

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18A007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2022
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NAME OF PROVIDER OR SUPPLIER BRIGHTVIEW WARREN	STREET ADDRESS, CITY, STATE, ZIP CODE 57 MT BETHEL ROAD WARREN, NJ 07059
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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: Census: 107</p> <p>Sample Size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 01/11/2022. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>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		
A1299	<p>8:36-18.3(a)(5) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p>	A1299		

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

TITLE

(X6) DATE

03/04/22

New Jersey Department of Health

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A1299	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to implement an infection prevention and control program (IPCP) to prevent the possible development and transmission of Coronavirus (COVID-19) and other communicable diseases and infections. This deficient practice was observed for two of two housekeeping staff who failed to perform hand hygiene between tasks and glove changes.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from: https://www.cdc.gov/handhygiene/providers/guidelin.html, updated 01/30/2020 and retrieved on 01/13/2022, indicated, " ... 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</p>	A1299		

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A1299	<p>Continued From page 2</p> <p>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"</p> <p>1. On 01/11/2022 at 12:59 p.m., the surveyor observed Housekeeper (HSK) #1 exited an elevator located on the 100 Hall of the facility while wearing a pair of gloves. The surveyor observed HSK #1 pushed the cleaning cart to Room # [REDACTED] NJ EXC. Upon arrival at the room entrance, HSK #1 took two spray bottles of cleaning solutions, two cloth rags, and a toilet brush from the cleaning cart. The surveyor observed the toilet brush dripped liquid in the hallway and a path leading into the resident's bathroom, as it was not sitting in a container to catch the drip. While in the bathroom, HSK #1 sprayed the contents of two spray bottles simultaneously over the toilet seat, washing hand basin, and the shower. The surveyor observed HSK #1 immediately wiped off the cleaning solution. HSK #1 then washed the inside of the toilet bowl with the toilet brush and later returned the brush back to the room entrance doorway where the brush continued to drip fluid onto the floor carpet. HSK #1 then returned to the bathroom to wipe the toilet seat and the surrounding areas of the toilet with the cloth rag. HSK #1 proceeded and wiped the handrail in the resident's bathroom with the same rag that she had used to wipe the toilet and its surrounding area. After wiping down the surfaces described above, HSK #1 returned the toilet brush and the cloth rag to the cleaning cart.</p> <p>The surveyor then observed HSK #1 returned to the resident's room to wash and clean the shower with a scouring powder and a long brush. Upon completing the washing process in the shower, HSK #1 retrieved the cloth rags that she used to</p>	A1299		

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A1299	<p>Continued From page 3</p> <p>dry the shower floor and the excess water that overflowed from the shower during the cleaning process. The cloth rags were soaking wet after HSK #1 had used them to dry up the excess water on the shower floor. Without bagging the cloth rags, HSK #1 held the cloth rags with gloved hands, as the rags continued to drip from the resident's bathroom out in the hallway and into the plastic bag which was kept in the cleaning cart.</p> <p>The surveyor observed HSK #1 returned to the resident's room and without changing her gloves, she simultaneously sprayed the resident's kitchen counter using the two cleaning spray bottles. The surveyor intervened after HSK #1 attempted to put away the resident personal items such as cups, plates, some decorative items, and picture frames, without any indication or an attempt to change out her gloves and perform hand hygiene.</p> <p>On 01/11/2022 at 1:23 p.m., the surveyor interviewed HSK #1 who stated and acknowledged that she wore the same pair of gloves after cleaning another resident's room on another floor, used the elevator, and then cleaned Room # [REDACTED]. HSK #1 acknowledged that she did not change out the gloves and that she had no hand sanitizer with her nor in the cleaning cart. She acknowledged that she did not change out her gloves or perform hand hygiene after handling the cloth rag she used to clean the toilet in Room [REDACTED]. HSK #1 told the surveyor that the facility conducted monthly in-services to housekeeping staff on cleaning procedures and hand hygiene topics which included changing gloves between cleaning tasks and between resident's room.</p> <p>2. On 01/11/2021 at 1:45 PM, then surveyor</p>	A1299		

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A1299	<p>Continued From page 4</p> <p>observed HSK #2 pulled up a cleaning cart in front of Room # [REDACTED]. Upon arrival at the room entrance, HSK #2 donned a pair of gloves without performing any form of hand hygiene. After donning the pair of gloves, the surveyor observed HSK #2 reached into a section of the cleaning cart to retrieve a bucket which contained spray bottles with cleaning solutions, a toilet brush, and cloth rags. HSK #2 started the cleaning process in the resident's bathroom and using the cleaning solution in the spray bottle, HSK #1 sprayed the bathroom surfaces, including the toilet seat, toilet tank, handrails, wash hand basin, and the cabinet tops. HSK #2 then proceeded to wash the toilet using the toilet brush and later wiped the cleaning solutions on the identified surfaces using the cloth rags. After she had completed the cleaning task in the bathroom, HSK #2 doffed the pair of gloves she had used in the bathroom. The surveyor observed HSK #2 donned a new pair of gloves without performing any form of hand hygiene. HSK #2 then proceeded to the resident's kitchen area where she cleaned the counter tops, microwave and made contact with the resident personal items such as cups, spoons, plates, and a knife. The surveyor intervened by calling HSK #2's attention to the observation of the potential cross-contamination of the resident personal items after HSK #2 completed the cleaning task in the room and demonstrated no intent to wash and/or clean the resident personal items identified above.</p> <p>On 01/11/2022 at 2:13 PM, the surveyor interviewed HSK #2 who stated that she had been educated on the need to perform hand hygiene between glove changes. HSK #2 stated that she "simply forgot" to perform hand hygiene between gloves changes when she performed the cleaning tasks in the resident's room (Room</p>	A1299		

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A1299	<p>Continued From page 5</p> <p># [REDACTED]).</p> <p>On 01/11/2022 at 2:39 PM, the surveyor interviewed the Housekeeping Director (HD). The HD stated that housekeeping staff were in-serviced monthly on cleaning procedures which included re-educating housekeeping staff on the need to perform hand hygiene and gloves changes between cleaning tasks.</p> <p>On 01/11/2022 at 2:53 PM, the surveyor interviewed the Executive Director (ED). The ED stated that the HSKs' failure to perform proper hand hygiene was a fast way to spread germs. The ED stated that staff should have performed hand hygiene when they went from dirty to clean areas, before they donned and after they doffed their gloves, and between the residents' room cleaning tasks.</p>	A1299		
A1333	<p>8:36-18.4(k) Infection Prevention and Control Services</p> <p>(k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of documents and the Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to implement an infection prevention and control program (IPCP) to prevent the possible transmission of Coronavirus (COVID-19) and other communicable diseases and infections. This</p>	A1333		

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A1333	<p>Continued From page 6</p> <p>deficient practice was observed for one of two housekeeping staff who failed to adhere to the manufacturer's recommended contact time for chemical disinfectants used during the cleaning process.</p> <p>Findings included: Reference: The Centers for Disease Control and Prevention's general environmental cleaning techniques, last reviewed on 04/21/2020 and retrieved on 01/13/2022 from: http://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html, revealed, " ... 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 to that the surface is thoroughly wetted to allow required contact time (for disinfection steps)"</p> <p>1. On 01/11/2022 at 12:59 PM, the surveyor observed housekeeper (HSK) #1 as she exited an elevator located on the 100 Hall of the facility while wearing a pair of gloves. The surveyor's observation revealed HSK #1 pushed her cleaning cart by Room # [REDACTED]'s entrance way. HSK #1 took two spray bottles containing cleaning solution, two cloth rags, and a toilet brush into the resident's bathroom. While in the bathroom, HSK #1 sprayed the contents of two spray bottles simultaneously over the toilet seat, washing hand basin, and the shower and immediately wiped off the cleaning solution. After HSK #1 finished cleaning the bathroom, HSK #1 proceeded to the resident's kitchen where she simultaneously sprayed the contents of the two spray bottles on the resident's kitchen countertop, table, and other surfaces in the resident's living area. The surveyor observed HSK #1 immediately wiped off</p>	A1333		
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A1333	<p>Continued From page 7</p> <p>the cleaning/disinfectant solutions sprayed from the surfaces she sprayed on.</p> <p>A review and inspection of the two spray bottles HSK #1 used in the cleaning process revealed that the cleaning product names were (a) Spic and Span Disinfecting All-purpose Spray and Glass Cleaner, and (b) Comet Disinfecting-Sanitizing Bathroom Cleaner. Surveyor's review of the manufacturer instructions revealed a recommendation against the simultaneous use of either chemicals with another product during the cleaning process. The label advised that the use of the cleaning chemical in the manner described in the above observation had the potential to cause acid buildup. The manufacturer indicated the contact time of both chemicals was 10 minutes. HSK #1 failed to ensure that the manufacturer's recommended contact time for the cleaning chemical disinfectants was followed to ensure that the surfaces in the resident's room were properly and adequately disinfected.</p> <p>On 01/11/2022 at 1:23 PM, the surveyor interviewed HSK #1 who stated that she did not know the contact time for the disinfectant solutions that she used. She acknowledged that she wiped off the solutions immediately, after spraying it on surfaces in the identified resident room. HSK #1 stated that the facility conducted monthly in-services on cleaning procedures with housekeeping staff. She reviewed the product information on the bottles containing the cleaning and/or disinfecting solutions and verified it was a 10-minute contact time for both chemicals.</p> <p>On 01/11/2022 at 2:39 PM, the surveyor interviewed the Housekeeping Director (HD) stated that the housekeeping staff were</p>	A1333		

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A1333	<p>Continued From page 8</p> <p>in-serviced monthly regarding cleaning procedures. The HD stated that the in-services entailed re-educating the housekeeping staff on the need to observe the manufacturer's recommended contact time for chemical disinfectants used across the facility. Furthermore, the HD stated that manufacturer's recommended contact time for cleaning disinfectants was to be followed strictly to ensure the disinfectant solutions performed their proper disinfecting effects. The HD added that HSK #1's simultaneous use of the cleaning chemicals had the potential to cause chemical burns when the resident used the toilet or other appliances that were cleaned in such a manner. The HD concluded that he would re-train the housekeeping staff on proper cleaning procedures.</p> <p>On 01/11/2022 at 2:53 PM, the surveyor interviewed the Executive Director (ED). The ED stated that it was the best practice to follow the manufacturer's directions for use of any chemical to ensure such use was safe and effective for its intended purpose.</p> <p>The surveyor's review of the facility's "COVID-19 Operational Protocols," updated on 01/06/2022, revealed, "All common space restrooms should be cleaned and then sanitized minimally 3 times daily. The cleaning of the bathrooms will follow our normal process with appropriate dwell times of the Spic and Span for all hard surfaces, and the Comet Disinfecting cleaner for all wet surfaces."</p>	A1333		

February 7, 2022

Program Compliance & Health Care Financing
New Jersey Department of Health
PO Box 358
Trenton, NJ 08625-0358

RE: Plan of Correction for Brightview Warren Infection Control Survey

As Per your instructions, below is the narrative plan of Correction for the above survey that took place on January 11, 2022.

A1299 – 8:36-18.3(a)(5)

Policies and Procedures and SDS are in place as shown to the surveyor. These policies include handwashing before and after caring for a resident. The 2 Housekeepers have been trained on numerous occasions through in-service training and Relias online training. They were retrained on the day of the survey. Both Housekeepers stated that they did know the right way to wash their hands and when to change their gloves. They both stated that the surveyor was following them around and they felt very nervous about him. All Housekeepers are trained monthly, during Departmental meetings, on Hand Hygiene and Infection Control best practices in both English and Spanish. It is understood by all the importance of following Infection Control Protocols and how this deficient practice could put our Residents in an unsafe situation.

Corrective Measures

1. Corrective Action was taken immediately after the surveyor left the community. Housekeeping Director with the Housekeeper returned to the 2 apartments that was affected/identified and re-cleaned/sanitized the kitchen, bathroom and the rest of the apartment. Housekeeping Director reinforced proper use of PPE and Sanitizing products.
2. We identified 8 other apartments that were cleaned by the Housekeepers. All eight apartments were re-cleaned/sanitized on the day of the survey. There were no negative Resident outcomes from this deficient practice.
3. Measures/ Changes put into place:
 - a. On February 3, 2022 our Infection Control Prevention Specialist performed an Infection Control In-Service to the entire community. This was the 3rd time this in-service was offered. All Housekeepers attended.
 - b. On-going Infection Control meetings will occur monthly in each Department as a reminder of best practices to ensure our Resident stay safe, in both English and Spanish. The agenda for each meeting will include

- i. Hand Hygiene – Do’s and Don’ts
- ii. Proper Usage of Gloves – donning and doffing and when to change gloves
- iii. Transmission of Infectious Diseases and a result of improper hand hygiene as it relates to keeping out Residents safe
- iv. Monthly Associate Town Hall will include Infection Control Practices and Quizzing on Donning and Doffing and Handwashing
- v. Infection Control Competencies will be conducted by our Infection Control Specialist on March 22, 2022 and the following will be discussed again:
 - 1. Hand Hygiene Do’s and Don’ts
 - 2. Proper usage of Gloves – donning and doffing and when to change gloves – how, when, where and why.
 - 3. Transmission of infectious Disease’s and result of improper Hand Hygiene as it relates to keeping our Residents safe.
 - c. Both Housekeeper’s received a record of conversation counseling them about the deficient practice and the possible negative outcomes on the Residents they serve.
- 4. To ensure the Housekeepers are following good hand hygiene, ensuring hand sanitizer is on the cart, and that the Housekeepers change their gloves at proper times, the Maintenance Director and Executive Director will randomly watch the Housekeepers perform their daily tasks and do a cart audit. A log will be created to reflect the random quality assurance audit. This will be done randomly at least 2 times every month. If a Housekeeper is found deficient, corrective action will be taken to correct the deficient practice which could include termination of the Housekeeper.
- 5. Date of Completion February 3, 2022. This will be an on-going Quality Assurance practice.

A1333 8:36-18.4(k)

On the day of the survey the Housekeeper failed to use the cleaning and sanitizing products as per manufacturers instructions. Housekeepers are trained when a new product is introduced, as well as monthly. When asked by the surveyor how to use the product, she did not know despite being trained on numerous occasions. As stated previously, the Housekeeper stated she was nervous, and she may not have understood as there may have been a language barrier. Trainings offered to Housekeepers is done in English and Spanish.

- 1. Corrective Action was taken immediately after the surveyor left the community. Housekeeping Director with the Housekeepers returned to the apartment that was affected/identified and re-cleaned/sanitized the kitchen, bathroom and the rest of the apartment. Housekeeping Director reinforced proper use of Sanitizing products. There were no negative outcomes to the Resident in the apartment mentioned.
- 2. 4 other apartments were identified that could have been at risk for the misuse of the sanitizing products. All four apartments were immediately re-cleaned and sanitized resulting in no negative outcome to these Residents. Housekeepers received a record of conversation on January 12, 2022. They were counseled that if this deficient practice continues they will receive corrective action that could include termination of employment.
- 3. On January 12, 2022 a Housekeeping Department meeting was held and will be held monthly thereafter. The following was reviewed and discussed:

- a. Each product was/will displayed, and proper usage discussed in both English and Spanish.
 - b. Timing of each product was/will be explained, as well as the importance and reasoning behind the manufacturer's directions in both English and Spanish to keep our residents safe.
 - c. Cart audits will be done monthly and audits from the previous month will be discussed
 - d. Quarterly tests will be given to discern Housekeepers' knowledge of best practices in relation to infection control and manufacturer's directions of all the products on the Housekeepers' carts.
4. Housekeeping Director and Executive Director will randomly, 2 times a month, perform a Housekeeping cart audit and supervise the Housekeeper using the products. A Log will be created to note date of Audit, Housekeepers name and results of Audit.
 5. Date of completion was February 3, 2022. This will be an on-going Quality Assurance practice.

The above should ensure that all deficient practices are corrected and do not occur again. After survey was completed and deficiencies found, Health Services Director was informed and monitoring of Residents took place over the next few days. No negative outcomes were found.

If you should have further questions, please feel free to contact me via email or at 98-756-3790.

Respectfully,

NJ Ex Order 26.4b1

Executive director
Brightview Warren

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 18A007 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/4/2022 Y3
NAME OF FACILITY BRIGHTVIEW WARREN	STREET ADDRESS, CITY, STATE, ZIP CODE 57 MT BETHEL ROAD WARREN, NJ 07059	

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 A1299	Correction	ID Prefix A1333	Correction	ID Prefix _____	Correction
Reg. # 8:36-18.3(a)(5)	Completed	Reg. # 8:36-18.4(k)	Completed	Reg. # _____	Completed
LSC _____	02/03/2022	LSC _____	02/03/2022	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 _____	
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 1/11/2022

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