STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 Complaint #: NJ148524, NJ149487, and NJ149320 Census: 108 Sample Size: 8 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 10/22/2021-10/23/2021	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if	F 609		11/30/21

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

Electronically Signed | 11/12/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 609	Continued From page 1 the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ148524 Based on interviews, record review, and facility policy review, it was determined that the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported to the New Jersey Department of Health (NJDOH) for one (Resident #1) of four residents reviewed for injuries of unknown source. Specifically, the facility failed to report an injury of unknown origin sustained by Resident #1 to the NJDOH. Findings included: 1. The facility admitted Resident #1 with diagnoses Executive Order 26, 4.b. [redacted]	F 609	How the corrective action will be accomplished for those residents found to be affected by the deficient practice? 1)Based on the surveyors review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source. The facility failed to report an injury of unknown origin sustained by Resident #1. 2)For Resident #1, the AA45 Reportable Event Form was completed and called in to the Dept of Health, and sent in by fax on 11-16-21. 3)Resident #1 was reviewed for injuries of unknown source. Facility failed to report an injury of unknown origin to NJDOH as evidenced	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 609	Continued From page 2 Executive Order 26, 4.b. The 08/05/2021 admission Minimum Data Set (MDS) revealed the resident was Executive Order 26, 4.b. [redacted] he resident required Executive Order 26, 4.b. with Executive Executive Order 26, 4.b.. The resident required Executive Order 26, 4.b. [redacted] A review of Resident #1's medical record revealed a nursing progress note, charted on 09/06/2021 at 2:22 PM, by Registered Nurse (RN) #2. Per the note, RN #2 was called into Resident #1's room by an unspecified nurse to assess Resident #1's Executive Order 26, 4.b. The record indicated Resident #1' Executive Order 26, 4.b. [redacted] The note identified that Resident #1's Executive Or [redacted] The note described the area of the resident's Executi as very Executive Order 26, 4.b.. The note revealed 911 was called, and Resident #1 was sent to the hospital for evaluation. The record indicated that the facility attempted to follow up with the hospital and was advised that Resident #1 was still being evaluated. The note concluded, "We will continue to follow up with ER (emergency room)." There was no hospital record on file which detailed any Executive Order 26, 4.b. for Resident #1. The surveyor called the hospital on file on 10/23/2021 at 11:29 AM and was advised that the hospital had instructions from Resident #1's family not to share the resident's record with anyone unless it was authorized by them. A review of Resident #1's weekly Executive	F 609	by resident #1 developed a Executive Orde Executive Order 26, 4.b on Executive Order with no known disease process occurring with resident #1 Executive [redacted] 4)Resident #1 was Executive Order 26, 4.b. Executive Order 26, 4.b. 5)October Incident and accident records were reviewed and no other residents were affected with this deficient practice How will the facility identify other residents having the potential to be affected by the deficient practice? 1) All residents in the facility have the potential to be affected by this deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? 1)All Licensed Staff were re-educated regarding reporting of residents with unknown injuries as well as Abuse, Neglect and Exploitation. 2)Incident and Accident Reports will be reviewed daily in morning Clinical Meeting. Findings of this review will be discussed with the Facility Administrator for immediate resolution. 3)Any unknown investigation that transpired leading to an investigation of suspected abused, neglect and exploitation will be called in by the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 609	Continued From page 3 assessments conducted from Executive Order 26, 4.b. to Executive Order 26, 4.b. indicated that Resident #1 was not identified to have any prior Executive O issues to the Executive O Executive Order 26, 4.b. . Resident #1 was not reported to have fallen on Executive Order 26, 4.b. or at any time during the resident's stay at the facility to potentially account for the Executive Order 26, 4.b. identified on Executive Order 26, 4.b. Nursing progress notes from Executive Order 26, 4.b. Executive Order 26, 4.b. identified no known disease process occurring with Resident #1's Executiv to account for the Executive Order 26, 4.b. identified on Executive Order 26, 4.b. A review of an Incident/Accident Summary/Conclusion report completed in response to the Executive Order 26, 4.b. finding with Resident #1 was provided by the Director of Nursing (DON) on Executive Order 26, 4.b. at 3:02 PM. Under the questions portion of the report, "Cause of injury known?", the response portion of the question indicated, "No." A review of the facility's staffing for the 7:00 AM through 3:00 PM shift on Executive Order 26, 4.b. indicated that Certified Nurse Aide (CNA) #2 was the aide assigned to Resident #1. A review of CNA #2's personnel file record revealed that the facility conducted a criminal background check on the aide before she worked with residents at the facility. CNA #2's license was up to date at the time of the incident. Further review of CNA #2's personnel file revealed the facility ensured the aide was trained on abuse and neglect, elder justice, care for residents with diagnoses of Alzheimer's disease, dementia, and general behavior before she provided resident care in the facility. There was no record in the employee's file suggestive of any prior corrective or disciplinary action related to any allegations regarding the aide's abuse or mistreatment of a resident.	F 609	Administrator or DON to the Department of Health in a timely manner. 4)Incident reports of unknown origin will be reviewed immediately and reported in a timely manner. How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and not recur? 1)The DON will review incident reports weekly for 3 months and monthly thereafter, for accuracy of documentation and completion of event Conclusion. Results will be discussed in Monthly QAPI and will be a part of Facility Quarterly Quality Assurance Program.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 609	Continued From page 4 On 10/23/2021 at 11:41 PM, RN #2 stated she remembered being called to Resident #1's room by Licensed Practical Nurse (LPN) #1. Per RN #2, LPN #1 wanted her to assess Resident #1's Executive Order 26, 4.b. . RN #2 stated that, upon arriving to Resident #1's room and visualizing the area of the resident's Executive she noted it had a Executive Order 26, 4.b. Executive Order 26, 4.b. She stated that the resident verbalized they were in pain and could not tolerate for that area of their Executive to be assessed. RN #2 stated that she called the attending physician, who was also the facility's Medical Director (MD) and received an order to transfer the resident to the hospital. She stated that once the resident was made aware that they had to be sent to the hospital for evaluation, the resident Executive Order 26, 4.b. . Per RN #2, the resident did not state how or when the resident Executive Order 26, 4.b. Executive Order 26, 4.b. . RN #2 stated that she placed a follow-up call to the hospital and was told that the resident was admitted for a Executive Order 26, 4.b. RN #2 acknowledged that she did not document the resident's Executive Order 26, 4.b. Executive Order 26, 4.b. Executive Order 26, 4.b. in the resident's medical record. Per RN #2, Resident #1 had not complained of pain or raised a concern about the Executive Order 26, 4.b. of the resident's Executive Order 26, 4.b. . She stated that nursing assessment of the resident identified no issue with the resident. RN #2 stated that Resident #1 had Executive Order 26, 4.b. throughout the resident's stay at the facility. RN #2 noted the facility was not able to obtain a detailed history from Resident #1 regarding how the Executive Order 26, 4.b. came about before the resident was Executive Order 26, 4.b. On 10/23/2021 at 1:00 PM, CNA #2 stated she recalled that at approximately 8:30 AM on 09/06/2021 she entered Resident #1's room to	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 609	Continued From page 5	F 609		

perform morning care with the resident. CNA #2 stated that she observed a Executive Order 26, 4.b. to the resident's Executive Order 26, 4.b. when she removed the blanket from Resident #1's body. CNA #2 stated that she went to the nurses' station to report her observation to the charge nurse (LPN #1). Per CNA #2, Resident #1 did not report any incident which resulted in the Executive Order

On 10/23/2021 at 3:10 PM, the DON acknowledged the facility's investigation deemed that the observed Executive Order on Resident #1's Executi derived from an unknown origin. Per the DON, the facility was not able to obtain any statement from Resident #1 prior to transferring the resident to the hospital other than the resident's expression of being in pain. The DON verified that Resident #1 experienced no falls in the facility. She stated that Resident #1 had underlying medical conditions including Executive Order 26, 4.b. which could have resulted in Resident #1 presenting with a Executive Order 26, 4.b. . The DON acknowledged that the nursing progress notes and the Executive Order 26, 4.b. identified no Executive Order 26, 4.b. for the resident prior to the incident. The DON stated she viewed the finding as a change of condition for the resident. She acknowledged that the regulatory requirement of reporting an injury of unknown origin did not require that the facility first investigate the cause of the injury before reporting it to the NJDOH.

The facility's "Abuse Prohibition Policy," with an effective date of 08/15/2014, noted under the injury of unknown source/cause portion of the policy, "Injury of unknown origin/cause is defined

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 609	Continued From page 6 as an injury that meets both of the following conditions: (1) the source of the injury was not observed by any person or the source of the injury could not be explained by the resident ..." and (2) the injury is suspicious because of the extent of the injury; or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma); or the number of injuries observed at one particular point in time; or the incidence of injuries over time." Under the reporting portion, the policy noted, "All personnel must promptly report any witnessed abuse, mistreatment, neglect, involuntary seclusion, including injuries of unknown origin ...The administrator or designee will notify the following persons or agencies as appropriate: NJ State Department of Health and Senior Services ..."	F 609		
F 812 SS=F	New Jersey Administrative Code § 8:39-5.1(a) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		11/25/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 812	Continued From page 7 §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, New Jersey Administrative Code (NJAC) 8:24, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to prepare, distribute, and serve food under sanitary conditions, Specifically, the facility failed to ensure that dietary staff performed hand hygiene in between tasks; and failed to ensure the high-temperature dishwashing machine in the facility's kitchen, which contained no backup disinfecting chemical, was at the manufacturer's recommended rinse temperature. This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic. Findings included: Reference: NJAC 8:24-2.3, Personal cleanliness, indicates, (f) Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: 1. After touching bare human body parts other than clean hands and clean, exposed portions of arms; 2. After using the toilet room; 3. After caring for or handling service animals or aquatic animals; 4. After coughing, sneezing, using a handkerchief	F 812	How will the facility identify other residents having the potential to be affected by the deficient practice? 1)All residents in the Facility have the potential to be affected by the deficient practice. Therefore, this applies to all residents (current and future). What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? 1) Dietary Supervisor or Registered Dietician will check Dishwasher temperature daily and the use of the backup disinfecting chemical when the dishwasher machine temperature gauge is below 180 degrees (F). 2)Administrator or Dietary Supervisor will report to facility Maintenance Director when the dishwasher temperature doesn't reach 180 degrees (F). This will be reported to the manufacturer company for immediate resolution. 3) Regional Dietary Supervisor will re-educate all Dietary Staff on the proper procedure for both how and when to use the chemical sanitizer, and on the dish machine. 4)Facility Educator will re-educate all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 812	Continued From page 8 or disposable tissue, using tobacco, eating, or drinking, except as specified in N.J.A.C. 8:24-2.4(a)2; 5. After handling soiled equipment or utensils; 6. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; 7. When switching between working with raw food and working with ready-to-eat food; 8. Before donning gloves for working with foods; and 9. After engaging in other activities that contaminate the hands. Reference: CDC Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guideline.html (updated 01/30/2020 and retrieved on 10/25/2020), read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, 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, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores." 1. On 10/22/2021 at 12:09 PM, an observation of the kitchen was conducted. The observation revealed Dietary Aide (DA) #1 intermittently	F 812	Dietary staff regarding Infection Control Policies and Procedures in regards to the proper use of masks and hand hygiene. How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and not recur? 1)Infection Control Preventionist, DON or Regional Nurse will observe Dietary staff for proper food handling procedure, proper hand washing technique and proper use of mask (Infection Control) 2x a week for 90 days and thereafter. 2)Administrator or Regional Culinary Services Director will check dishwasher temperature and presence of backup sanitizer weekly x 90 days and thereafter. 3)Unit Managers or Supervisor will observed 5 meal passes daily for x1 month for 90 days for proper handwashing technique. Results will be discussed in daily morning meeting for immediate resolution. 4)This plan will be monitored by the Administrator or Infection Preventionist weekly. Findings will be discussed in daily morning meeting for immediate resolution. This will be a part of monthly QAPI and will be discussed in facility quarterly QA program.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 812	Continued From page 9	F 812		

adjusted his mask during the noon meal service. DA #1 stood behind the serving line and was responsible for placing cold beverages on the residents' meal trays. The observation revealed DA #1 placed his right hand on the serving portion of the residents' plates after having intermittently adjusted his face mask and reached in his pocket. DA #1 was wearing a pair of gloves and failed to remove his gloves and perform hand hygiene after his gloved hands had been contaminated when he intermittently adjusted his face mask and reached in his pocket. The gloves worn by DA #1 contacted the serving surface portion of the residents' plates when he transferred the plates to the rack.

On 10/22/2021 at 12:12 AM, DA #2 was observed in the kitchen as she placed washed cooking pots on what she identified as the ready-to-use rack. DA #2 repeatedly adjusted her mask and, without performing glove changes or hand hygiene, continued to place cooking pots on the rack that contained the ready-to-use cooking pot. Although the surveyor advised DA #2 of the need to change her gloves and take down the observed pots she had put up on the rack, DA #2 changed her gloves without performing hand hygiene.

On 10/22/2021 at 2:18 PM, DA #1 stated he did not know that there was the potential to cross-contaminate the dishes by touching the plating portion of the dishes after adjusting his mask and reaching in his pocket. DA #1 acknowledged that failed to perform glove changes or hand hygiene after the identified practices. DA #1 stated he received hand-hygiene training every week through facility-wide in-services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 812	Continued From page 10	F 812		

During an interview with the Infection Control Preventionist (ICP) and the Director of Nursing (DON) on 10/22/2021 at 2:14 PM, the ICP stated that dietary staff's failure to perform proper hand hygiene was a fast way to spread germs. The ICP stated staff should perform hand hygiene whenever they entered the bathroom, when they adjusted their masks, and before they donned new gloves.

Reference: NJAC 8:24-4.9, Mechanical Warewashing Equipment, indicates,
(k) In a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 194°F (degrees Fahrenheit), or less than...180°F.

2. On 10/22/2021 at 12:17 PM, the Dietary Supervisor (DS) operated the high-temperature dishwasher on three continuous cycles. The temperature gauges on the machine failed to rise to the manufacturer's recommended rinse temperature. The manufacturer's recommended ranges for wash and rinse temperatures were 150- and 180-degrees Fahrenheit (F), respectively. However, the dishwasher recorded a rinse temperature of 170-degrees F after three continuous cycles. The machine did not have a backup sanitizer which compensated for the rinse temperature, which was lower than the manufacturer's recommended rinse temperature.

On 10/22/2021 at 12:23 PM, the DS acknowledged that the kitchen had cooked and served meals with utensils and dishes which came out of the dishwasher in question. He stated that by the rinse temperature failing to rise to the manufacturer's recommended rinse temperature, the dishwasher's current operating

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 812	Continued From page 11 condition failed to ensure that food preparation and serving utensils were properly sanitized, and therefore failed to ensure residents' meals were prepared under sanitary conditions. During an interview with the Infection Control Preventionist (ICP) and the Director of Nursing (DON) on 10/22/2021 at 2:14 PM, the ICP stated that it was important to have the dishwasher run at the recommended temperature to avoid the lingering presence of gastrointestinal bacteria which could build up from improperly disinfected dishes. She stated that old food debris sitting in the machine could "poison" the dishes.	F 812		
F 880 SS=F	New Jersey Administrative Code § 8:39-17.2(g) 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	F 880		11/30/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 880	Continued From page 12 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 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	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 13 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, Centers for Disease Control and Prevention (CDC) guidelines, and New Jersey Department of Health (NJDOH) Executive Directive 20-026-1, last revised 10/20/2020, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to: 1. Ensure staff wore masks over their nostrils when they provided direct care and when they were less than six feet from residents; 2. Ensure housekeeping staff observed the manufacturer's recommended contact time for chemical disinfectant and performed hand hygiene in between cleaning tasks; and 3. Ensure staff performed hand hygiene between resident contact and offered hand hygiene to residents during meal delivery; This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.	F 880	How the corrective action will be accomplished for those residents found to be affected by the deficient practice? Infection Control F880 – It was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of the Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed as evidenced by: CNA # 5 was observed in Room [redacted] talking to resident. CNA #5 wore her mask below the jaw and stood approximately 2 feet from the resident. LPN#2 was observed in Room [redacted] during medication pass with her mask below the nostrils when providing care. Maintenance Director (MDR) exited Room [redacted] with his mask worn below his jaw.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 14 Findings included: Reference: NJDOH issued Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following: "Cohorting, PPE (personal protective equipment) and Training Requirements in Every Phase: Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE, if applicable. All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g. breakroom)." Reference: CDC Updated Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated 09/10/2021 and retrieved 10/25/2021) indicated, " Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have: Not been fully vaccinated ..." 1. Observation on 10/22/2021 at 11:05 AM revealed Certified Nurse Aide (CNA) #5 was in Room [redacted] talking with a resident. The observation revealed CNA #5 wore her mask below the jaw and stood approximately two feet from the unidentified resident in the room. On 10/22/2021 at 11:07 AM, CNA #5 stated she	F 880	A Contractor was observed in the locked unit wearing a cloth mask Housekeeper #1 was observed in Room [redacted] with her mask below her jaw. Housekeeper #1 was observed as she was cleaning Room [redacted], donning a pair of gloves without performing hand hygiene. Housekeeper #1 cleaned the bathroom and handrail using the same cloth that she used to clean the toilet. Housekeeper #1 returned to the room without changing her gloves, sprayed the contents of an unlabeled spray bottle and wiped down the bedside table which had the resident's personal items. Housekeeper #1 doffed her pair of gloves and then donned a new pair of gloves without performing hand hygiene and proceeded to clean 2 other rooms. Both LPN #2 and Housekeeper #1 were not vaccinated. CNA #3, #5, #6, #7 failed to perform hand hygiene prior to delivering meal trays to the residents in their rooms. All affected staff were re-educated regarding Infection Control, Hand Hygiene, EPA of the chemical that was used, proper use of masks to ensure it covers their nostrils, use of surgical masks and not a cloth mask in a health care setting, a proper procedure on how to clean the bathrooms and resident rooms using appropriately labeled chemicals and knowing the Chemical	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 15 had been educated to always ensure she wore her mask above the nostrils. Per CNA #5, her mask slipped down her nostrils when she spoke. She acknowledged she had the mask below her jaw while speaking to the resident in Room [redacted]. On 10/22/2021 at 11:09 AM, Licensed Practical Nurse (LPN) #2 was observed in Room [redacted] during medication pass. LPN #2 wore her mask below the nostrils when she provided care to the unidentified resident in the room. On 10/22/2021 at 11:11 AM, LPN #2 stated she knew to wear her mask over her nostrils but forgot to pull the mask up when it slid down her nose. On 10/22/2021 at 11:12 AM, the maintenance director (MDR) exited Room [redacted], which was a double occupancy room, with his mask worn below his jaw. On 10/22/2021 at 11:14 AM, a contractor (CT) was observed on the locked unit which had residents wandering the hallway. The CT was wearing a cloth face mask. On 10/22/2021 at 11:15 AM, Housekeeper (HSK) #1 was observed during room cleaning in Room [redacted]. The HSK wore her mask below her jaw. On 10/22/2021 at 11:17 AM, HSK #1 stated that although she had been educated on the need to always ensure she wore her mask over her nostrils, it was hard to keep it up because the mask repeatedly slipped. On 10/22/2021 at 2:00 PM, the Environmental Service Director (ESD) stated that he supervised	F 880	EPA. All required DPOC in servicing including : Nursing Home Infection Preventionist Training Course Module 1 – Infection Prevention & Control Program CDC-Covid 19 – Prevention Messages for Fromt Line LTC Staff-Use PPE Correctly for Covid 19 Nursing Home Infection Preventionist Training Course Module 11B Environmental Cleaning and Disinfection Nursing Home Infection Preventionist Training Course Module 7- Hand Hygiene How will the facility identify other residents having the potential to be affected by the deficient practice? All residents in the facility have the potential to be affected by the deficient practice. Therefore, this applies to all residents (current and future). What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? Systematic changes include: 1 Picture posters will be displayed throughout the center to illustrate the proper face mask positioning (covering nose, mouth, and chin) verses the incorrect positioning (exposing nose, mouth, and chin) for staff reference in	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 16 and conducted on-the-spot education to housekeeping employees regarding the need to use appropriate PPE when indicated. During an interview with the Infection Control Preventionist (ICP) and the Director of Nursing (DON) on 10/22/2021 at 2:14 PM, the ICP provided a copy of her ICP certification which revealed she took the Association for Professional in Infection Control and Epidemiology (APIC) infection control course. She stated all staff were trained to wear masks, regardless of vaccination status. She said staff had to wear masks during staff-to-staff and staff-to-resident interactions. The DON stated that the facility was in outbreak status due to positive COVID-19 tests reported on 10/20/2021 for two staff members after the facility conducted a weekly swab on 10/19/2021. The ICP stated that, due to the facility being in outbreak status, it was pertinent that staff and residents adhered to the requirements dictated during outbreak status. Per the ICP, source control, which included surgical masks and face coverings, were to be worn by staff who provided direct care to residents and those who were less than six feet from residents who were not positive for COVID-19. She added that staff who cared for residents on the COVID-19 unit were required to use N95 respirators that had been fit tested for them. The ICP stated that residents were to be encouraged to use their masks when direct care or other staff members entered their rooms. The ICP stated that proper use of source control (wearing a mask over the nose) was important because it helped ensure residents were not cross-contaminated by staff and staff were not cross-contaminated by residents. She added that it was also important to avoid resident-to-resident	F 880	addition to in-servicing. 2 All contractors will be issued the proper face mask (N95 or surgical mask) according to their work location in the center by the front desk receptionist. Cloth masks will prohibit entry to the center. 3 Hand sanitizer will be placed on ALL housekeeping carts, and carts are checked by the housekeeping supervisor before entry to the units. 4 Clearly labeled disposable wipes will now be used for toilet cleaning, and cloth wipes will be used for room cleaning. 5 Housekeeping carts are inspected before and after each shift by the Supervisor to ensure all chemicals are properly labeled. 6 The room cleaning checklist has been revised for proper bedside table cleaning to include: all items will be removed from the bedside table prior to cleaning, then returned. 7 Antimicrobial Alcohol Gel Hand Wipes (65.9%) will be attached to each food truck for staff to clean their hands before and after tray distribution 8 Vaccination mandate includes 1st shot by 12-5, and 2nd shot by 1-4-22 unless the appropriate exemption is approved. Additional teaching measures include: All Staff will be re-educated regarding Infection Control and Hand Hygiene during care, during meals, after touching the residents' immediate environment, after doffing or changing gloves.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 17 cross-contamination and staff-to-staff cross-contamination. The DON provided the vaccination list of all staff members in the facility. A review of the list revealed LPN #2 and HSK #1 had not been vaccinated. Addressing the findings, the ICP clarified that, although the facility's weekly test last conducted on 10/19/2021 did not indicate that LPN #2 or HSK #1 were positive for COVID-19, if they were carriers, there was the potential they had cross-contaminated the unidentified residents who occupied the rooms where the identified staff were observed. She noted that the facility would keep the residents in question on closer monitoring. Reference: CDC Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guideline.html (updated 01/30/2020 and retrieved on 10/25/2020), read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, 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, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores." Reference: CDC's General environmental cleaning techniques, last reviewed on 04/21/2020	F 880	Regional Environmental Services will re-educate all housekeeping staff regarding the EPA of the chemical used, proper use of masks, use of surgical mask and not a cloth mask in a health care setting, a proper procedure on how to clean the bathroom and residents' rooms using appropriately labeled chemicals and knowing the Chemical EPA. Regional Environmental Services will re-educate all current housekeeping staff and new hire employees regarding Infection Control, how to clean resident bathrooms and rooms using CDC approved chemicals and using proper PPE. Infection Preventionist will re-educate staff on Infection Control, Handwashing, Proper donning and doffing, proper social distancing (6ft), and Proper use of PPE. How the facility will monitor its corrective action to ensure that the deficient practice is being corrected and not recur? Facility Educator will conduct random Hand hygiene competencies with 5 employees weekly x 3 months, and monthly thereafter. Results will be discussed daily in morning clinical meeting for immediate resolution. Environmental Services Director or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 18 and retrieved on 10/25/2021 from http://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html, indicated, "For all environmental cleaning procedures, always use the following general strategies: Wipe surfaces using the general strategies as above (e.g., clean to dirty, high to low, systematic manner), making sure to use mechanical action (for cleaning steps) and making sure that the surface is thoroughly wetted to allow required contact time (for disinfection steps)." 2. On 10/22/2021 at 11:12 AM, Housekeeper (HSK) #1 was observed as she cleaned Room [redacted] She pulled her cleaning cart alongside the room. She then donned a pair of gloves without performing hand hygiene. She took an unlabeled spray bottle, cloth rag, and a toilet brush into the resident's bathroom. While in the bathroom, she sprayed the contents of the spray bottle over the basin, shower seat, and toilet seat. She then washed the inside of the toilet bowl with the brush and then wiped the toilet seat and the surrounding areas of the toilet with the cloth rag. Without changing out the cloth rag after wiping the toilet seat, she wiped the handrail in the resident's bathroom with the same rag she had used to clean the toilet. After she was done wiping down the described surfaces described, she returned the toilet brush and the cloth rag to the cleaning cart. HSK #1 returned to the resident's room and, without changing out her gloves, sprayed the contents of the unlabeled spray bottle and wiped down the bedside tables in the shared room, which had the residents' personal items sitting on them. As she wiped down the table, she picked up and replaced the resident's water cups, glasses, and canned drinks. After completing the cleaning task in the	F 880	Administrator will observe 5 housekeeping employees for proper procedure when cleaning rooms and bathroom weekly x 3 months and monthly thereafter. This corrective plan of action will be monitored by the administrator or Infection Preventionist weekly. Findings will be discussed in daily morning meeting for immediate resolution. This will be a part of monthly QAPI and will be discussed in facility quarterly QA program In services on-going	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 19 room, HSK #1 doffed the worn pair of gloves and then donned a new pair of gloves without performing hand hygiene and proceeded to clean Rooms [redacted] and [redacted] where she repeated the cleaning procedures previously identified. Per the observation, HSK #1 failed to perform hand hygiene before she donned new gloves. She wore the same pair of gloves to clean the entire room, failing to change gloves between cleaning tasks and potentially cross contaminating the residents' rooms after handling the cloth rag used to clean the toilet. By failing to ensure the bottle with the solution used for cleaning by HSK #1 had a label, the HSK failed to ensure she had the correct chemical for the cleaning procedure. Furthermore, by touching the residents' cups, canned drinks, and remote control, she had potentially cross-contaminated the resident's meals and personal items with a contaminant or contaminants that may have been retained on her soiled gloves. On 10/22/2021 at 11:41 AM, HSK #1 acknowledged that she did not have a hand sanitizer on her person. She acknowledged that she did not change out her gloves or perform hand hygiene after handling the cloth rag with which she cleaned the toilets in the identified residents' rooms. HSK #1 verified that the bottle that contained the solution she cleaned with was not labeled. She stated that the bottle contained "Santec 412104 Sienna Multi Surface Disinfectant Cleaner." HSK #1 stated she did not recall the recommended contact time for the solution. She verified that she wiped off the solution immediately after spraying it on surfaces in the identified residents' rooms. She stated that the facility conducted an in-service regarding cleaning	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 20 procedure with housekeeping staff a couple of months prior but was unable to recall the exact month. On 10/22/2021 at 11:54 AM, HSK #2 was observed cleaning in Room [redacted]. The observation revealed that HSK #2 disinfected surfaces in the room with a solution labeled "Santec 412104 Sienna Multi Surface Disinfectant Cleaner EPA NO. 1839-216-84179." The label of the disinfecting solution indicated that the disinfecting solution required a contact time of five minutes for effective disinfection. However, the observation revealed HSK #2 sprayed the solution on the toilet, washing hand basin, and bedside tables in the room and wiped the solution off immediately without allowing the contact time recommended by the manufacturer. On 10/22/2021 at 11:57 AM, HSK #2 stated he was unaware of the contact time for the identified disinfectant. HSK #2 stated that he may have been previously educated on the contact time, but he simply did not remember the information. On 10/22/2021 at 2:00 PM, the Environmental Service Director (ESD) stated that he supervised and conducted on-the-spot education to housekeeping employees regarding the need to follow proper cleaning procedures. The ESD stated that housekeepers should perform hand hygiene multiple times throughout the cleaning process to prevent cross-contamination. Per the ESD, hand hygiene should be performed prior to donning and after doffing gloves. He stated that chemicals utilized for any purpose should be carried in an appropriately labeled container to prevent hazards which could result from using a chemical for which such use was contraindicated.	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 21 The ESD clarified that the facility utilized the Santec chemical disinfectant previously identified, which recommended a contact time of five minutes for the chemical to be potent at killing the COVID-19 virus. He stated that it was important that housekeeping staff ensured they complied with the manufacturer's recommended contact time for chemical disinfectant to ensure that the disinfectants performed the functions they were formulated to do. During an interview with the Infection Control Preventionist (ICP) and the Director of Nursing (DON) on 10/22/2021 at 2:14 PM, the ICP stated that the manufacturer's recommended contact time for disinfectants was to be followed strictly to ensure they performed their disinfecting function. She stated that housekeeping staff should perform housekeeping tasks from clean to dirty areas. She stated that hand hygiene was a standard infection control practice in healthcare settings. The ICP stated that HSK #1's failure to perform proper hand hygiene was a fast way to spread germs. Per the ICP, staff should perform hand hygiene between cleaning tasks, when they moved from dirty to clean areas, when they reached into a toilet, when they adjusted their masks, before they donned new gloves, and between residents' care tasks. Reference: CDC Hand Hygiene Guidance, retrieved from https://www.cdc.gov/handhygiene/providers/guideline.html (updated 01/30/2020 and retrieved on 10/25/2020), read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient,	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

(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 880	Continued From page 22 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, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores." 3. On 10/22/2021 between 12:00 PM and 1:20 PM, observations were conducted during in-room tray delivery of the noon meal on the Executive and Executive halls. CNA #3 served meal trays to residents in Rooms Executive (double occupancy) and Executive. CNA #4 served meal trays to residents in Rooms Executive and Executive, which were both double-occupancy rooms. CNAs #6 and #7 both served meals to residents in Rooms Executive Order 26, 4.b. and Executive. The CNAs failed to perform hand hygiene prior to delivering the meal trays to the residents in their rooms. They did not offer or encourage hand hygiene to the residents when they delivered their noon meal. On 10/22/2021 at 1:40 PM, CNA #4 stated she had been trained on the need to perform hand hygiene prior to serving meals to residents and the importance of performing or offering hand hygiene to residents during meal delivery. CNA #4 stated during the interview that she was supposed to carry a portable container of hand sanitizer with her; however, she had not. CNA #4 confirmed that she failed to perform hand hygiene and to offer the same to the residents because she forgot to do so, and she would pay more attention going forward.	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 10/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 880	Continued From page 23 On 10/22/2021 at 1:53 PM, CNA #7 stated that she had been trained on the need to perform hand hygiene and to encourage residents to do the same. She stated that she forgot to perform hand hygiene or offer it to residents because she was trying to make sure residents got their meal trays on time. During an interview with the Infection Control Preventionist (ICP) and the Director of Nursing (DON) on 10/22/2021 at 2:14 PM, the ICP stated that she was part of the Quality Assurance (QA) committee and conducted training with dietary staff in collaboration with the Dietary Supervisor (DS) on infection control and prevention practices. The ICP stated she conducted staff in-services on a weekly basis and as-needed. The ICP enumerated the training she had provided to staff to include proper use of chemical disinfectant, hand hygiene, cough etiquette, and proper use of PPE. The ICP conducted an overview of the importance of hand hygiene. The ICP stated hand hygiene was a standard infection control practice in healthcare settings. She said that staff should not assume residents' hands were clean, adding it was her expectation that staff cleaned the residents' hands or offered to clean their hands prior to meal service. She said hand hygiene was important to ensure residents ate their meals under sanitary conditions. New Jersey Administrative Code § 8:39-19.4(a)1-6	F 880		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315516 Y1	A. Building B. Wing Y2	12/3/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	685 SALINA ROAD SEWELL, NJ 08080

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 F0609 Reg. # 483.12(c)(1)(4) LSC	Correction Completed 11/30/2021	ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 11/25/2021	ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 11/30/2021
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 10/23/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			