

New Jersey Department of Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                     |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>18A113                                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____  | (X3) DATE SURVEY<br>COMPLETED<br><br>01/09/2024 |
|---|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>351 ROUTE 206</b><br><b>HILLSBOROUGH, NJ 08844</b> |  |   |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                        |
| A 000   | <p>Initial Comments</p> <p>Initial Comments:<br/>TYPE OF SURVEY: FIC</p> <p>Census: 81<br/>Sample: 3</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 1/9/2024. 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> | A 000  |  |   |
| A 310   | <p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by:</p>  | A 310  |  |   |

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

TITLE

(X6) DATE

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| A 310   | <p>Continued From page 1</p> <p>Based on observation, interview and review of pertinent facility documents, it was determined that the facility's administrator failed to implement and enforce the facility's policy and procedure titled "Personal Protective Equipment" for facility staff. This deficient practice was evidence by the following:</p> <p>On 1/9/2024 at 10:56 a.m., the surveyor observed a certified nursing assistant (CNA) doffing her gown and gloves in the hallway after she exited a <b>NJ Exec Order 26.4b1</b> resident room.</p> <p>At 11 a.m., the surveyor interviewed the CNA who stated that she received education on how to properly don and doff personal protective equipment (PPE). The CNA was unable to provide the surveyor with the location of where PPE should be doffed.</p> <p>The surveyor reviewed the facility's policy and procedure titled "Personal Protective Equipment":</p> <ul style="list-style-type: none"> <li>...Recommendations for Doffing PPE (removing PPE)</li> <li>...Remove PPE before leaving the resident environment ..."</li> </ul> | A 310  |  |   |
| A1275   | <p>8:36-18.2(a)(1) Infection Prevention and Control Services</p> <p>(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p>  | A1275  |  |   |

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| A1275   | <p>Continued From page 2</p> <p>1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview and review of the facility's documents, it was determined that the facility failed to perform proper hand hygiene technique in accordance with the Centers for Disease Control (CDC) and the facility's policy for three of five staff members observed for handwashing: one cook, one certified nursing assistant (CNA), and one dietary server.</p> <p>On 1/9/2024 during tour of the facility for a Focused Infection Control Survey due to an outbreak of Covid, the surveyor observed the following staff members for hand hygiene:</p> <p>On 1/9/2024 at 10:33 a.m., the surveyor observed the facility's cook wash his hands at the handwashing sink in the kitchen. The cook ran his hands under running water, and then applied soap. The cook scrubbed his hands for 15 seconds and then rinsed under running water. The cook dried his hands with a paper towel and then turned off the sink with the same paper towel used to dry his hands. Upon post survey interview the cook stated that he was educated on handwashing.</p> <p>At 11 a.m., the surveyor observed a CNA wash her hands in the facility bathroom on the second floor. The CNA turned on the water, applied soap to her hands, scrubbed her hands for 12 seconds</p> | A1275  |  |   |

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| A1275   | <p>Continued From page 3</p> <p>and then put her hands under running water. The CNA dried her hands using a paper towel and used the same paper towel to turn off the sink. Upon post survey interview, the CNA stated that she received education on handwashing.</p> <p>At 11:06 a.m., the surveyor observed a dietary server wash her hands at the handwashing sink in the kitchen. The server turned on the water, applied soap, scrubbed hands with soap for 20 seconds and then put her hands under running water. The server dried her hands with paper towel and then turned off the sink with her elbow causing her shirt to become wet. Upon post survey interview the server stated she did receive education on handwashing.</p> <p>The surveyor reviewed the facility's policy and procedure titled "Hand Hygiene" which states:</p> <p>" ...Procedures for Performing Hand Hygiene:<br/>... 2. Handwashing with Soap and Water:<br/>* wet hands first with warm water (avoid using hot water.)<br/>* apply soap to hands.<br/>* rub hands vigorously for at least 20 seconds, covering all surfaces of hands and fingers<br/>* rinse hands with water and dry thoroughly with paper towel<br/>* use paper towel to turn off water faucet and on the door handle.</p> | A1275  |  |   |

# STATE FORM: REVISIT REPORT

|  |   |  |
|--|---|--|
| PROVIDER / SUPPLIER / CLIA /<br>IDENTIFICATION NUMBER<br>18A113  | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing<br>Y1 | DATE OF REVISIT<br>2/8/2024<br>Y2  |
| NAME OF FACILITY<br>ALL AMERICAN ASSISTED LIVING AT HILLSBOROUGH |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>351 ROUTE 206<br>HILLSBOROUGH, NJ 08844<br>Y3 |

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<br>Y4                                      | DATE<br>Y5                            | ITEM<br>Y4                                       | DATE<br>Y5                            |
|---|---------------------------------------|--|---------------------------------------|
| ID Prefix A0310<br>Reg. # 8:36-3.4(a)(1)<br>LSC | Correction<br>Completed<br>02/25/2024 | ID Prefix A1275<br>Reg. # 8:36-18.2(a)(1)<br>LSC | Correction<br>Completed<br>02/25/2024 |
| ID Prefix<br>Reg. #<br>LSC                      | Correction<br>Completed<br>02/25/2024 | ID Prefix<br>Reg. #<br>LSC                       | Correction<br>Completed<br>02/25/2024 |
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|   |                          |  |  |                       |
|---|--------------------------|--|--|-----------------------|
| REVIEWED BY<br>STATE AGENCY                 | <input type="checkbox"/> | REVIEWED BY<br>(INITIALS)  | DATE   | SIGNATURE OF SURVEYOR |
| REVIEWED BY<br>CMS RO                       | <input type="checkbox"/> | REVIEWED BY<br>(INITIALS)  | DATE   | TITLE                 |
| FOLLOWUP TO SURVEY COMPLETED ON<br>1/9/2024 |                          | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF<br>UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? |  |                       |
|   |                          |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |                       |