelines, in a range of 150 - 170 degrees F".</p> <p>Reference #2: The HydraHeat Pack cover states, "Recommended Usage: For best therapeutic effect, safety, pack longevity, and patient comfort, set the heating unit temperature between 120 degrees Fahrenheit and 140 degrees Fahrenheit."</p> <p>1. At 10:30 AM, Staff #1 provided a document titled, "Hydrocollator Temperature Log". The temperature log had temperatures recorded on the days that the facility was in operation for 2021.</p> <p>a. Temperature logs reviewed from January 2, 2021 to April, 14 2021 showed temperatures</p>	I 022			

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I 022	Continued From page 2 ranged between 141 to 148 degrees Fahrenheit.	I 022			
I 121	<p>2. During interview at 11:30 AM, Staff #1 confirmed that the facility policy and manufacturer's guidelines for maintaining proper water temperature for the hydrocollator unit do not match the temperature requirements for the HydraHeat Pack currently being used by the facility.</p> <p>MAINTENANCE OF EQUIPMENT/BUILDINGS/GROUNDS CFR(s): 485.723(b)</p> <p>The organization establishes a written preventive maintenance program to ensure that the equipment is operative and is properly calibrated, and the interior and exterior of the building are clean and orderly and maintained free of any defects which are a potential hazard to patients, personnel, and the public.</p> <p>This STANDARD is not met as evidenced by: A. Based on observation, facility policy review and staff interview on 4/14/2021, it was determined that the facility failed to maintain the Hydrocollator unit clean to site and touch.</p> <p>Findings include:</p> <p>Reference: The facility policy and procedure titled, "Hydrocollator and Machine maintenance and Cleaning states, " ... 2) Cleaning Procedures: Hydrocollator machines must be cleaned at least quarterly or more frequently as necessary. ..."</p> <p>1. Staff #1 provided a document titled, "Maintenance" which stated, " ... 6. Regularly clean and drain the tank (every two weeks). ..."</p>	I 121			

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I 121	<p>Continued From page 3</p> <p>Cleaning Tips ... 1. The interior of the unit should be cleaned, at least every two weeks, using a low abrasive bathroom cleaner with a soft cloth or green, blue, or white Scotch-Brite type scouring pad.</p> <p>2. During observation on the physical therapy treatment floor, the following observation was made:</p> <p>a. The hydrocollator unit had visible orange/brown discoloration inside the cover, and brown residue on the inside edges of the cover. The water inside the unit was brown.</p> <p>2. During interview, Staff #1 stated that the Hydrocollator is probably cleaned every quarter. The stated cleaning schedule is not in accordance with facility policy.</p> <p>B. Based on observation and staff interview on 4/14/2021 it was determined that the facility failed to ensure that the exterior surface of physical therapy equipment was maintained.</p> <p>Findings include:</p> <p>1. During observation at 10:00 AM, on the physical therapy treatment floor, the following was observed:</p> <p>a. The treatment floor had three (3) floor mats, next to the hot pack hydrocollator unit which are used for floor exercises.</p> <p>(i) All three (3) floor mats were torn and frayed.</p> <p>b. Eight (8) HyrdaHeat pack covers on the storage rack next to the hydrocollator had visible</p>	I 121			

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I 121	Continued From page 4 tears, rendering them unsafe as a protection barrier for the patient. c. During interview at 11:30 AM, Staff #6 stated that the HydraHeat pack pad covers were torn and needed to be replaced.	I 121			