

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

PRINTED: 03/15/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGEWOOD CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>330 FRANKLIN TPK RIDGEWOOD, NJ 07450</b>		
(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  Survey date: 1/29/2021  Census: 66  Sample: 5  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	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	F 880		3/31/21	

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

TITLE

(X6) DATE

Electronically Signed

02/09/2021

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</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <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 review of records, it was determined that the facility failed to a.) disinfect and sanitize the table used for visitor COVID-19 testing as part of the screening process, and b.) practice appropriate hand hygiene for 1 of 8 staff observed in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the Centers for Disease Control and Prevention (CDC) guidelines for, "Interim Infection Prevention and Control Recommendations for HCP During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated 11/4/20, specified under the "Collection of Diagnostic Respiratory Specimens" to "Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control ....Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly."</p> <p>The CDC guidelines for "Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19" updated 5/17/2020 ,included, "Hands should be washed with soap and water for at least 20</p>	F 880	<p>1.) HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE?</p> <p>LPN #1 identified with deficient practice was re-educate and re-competency on disinfecting and sanitizing the testing area prior to or after each specimen collection test on 1/29/21 by DON.</p> <p>LPN # 2 identified with deficient practice was re-educated and re-competency on proper Hand Hygiene policies and procedures with a focus on hand hygiene techniques on 1/29/21 by DON.</p> <p>2.) HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>The facility recognizes that residents have the potential to be affected by the same deficient practice.</p> <p>3.) WHAT MEASURES WILL BE PUT</p>		

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F 880	<p>Continued From page 3</p> <p>seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."</p> <p>1. On 01/29/2021 at 8:30 AM, the surveyors entered the facility. The Center Executive Director (CED) informed the surveyors that COVID testing will be done as part of the screening process.</p> <p>At 8:47 AM, the Licensed Practical Nurse (LPN #1) performed the COVID testing on two surveyors. The surveyors did not observe LPN #1 disinfect and sanitize the testing table prior to or after each COVID test was performed.</p> <p>At 9:06 AM, the surveyors interviewed LPN#1 who stated that she should have disinfected the table before and after COVID testing the two surveyors. She further stated, "I forgot to clean it because I was hurrying up."</p> <p>At 9:46 AM, in the presence of the CED and the Center Nurse Executive (CNE), the surveyors interviewed the Infection Preventionist Nurse (IPN). The IPN stated that the LPN should have disinfected the table before and after testing.</p>	F 880	<p>INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR</p> <p>Licensed nursing staff was re-educated on Upper Respiratory specimen collection. With a focus on disinfecting and sanitizing the testing area prior to or after each collection test by DON on 1/29/21.</p> <p>Licensed nursing staff was re-educated and re-competency the importance of hand hygiene and to ensure that hand hygiene techniques and processes are followed. With a focus on hand hygiene techniques by DON on 1/29/21</p> <p>Staff received the following Directed In-service Training:</p> <p>Module 1 <input type="checkbox"/> Infection Prevention &amp; Control Program</p> <p><a href="https://www.train.org/main/course/1081350/">https://www.train.org/main/course/1081350/</a></p> <p>Training provided to: Topline staff and infection preventionist</p> <p>CDC COVID-19 Prevention messages for Front Line Long-Term Care Staff: Sparkling Surfaces <a href="https://www.youtube.com/watch?v=t7OH8ORr5Ig">https://www.youtube.com/watch?v=t7OH8ORr5Ig</a></p> <p>Training provided to: Frontline staff</p> <p>CDC COVID-19 Prevention Messages for Front Line Long Term Care Staff: Keep</p>		

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F 880	<p>Continued From page 4</p> <p>The surveyor requested the facility's policy and procedure on the screening process.</p> <p>A review of the facility's Infection Control Policies and Procedures COVID-19 provided by the CED, with a revision date of 10/01/2020, included "Centers will conduct testing and specimen collection in a manner that is consistent with current standards of practice for conducting COVID-19 tests," and "Clean and disinfect the environment, especially high touch surfaces, using an EPA approved, hospital-grade disinfectant."</p> <p>2. On 01/29/2021 at 10:15 AM, on the <span style="background-color: black; color: black;">[REDACTED]</span> Unit, the surveyor observed LPN #2 perform handwashing. LPN #2 rubbed her hands together with soap for 13 seconds before rinsing.</p> <p>At that same time, the surveyor interviewed LPN #2 who stated that she should have washed her hands for 20 seconds and did not respond to the surveyor upon inquiry as to the reason why she had not.</p> <p>At 10:37 AM, the surveyors informed the CED, CNE, and the IPN of the handwashing observation. The IPN stated that handwashing should be performed for at least 20 seconds. The IPN further stated that LPN #2 was educated about the proper way of handwashing.</p> <p>A review of the facility Hand Hygiene Policy provided by the CED with a review date of 11/15/2019 included, "Hand hygiene techniques: To wash hands with soap and water: wet hands with warm water, apply soap to hands and rub hands vigorously outside the stream of water for</p>	F 880	<p>COVID-19 Out! <a href="https://www.youtube.com/watch?v=7srwrF9MGdw">https://www.youtube.com/watch?v=7srwrF9MGdw</a> Training provided to: Frontline staff</p> <p>CDC COVID-19 Prevention Messages for Front Line Long Term Care Staff: Clean Hands <a href="https://www.youtube.com/watch?v=xmYMUly7qiE">https://www.youtube.com/watch?v=xmYMUly7qiE</a> Training provided to: Frontline staff</p> <p>4.) HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR.</p> <p>The IP nurse or designee will monitor testing twice a week times 2 weeks, and then once a week times 4 weeks.</p> <p>IP nurse or designee is to ensure that Specimen Collection for Upper respiratory specimen practices are being followed. If non-compliance is noted, employee to be re-educated and to be provided with competency immediately. The IP nurse or designee will report findings to the DON. The report will be addressed through the Monthly QAPI process for the next 3 months.</p> <p>The IP nurse or designee will conduct random hand washing competency checks five times a week times one week, 3 times a week times two week, and weekly times 4 weeks. IP nurse or designee will report Proper Hand Hygiene competency results and findings to the</p>		

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F 880	Continued From page 5 20 seconds covering all surfaces of the hands and fingers. Rinse hands with warm and dry thoroughly with a disposable towel. Use a clean, dry disposable towel to turn off faucet."  At 12:14 PM, the surveyors met with the CED, CNE, IPN, Regional Nurse and there was no additional information provided by the facility.  NJAC 8:39-19.4 (a) (1) (I)	F 880	DON. The report will be addressed to the monthly QAPI process in the next 2 months.		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315158	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/10/2021	Y3
NAME OF FACILITY RIDGEWOOD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 330 FRANKLIN TPK RIDGEWOOD, NJ 07450		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	03/31/2021	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 _____	
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 1/29/2021		<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		