

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315129		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/15/2020	
NAME OF PROVIDER OR SUPPLIER DELLRIDGE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 532 FARVIEW AVE PARAMUS, NJ 07652			
(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 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. Survey date: 10/15/20			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 accepted national			F 880			10/23/20

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

TITLE

(X6) DATE

Electronically Signed

10/26/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1 standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 infection.</p> <p>§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 observation, interview, and record review, it was determined that the facility failed to ensure that proper hand washing technique was performed to prevent the spread of infection. This deficient practice was identified for 1 of 1 Certified Nursing Assistant (CNA) and was evidenced by the following:</p> <p>On 10/15/20 at 11:00 AM, the surveyor observed a CNA on the green (non-covid unit) exiting room #6 and enter room #4. The surveyor observed the CNA perform hand washing inside the room. The CNA turned on the sink faucet with a paper towel. She wet her hands and applied soap, and began lathering and lathered with soap and water for 10 seconds. The CNA then placed her hands under running water to rinse the lather off her hands. She dried her hands with paper towels and shut off the sink, faucet using the same paper towels.</p> <p>Simultaneously, the surveyor interviewed the CNA regarding how long she should have lathered her hands with soap and water. The CNA stated, " I think 30 seconds." The CNA told the surveyor that she had "plenty" of in-services on how to wash her hands appropriately.</p> <p>On that same day at 1:00 PM, the surveyor met with the Administrator, Director of Nursing, and the Infection Control Preventionist to discuss the</p>	F 880	<ol style="list-style-type: none"> 1. Certified Nurse Aide was re-educated by the Director of Nursing on October 15, 2020 on proper handwashing and demonstrated competency. 2. Regional Nurse re-educated facility staff regarding proper handwashing on October 15, 16 and 19, 2020. Areas of concern were addressed. 3. Facility staff will continue to be re-educated on proper handwashing with return demonstration to validate competency monthly. These re-educations and observations will be verified by the Regional Nurse. Areas of concern will be addressed. 4. The Director of Nursing will randomly observe five facility staff handwashing one time per week for twelve weeks to verify proper handwashing technique is followed. Areas of concern will be addressed. Results of these observations will be reviewed at the Quality Assurance Performance Improvement meetings for the next two quarters with follow up provided as needed. 		

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F 880	<p>Continued From page 3 above observations. No additional information was provided.</p> <p>A review of the undated handwashing/hand hygiene policy provided by the Administrator indicated to "vigorously lather hands with soap and rub them together, creating friction, for a minimum of 20 seconds (or longer).</p> <p>NJAC 8:39-19.4 (n)</p>			F 880			