

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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/22/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>AUTUMN LAKE HEALTHCARE AT SOUTHGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>449 S PENNSVILLE-AUBURN ROAD , CARNEYS POINT, New Jersey, 08069</b>		
(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
F0000	<p>INITIAL COMMENTS</p> <p>The NJDOH conducted a Complaint survey on 10/22/2025. The survey was officially completed on 10/22/2025.</p> <p>COMPLAINT #: 2648625</p> <p>CENSUS: 138</p> <p>SAMPLE SIZE: 3</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F0000		11/21/2025
F0880 SS = D	<p>Infection Prevention &amp; Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>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.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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 §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p>	<p>Corrective Action:</p> <p>On 10/22/25, Infection preventionist changed Resident #1's <b>NJ Exec Order 26.4b1</b> and correctly secured the <b>NJ Exec Order 26.4b1</b> correctly below the <b>NJ Exec Order</b> and not touching the floor. Resident #1 was assessed by the IP for any signs and symptoms of <b>NJ Exec Order 2</b> related to <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> were identified. All <b>NJ Exec Order</b> treatment medication containers that had been placed back into the treatment cart were removed from use, disinfected all items inside Nurse #1's treatment cart, and replaced as necessary.</p> <p>On 10/22/25, Nurse #1 was educated &amp; in-serviced, by the facility infection preventionist, on <b>NJ Exec</b> with proper PPE, identifying and addressing a contaminated <b>NJ Exec Order 26.4b1</b>, and proper <b>NJ Exec Ord</b> care procedure. Infection preventionist observed Nurse #1 re-perform Resident #1's treatment, which was done correctly using correct PPE, clean technique, and appropriate handling of supplies.</p> <p>Identification of Residents at Risk:</p> <p>All residents have the potential to be affected by the spread of infection; residents can be identified on the resident roster.</p> <p>Systemic Change:</p>	11/28/2025	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER <b>AUTUMN LAKE HEALTHCARE AT SOUTHGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>449 S PENNSVILLE-AUBURN ROAD , CARNEYS POINT, New Jersey, 08069</b>		
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F0880 SS = D	<p>Continued from page 1</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by: Complaint # 2648625 Based on observation, interview, medical record review</p>	F0880	<p>Continued from page 1</p> <p>In-service &amp; Education initiated by Infection Preventionist on 10/23/25, with all nurses and CNAs, on Enhanced Barrier Precautions including identification, proper PPE donning and doffing, and hand hygiene.</p> <p>In-Service &amp; Education initiated by Clinical Care &amp; Education Nurse on 11/24/25, with nurses and CNAs, on urinary drainage bag placement, and correct procedure if a bag becomes contaminated.</p> <p>In-Service &amp; Education initiated by Clinical Care &amp; Education Nurse on 11/24/25, with nurses, on proper wound care procedures; including infection control, handling of medications, using disposable containers and applicators.</p> <p>An audit was conducted on 11/26/25, by the Clinical Care &amp; Education Nurse, on all residents with indwelling catheters and proper placement of urinary drainage bags. No issues or concerns were identified.</p> <p>An Audit was conducted on 11/26/25, by Infection Preventionist on residents requiring EBP, assure accurate order, signage, and set up's present. No issues or concerns were identified</p> <p>Quality Assurance:</p> <p>Infection Preventionist, or designee, will conduct an audit observing staff don &amp; doff PPE and complete hand hygiene on residents requiring EBP; to assure adequate competency. Audits will be completed monthly for 1 year. Any discrepancies will be corrected/ addressed immediately. These audits will be turned into the director of nursing.</p> <p>Clinical Care &amp; Education Nurse, or designee, will conduct an audit on all residents with urinary drainage bags for proper placement and securement. Audits will be completed monthly for 1 year. Any discrepancies will be corrected/ addressed immediately. These audits will be turned into the director of nursing.</p> <p>Clinical Care &amp; Education Nurse, or designee, will conduct an audit of wound care observations each month, to assure nurses adequate competency on completing wound care properly with proper infection control techniques. Audits will be completed monthly for 1 year. Any discrepancies will be corrected/ addressed immediately. These audits will be turned into the director of nursing.</p> <p>The results of these audits will be reviewed by the DON, or designee, monthly. The findings will be</p>	

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NAME OF PROVIDER OR SUPPLIER <b>AUTUMN LAKE HEALTHCARE AT SOUTHGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>449 S PENNSVILLE-AUBURN ROAD , CARNEYS POINT, New Jersey, 08069</b>		
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F0880 SS = D	<p>Continued from page 2 and review of pertinent facility documents on 10/22/2025 it was determined that the facility failed to: a.) implement infection control practices consistent with the Center for Disease Controls (CDC) <b>NJ Exec Order 26.4b1</b> a resident with open <b>NJ Exec Order 2</b> b.) ensure appropriate infection control practices were maintained during <b>NJ Exec Ord</b> care; and c.) maintain the <b>NJ Exec Order 26.4b1</b> in a position that prevents contact with environmental services to reduce risk of contamination.</p> <p>This deficient practice was identified for 1 of 3 residents (Resident #1) reviewed for <b>NJ Exec Ord</b> care and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but were not limited to, <b>NJ Exec Order 26.4b1</b> <b>[REDACTED]</b> <b>[REDACTED]</b>).</p> <p>A review of Resident #1's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of <b>NJ E</b> out of 15, which indicated the resident's <b>NJ Exec Order 26</b> was <b>NJ Exec Order 26.4b1</b>. The MDS further revealed under section <b>NJ E</b> that Resident #1 had a <b>NJ Exec Order 26.4b1</b>. The MDS also revealed under section <b>NJ E</b> that Resident #1 had an <b>NJ Exec Order 26.4b1</b></p> <p>On 10/22/2025 at 10:55 A.M., the surveyor observed the Licensed Practical Nurse (LPN #1) complete a <b>NJ Exec Ord</b> care treatment on Resident #1.</p> <p>1. Resident #1's <b>NJ Exec Order 26.4b1</b> was observed resting on the floor rather than being secured to an appropriate holder. LPN #1 lifted bag off the floor and placed on resident bed prior to beginning <b>NJ Exec Ord</b> care.</p> <p>2. During <b>NJ Exec Ord</b> care LPN #1 did not don a gown for <b>NJ Exec Ord</b> as required for hands-on care for a resident with open <b>NJ Exec Order 2</b></p> <p>3. During wound care LPN #1 used the same pair of soiled gloves to handle multiple medication tubes, then returned the medication tubes back into the shared wound cart without disinfecting the medication containers.</p> <p>A review of Resident #1's "Order Summary Report (OSR)" Active Orders as of <b>NJ Exec Order 26.4b1</b> included but were not limited to the following Physician's Orders (PO): <b>NJ Exec Order 26.4b1</b> every shift for <b>NJ Exec Order 26</b>.</p>	F0880	Continued from page 2 reported to the LNHA and QAA committee quarterly for one year. The QAA committee will review the effectiveness of the implemented corrective actions and determine if further action is needed. If necessary, adjustments to protocols or corrective actions to assure continued compliance and improvement.	

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F0880 SS = D	<p>Continued from page 3 [REDACTED] with a start date of [REDACTED].</p> <p>A review of Resident #1's Treatment Administration Record (TAR) dated for [REDACTED] revealed [REDACTED] every shift for [REDACTED]. On the date of [REDACTED] this task was signed off as completed.</p> <p>On 10/22/2025 at 10:55 A.M., the surveyor observed signage on Resident #1's door that indicated resident was on [REDACTED].</p> <p>In an interview with LPN #1 on 10/22/2025 at 10:55 A.M., immediately after the [REDACTED] care, the surveyor asked LPN #1 to identify the sign on the door. LPN #1 stated "that's [REDACTED] for [Resident #1] because [Resident #1] has [REDACTED] and a [REDACTED]. The LPN further stated, "I should have had a gown on when I changed [Resident #1's] [REDACTED].</p> <p>In an interview with the [REDACTED] on 10/22/2025 at 1:18 P.M., the IP stated, "for residents with [REDACTED] the nurses should be wearing a gown and gloves with [REDACTED] care and the nurses know to use it because it's on the door." The [REDACTED] further stated "the medication container should not go into the room; it should be in containers and applied with a tongue depressor. It's important to stop cross contamination. The medication should never go into the resident rooms" and we "never want to put anything dirty back onto the treatment cart." When asked about [REDACTED] the [REDACTED] explained, "[REDACTED] should be elevated off the floor" for infection control purposes and if they are on the floor the [REDACTED] be replaced.</p> <p>In an Interview with the [REDACTED] on 10/22/2025 at 2:30 P.M., the [REDACTED] stated [REDACTED] [REDACTED] should be below the [REDACTED] and secured to the bed or chair and "it's important to stay off the floor to prevent infection."</p> <p>During an Interview with the [REDACTED] in the presence of the [REDACTED] on 10/22/2025 at 2:51 P.M., the [REDACTED] stated for residents with [REDACTED] "we expect the staff who would provide care to wear the PPE [Personal protective equipment], the gown, gloves, mask if necessary...it's important to prevent the spread of infections to the residents." The [REDACTED] further stated "for medication containers, they should not be brought into the room."</p> <p>A review of the facility policy with a revised date of "July 2021" titled "Policies and Practices – Infection</p>	F0880		

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F0880 SS = D	Continued from page 4 Control" under "Policy Statement" revealed "This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections."  NJAC 8:39-19.1	F0880		

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NAME OF PROVIDER OR SUPPLIER <b>AUTUMN LAKE HEALTHCARE AT SOUTHGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>449 S PENNSVILLE-AUBURN ROAD , CARNEYS POINT, New Jersey, 08069</b>				
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F0000	INITIAL COMMENTS  An offsite/desk review of the facility's Plan of Correction was conducted on 12/9/2025 in relation to the 10/22/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.		F0000			

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