STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315497	A. BUILDING _____ B. WING _____	C 09/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLENDALE REHABILITATION AND HEALTHCARE CENTER	85 HARRETON ROAD ALLENDALE, NJ 07401

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F 000	INITIAL COMMENTS C #: NJ00148472 NJ00143264 NJ00147782 Census: 78 Sample Size: 4 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.	F 000		
F 880 SS=D	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 arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		11/17/21

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

Electronically Signed | 10/14/2021

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F 880	Continued From page 1 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 transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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: Complaint #: NJ00143264 Based on observation, interview, and record review, it was determined that the facility failed to protect clean linens and blankets in a bin without a cover in a busy area. This deficient practice was evidenced by the following: On 9/28/2021 at 9:42 AM, the surveyor observed an uncovered gray rolling bin with folded linens and blankets, situated against the wall in the EX Order 2f nursing unit hallway. On the same date at 9:43 AM, a Licensed Practical Nurse (LPN) informed the surveyor the folded linens and blankets in the gray rolling bin were clean. The LPN referred to the gray rolling bin as "stray" and stated she didn't know who put it there. The surveyor asked the LPN if the linens should be covered. The LPN did not respond to the surveyor. At 10:05 AM, Laundry Aide#2 (LA#2) showed the surveyor the yellow rolling bin and blue rolling bin which were each covered with a white blanket. LA#2 stated that yellow bins were used for clean linens and blue bins were used for dirty linens and that all laundry bins should be covered. LA#2 could not speak to why the gray rolling bin was left uncovered in the North nursing unit hallway. The Licensed Nursing Home Administrator	F 880	1) The rolling linen bin was that was uncovered was immediately covered. 2) All other rolling linen in the facility have the potential to be affected. All other linen carts in the facility were checked to ensure they were properly covered. As part of the Directed POC, the facility conducted a Root Cause Analysis and found that the linen cart was uncovered because a staff member who was not part of the Housekeeping department took the cart out of the laundry room area without first placing a cover on it. Upon further questioning, the employee stated she was taking the clean linen cart in order to move a residents clothing on the unit. Once this was identified the facility purchased a Pullman/Bellhop cart for use on the units to further ensure that the employees would have a cart to use for this purpose without taking from laundry, which lead to the deficient practice. 3) The facility in serviced employees on proper infection prevention & control, including education that all clean linens & blankets in a bin must be covered at all times. As part of the Directed in Service Training, the following videos were shown to the staff:	

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F 880	Continued From page 3 (LNHA) provided the surveyor with the facility's Departmental (Environmental Services)- Laundry and Linen policy which reflected: "1.Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts." NJAC 8:39-19.1 (b)	F 880	The following video was watched by the topline staff and the Infection Preventionist: NH Infection Perfectionist Training Course Module-1 Infection Prevention and Control Program. The following video was watched by the Frontline staff: CDC Covid-19 Prevention Messages for Front Line LTC Staff: Keep Covid-19 Out! The following video was watched by all staff including topline staff and infection preventionist: NH Infection Preventionist Training Course Module 11D- Linen Management 4) DON, IPN and/or designee will conduct daily audits x 4 weeks to ensure compliance with linens handling. Results will be reported to monthly QAPI. Followed by weekly audits x 4 weeks, then monthly audits x 3 months to ensure compliance. All audits will be presented to and reviewed by the facility□s QAPI committee quarterly.	

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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. 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 THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00147782, NJ00148472 Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This was evident for 37 of 126 shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance	S 560	1. No residents were identified to have been affected. 2. All residents have the potential to be affected. 3. A. Director of Nursing, Administrator	10/24/21

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S 560	Continued From page 1 with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. 1. The surveyor reviewed staffing report for the two weeks which included the date for Complaint #1, 8/8/21-8/15/21. On 8/8/21, the day shift staffing ratio was one CNA to 12.1 residents. On 8/8/21, the evening shift staffing ratio was one CNA to 14.1 residents. On 8/9/21, the day shift staffing ratio was one CNA to 10 residents. On 8/10/21, the day shift staffing ratio was one CNA to 8.11 residents. On 8/11/21, the day shift staffing ratio was one CNA to 12.8 residents. On 8/12/21, the day shift staffing ratio was one CNA to 11.2 residents. On 8/13/21, the day shift staffing ratio was one	S 560	and Staffing coordinator were in-serviced on new minimum staffing requirements. B. Director of Nursing, Staffing Coordinator and Administrator will meet daily during the week to review recruitment efforts, staffing for next day, and staffing for upcoming week. C. The facility has developed a Culture Committee focused on recruitment and retention of staff along with customer service and the employee experience. D. The facility has implemented a Charge to Service Program to support newly admitted residents. E. The facility has implemented the Care Champion Program to mentor new employees which has been proven to raise retention rates. F. The facility participates in an interdisciplinary Quality Care Resource call to review open positions, recruitment tactics, and changes to improve outcomes. G. Contract staff utilization is reviewed bi-weekly to identify trends and opportunities. H. The facility has implemented a multifaceted approach for recruitment and retention of employees, Job fairs, Flexible scheduling, Increased utilization of PRN staff, Implementation of OnShift, Multimedia advertisements, Partnership with schools, Sign on bonuses, Referral bonuses, Pick-up shift bonuses, Boomerang campaign to rehire staff that have resigned , Rate adjustments, Benefit adjustments, Contract staff utilization, Implementation of Temporary Nurse Aide program, Text message campaigns.	

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S 560	Continued From page 2 CNA to 13.3 residents. On 8/14/21, the day shift staffing ratio was one CNA to 13.3 residents. On 8/15/21, the day shift staffing ratio was one CNA to 11.5 residents. On 8/16/21, the day shift staffing ratio was one CNA to 13.5 residents. On 8/17/21, the day shift staffing ratio was one CNA to 11.8 residents. On 8/18/21, the day shift staffing ratio was one CNA to 8.4 residents. On 8/20/21, the day shift staffing ratio was one CNA to 8.3 residents. On 8/21/21, the day shift staffing ratio was one CNA to 11.8 residents. The minimum state staffing ratio for day shift is one CNA to eight residents. 2. The surveyor reviewed staffing report for the two weeks which included the date for Complaint #2, 8/29/21 - 9/11/21. On 8/29/21, the day shift staffing ratio was one CNA to 13.6 residents. On 8/29/21, the night shift staffing ratio was one direct care staff to 20.5 residents. On 8/30/21, the day shift staffing ratio was one CNA to 9.2 residents. On 8/31/21, the day shift staffing ratio was one CNA to 10.3 residents. On 9/1/21, the day shift staffing ratio was one CNA to 8.1 residents. On 9/2/21, the day shift staffing ratio was one CNA to 9.1 residents. On 9/4/21, the day shift staffing ratio was one CNA to 16.2 residents. On 9/5/21, the day shift staffing ratio was one CNA to 26.3 residents. On 9/6/21, the day shift staffing ratio was one CNA to 8.7 residents.	S 560	I.The facility has implemented processes to increase communication with employees through Townhall meetings and Digital Suggestion Box. 4. A. The administrator/designee will review the minutes from resident council to determine whether any concerns regarding care and services are identified monthly for three months and then quarterly. B. The administrator/designee will review the minutes from daily staffing meeting to determine whether all efforts are resulting in meeting staffing requirements. C. The administrator/designee will interview five residents weekly for 4 weeks and then monthly to determine if needs are being met. D. Results of the audits will be reported to the QA committee monthly. E. The QAPI Committee will make recommendations based upon the results of the audits. F. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	

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S 560	Continued From page 3 On 9/9/21, the day shift staffing ratio was one CNA to 10.25 residents. On 9/10/21, the day shift staffing ratio was one CNA to 8.2 residents. On 9/11/21, the day shift staffing ratio was one CNA to 10.25. The minimum state staffing ratio for day shift is one CNA to eight residents and one direct care staff member to every 14 residents for the night shift. 3. The surveyor reviewed staffing report for the two weeks which included the date of survey 9/12/21 - 9/25/21. On 9/12/21, the day shift staffing ratio was one CNA to 14 residents. On 9/14/21, the day shift staffing ratio was one CNA to 8.4 residents. On 9/16/21, the day shift staffing ratio was one CNA to 10.3 residents. On 9/17/21, the day shift staffing ratio was one CNA to 8.4 residents. On 9/18/21, the day shift staffing ratio was one CNA to 16.4 residents. On 9/19/21, the day shift staffing ratio was one CNA to 27.6 residents. On 9/20/21, the day shift staffing ratio was one CNA to 11.7 residents. On 9/21/21, the day shift staffing ratio was one CNA to 8.5 residents. On 9/22/21, the day shift staffing ratio was one CNA to 8.5 residents. On 9/23/21, the day shift staffing ratio was one CNA to 9.6 residents. On 9/25/21, the day shift staffing ratio was one CNA to 11.1 residents. The minimum state staffing ratio for day shift is one CNA to eight residents.	S 560		

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