

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>403330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUDSON HILLS SENIOR LIVING, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Covid-19 Focused Infection Control</p> <p>Census: 68</p> <p>Saple Size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 02/02/2022. 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		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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

TITLE

(X6) DATE

03/21/22

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A 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, it was determined that the facility failed to ensure food were prepared and served under sanitary condition and that the sanitizing solutions utilized by the facility to clean food preparation areas, surfaces, and utensils were properly diluted with concentrations that were in accordance with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code. This deficient practice placed the highly susceptible population/residents' health and safety at risk for food-borne illnesses.</p> <p>Findings included:</p> <p>Reference: N.J.A.C. 8:24-1.5 "Definitions: For the purpose of this chapter, the following words, phrases, names and terms shall have the following meanings, unless the context clearly indicates otherwise... Sanitization means the application of cumulative heat or chemicals on cleaned food contact surfaces that, when evaluated for efficacy, is sufficient to yield a reduction of five logs, which is equal to a 99.999% reduction of representative disease microorganisms of public health importance." "Risk Type 3 Food establishment means any retail food establishment that has an extensive menu which requires the handling of raw ingredients...and</p>	A 891		
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A 891	<p>Continued From page 2</p> <p>prepares and serves potentially hazardous foods including the extensive handling of raw ingredients; and whose primary service population is a highly susceptible population...."</p> <p>N.J.A.C. 8:24-4.7 "Sanitization of equipment and utensils (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning. (c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized... 3. Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion... using a solution as specified under N.J.A.C. 8:24-4.8(j) by providing... iv. An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5."</p> <p>N.J.A.C. 8:24-4.8 "Manual warewashing equipment (a) Manual warewashing, sink compartment requirements shall include the following: 1. A sink with at least three compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils... (k) A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided...(l) Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device... An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5."</p> <p>N.J.A.C. 8:24-4.8 (j) 3-5 and N.J.A.C. 8:24 (k) (l), revealed the following, " ... A quaternary ammonium compound solution shall: i. Have a</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>minimum temperature of 75°F; ii. Have a concentration as specified under N.J.A.C. 8:24-7.2(f) and as indicated by the manufacturer's use directions included in the labeling; and iii. Be used only in water with 500 mg/L hardness or less or in water having a hardness no greater than specified by the manufacturer's label; 4. If another solution of a chemical specified under (j)1 through 3 above is used, the operator shall demonstrate to the health authority that the solution achieves sanitization and the use of the solution shall be approved; or 5. If a chemical sanitizer other than chlorine, iodine, or a quaternary ammonium compound is used, it shall be applied in accordance with the manufacturer's use directions included in the labeling. (k) A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided. (l) Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device ...."</p> <p>1. On 02/02/2022 at 11:59 AM, in the facility's main kitchen, the surveyor observed Dietary Aide (DA) #1 cleaned the food preparation area, including the countertops in the kitchen, with a solution in a red bucket labelled, "Sanitizer." On 02/02/2022 at 12:08 PM, DA #1 tested the sanitizing solution from that bucket. By default, the test strip was orange in color and was represented by zero (0) per the manufacturer's calibration. To be within the manufacturer's recommended concentration, the strip was expected to change from orange to other colors which were calibrated at varying concentrations. However, upon testing the solution, DA #1 reported the sanitizing solution did not change the color of the test strip.</p> <p>At 12:17 PM, DA #1 also tested the sanitizing</p>	A 891		
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A 891	<p>Continued From page 4</p> <p>solution in the three-compartment sink and reported that the solution did not change the color of the test strip. DA #1 stated that larger cookware items were reprocessed and sanitized through the three-compartment sink. DA #1 verified that once taken out of the three-compartment sink, the cookware items were considered clean, ready to use and only needed to air dry on the shelves. However, the surveyor observed DA #1 as he removed from the three-compartment sink the two large oven trays and the three large steam table pans that sat in a solution that had below the manufacturer's recommended sanitizing concentration and placed these cookware items on the "ready to use" shelf. The surveyor intervened and brought this facility practice to DA#1's attention.</p> <p>After the surveyor intervened, DA #1 was observed as he returned the identified items into the sink. DA #1 then drained out the preexisting non-conforming sanitizing solution from the sanitizing compartment of the sink and reprocessed the identified items. The Dining Service Director (DSD), who was with the surveyor at the time of the observation, verified that the sanitizing solution did not change the color of the test strip. The DSD confirmed that the solution that DA #1 used to clean the food prep areas and the cookware items in the sanitizing compartment of the three-compartment sink did not reach the required sanitizing concentration. The DSD stated that the consequence of the observation was that the food preparation surfaces and utensils were not sanitized properly.</p> <p>On 02/02/2022 at 12:22 PM, during a follow-up interview, DA #1 stated that checking the sanitation solution in the sanitation bucket and/or</p>	A 891		
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A 891	<p>Continued From page 5</p> <p>the three-compartment sink for appropriate concentration was the responsibility of all dietary staff. DA #1 clarified that there was no system in place with which the facility logged any prior recording of the readings from the described solutions. He stated that he received training on how to check the concentration of the sanitizing solution to ensure it was maintained at the appropriate concentration.</p> <p>On 02/02/2022 at 12:53 PM, the DSD and the Director of Nursing (DON) were interviewed. The DSD stated that dietary staff were individually responsible to ensure the sanitizing solutions used throughout the kitchen was changed out as needed to ensure the solutions were maintained at the manufacturer's recommended concentration. The DSD stated that it was important for sanitizing solution to be at the manufacturer's recommended parts per million (PPM) to reach and achieve its proper sanitizing effect. The DSD enumerated that sanitizing solution should calibrate between 150-400 PPM for quaternary ammonium which was the choice of disinfectant at the facility to be considered potent enough to perform its sanitizing function. The DSD stated that the use of sanitizing solution at the right concentration helped ensure food preparation surfaces and utensils were adequately sanitized to discourage the growth of bacteria. The DON added that all residents at the facility ate food prepared from the kitchen and that a lag in infection control practice in the kitchen could affect the population, its residents.</p> <p>The surveyor's review of facility's policy, titled, "Sanitization," revised October 2008, revealed, " ...Sanitizing of environmental surfaces must be performed with one of the following solutions: ...b. 150-200 ppm [parts per million] quaternary</p>	A 891		

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A 891	Continued From page 6 ammonium compound (QAC) ...."	A 891		
A1271	8:36-18.1(a) Infection Prevention and Control Services  (a) The facility shall develop and implement an infection prevention and control program.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to implement an infection prevention and control program (IPCP) in accordance with the Centers for Disease Control Guideline to ensure staff performed appropriate hand hygiene prior to residents' meal service and between residents' contact and encouraged or offered hand hygiene to residents prior to meal service for two dietary staff observed during meal service, Dietary Aide (DA) #1 and DA #2.  Findings included:  Reference: A review of the Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from <a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a> , (updated 1/30/2020, retrieved on 02/03/2022), revealed, "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	A1271		

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A1271	<p>Continued From page 7</p> <p>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 ...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 ... and after known or suspected exposure to spores."</p> <p>1. On 02/02/2022 at 12:02 PM, the surveyor observed 31 random residents were present in the dining room. The surveyor observed that while some of the residents walked into the dining room independently, some used walking assistive devices and others propelled themselves in their wheelchair into the dining room. As the residents settled in the dining room, Dining Aide (DA) #2 and DA #3 proceeded to serve their meals. The DAs adjusted the residents' wheelchairs or chairs so that the residents sat closer to the table. DA #2 and DA #3 proceeded to retrieve each resident meal from the kitchen and placed the meal on the table. During the meal service, the surveyor observed DA #2 and DA #3, intermittently adjusted their face masks and patted the residents on their backs as they served each resident their meal. The surveyor observed that DA #2 and DA #3 failed to perform hand hygiene between each resident's contact and did not offer or encourage the residents to perform hand hygiene prior to the meal service.</p> <p>On 02/02/2022 at 12:10 PM, the surveyor interviewed DA #2 and DA #3 together. They stated that they were aware and had been trained on the need to perform hand hygiene prior to serving meals to residents, as well as the importance of performing or offering hand</p>	A1271		
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A1271	<p>Continued From page 8</p> <p>hygiene to residents. Both DAs stated that they thought that the residents had performed hand hygiene before they came in the dining room. DA #2 and DA #3 acknowledged that they failed to perform hand hygiene and to offer the same to the residents throughout the meal service. They stated that they forgot to perform hand hygiene on themselves.</p> <p>On 02/02/2022 at 1:52 PM, the surveyor interviewed the Director of Nursing (DON) and the Dining Service Director (DSD). The DON stated that staff training on infection control practices had been ongoing across the board. The DON stated that hand hygiene was a prerequisite practice for an effective infection control program and that it was important for residents to be provided hand hygiene before they ate their meals to ensure that they ate under a clean and sanitary condition. The DSD stated that if there were no hand hygiene, there was the potential for cross contamination and infection transmission. The DSD told the surveyor that staff should always offer hand hygiene and/or clean residents' hands prior to meal service.</p> <p>Surveyor's review of the facility's policy titled, "Respiratory Protection Program," dated 05/03/2021, revealed, "...Surgical face masks to be worn while working during times of no facility COVID-19 cases N95 masks to be worn during an active outbreak...."</p>	A1271		
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</p>	A1299		

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A1299	<p>Continued From page 9</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of records, it was determined that the facility failed to implement an effective infection prevention and control program (IPCP) and ensure that two facility staff observed physical distancing and wore face masks appropriately in accordance with the Centers for Disease Control (CDC) Guidelines to prevent the development and transmission of Coronavirus (Covid-19) and other communicable diseases when the facility was in high Covid-19 transmission rate status.</p> <p>Findings included:</p> <p>Reference: A review of the 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 02/03/2022) 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..."</p>	A1299		
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A1299	<p>Continued From page 10</p> <p>Reference: According to the Centers for Disease Control and Prevention (CDC): Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection, last updated on 09/10/2021 and retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-read">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-read</a>, " ...with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH [National Institute for Occupational Safety and Health]-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) ...."</p> <p>1. On 02/02/2022 at 10:27 AM, the surveyor observed the Maintenance Manager (MM) in the dining area of the facility while residents were seated. The surveyor observed the MM wore his mask below the jaw while standing less than two feet from a group of residents who sat at the same table near the stairway exit door. The residents were not wearing masks as they were getting ready to get served their noon meal.</p> <p>On 02/02/2022 at 10:32 AM, the surveyor interviewed the MM who stated that he knew to wear his mask over his nose and mouth. However, he said that he pulled his mask down when he tried to communicate with an unidentified staff and forgot to pull it back up.</p> <p>On 02/02/2022 at 11:59 AM, the surveyor observed Cook #1 in the kitchen with his mask worn under his jaw. Further observation revealed Cook #1 was wearing a ski-mask (a cloth type of face covering).</p>	A1299		
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A1299	<p>Continued From page 11</p> <p>On 02/02/22 at 12:07 PM, the surveyor interviewed Cook #1 who stated that he had been educated to always wear his mask over his nose. Cook #1 stated that he wore the ski-mask because he felt more comfortable. He stated the surgical mask slipped down his nose when he talked.</p> <p>On 02/02/2022 at 1:56 PM, the surveyor interviewed the Director of Nursing (DON) and the Certified Assisted Living Administrator (CALA). The DON stated that the facility was in a community with a high transmission for COVID-19. The CALA stated that all staff were trained to wear masks, regardless of vaccination status and that all staff had to wear masks for staff-to-staff and staff-to-resident interactions. The DON stated that proper use of source control (wearing mask over the nose) was important because it helped prevent transmission of infection between staff and residents.</p> <p>Review of facility's policy titled, "Respiratory Protection Program," dated 05/03/2021, read, "... Surgical face masks to be worn while working during times of no facility COVID-19 cases, N95 masks to be worn during an active outbreak...,"</p>	A1299		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 403330	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/8/2022	Y3
NAME OF FACILITY HUDSON HILLS SENIOR LIVING, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047		

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 <u>A0891</u>	Correction	ID Prefix <u>A1271</u>	Correction	ID Prefix <u>A1299</u>	Correction
Reg. # <u>8:36-10.5(a)</u>	Completed	Reg. # <u>8:36-18.1(a)</u>	Completed	Reg. # <u>8:36-18.3(a)(5)</u>	Completed
LSC _____	03/02/2022	LSC _____	03/02/2022	LSC _____	03/02/2022
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 2/2/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		