STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315133	A. BUILDING _____ B. WING _____	01/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODCLIFF LAKE HEALTH & REHABILITATION CENTER	**555 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677**

(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 implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey Date: 01/04/2021 Census: 66 Sample Size: 5	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		2/22/21

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

Electronically Signed | 01/22/2021

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	Continued From page 1 conducted according to §483.70(e) and following 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	F 880		

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WOODCLIFF LAKE HEALTH & REHABILITATION CENTER	**555 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677**

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F 880	Continued From page 2 infection. §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 practice appropriate hand hygiene for [redacted] of 12 staff. This deficient practice was evidenced by the following: According to the U.S. CDC guidelines 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 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." On 1/4/2021 at 10:48 AM, the surveyor observed the Licensed Practical Nurse/ Unit Manager	F 880	What corrective action(s) will be accomplished for those residents affected by the deficient practice? ¿ Both nurses that were identified were re-educated by Infection Preventionist regarding proper handwashing with a successful return demonstration on 1/4/21. ¿ A root cause analysis was completed, human error being the cause for the deficient practice. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? • No residents were determined to be affected by the concern identified. Both nurses were re-educated by the Infection Prevention Nurse regarding proper handwashing with successful return demonstrations on 1/4/21. • The facility recognizes that residents have the potential to be affected. What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur? • Proper handwashing signage was verified and placed at sinks with appropriate instructions. • Education on handwashing technique was provided to staff by Director of	

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F 880	Continued From page 3 (LPN/UM) on the [redacted] unit perform hand hygiene. The LPN/UM washed her hands for 36 seconds under the stream of running water. The LPN/UM did not wet her hands before she applied the soap and did not lather or apply friction to her hands at any time outside of the running water. The surveyor asked the LPN/UM if she should have lathered outside of the stream of water. The LPN/UM replied, "I always wash my hand hands under running water." At 10:55 AM, the surveyor observed the LPN on the [redacted] perform hand hygiene. The LPN applied soap to her hands and washed them for 30 seconds without any water, and there was no lather. The surveyor asked the LPN why she didn't get any lather after rubbing her hands together for 30 seconds. The LPN did not respond. The surveyor asked if she received in-services, which instructed her to first wet hands and then apply soap and lather. The LPN replied that she was in-serviced to first wet her hands. The surveyor asked why she didn't do that; The LPN did not respond. At 1:30 PM, the surveyors discussed the above concerns with the Administrator, DON, and Corporate Nurse. No further information was provided by the facility. A review of the facility's Handwashing/ Hand Hygiene policy revised in November 2020 indicated: Wet hands, apply soap, then vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer). Rinse hands thoroughly under running water. Hold hands lower than wrists. Do not touch	F 880	Nursing, ADON and Infection Prevention Nurse. • The following videos were viewed by staff: Keep COVID Out; Hand Hygiene and Infection prevention & Control Program. How the corrective action will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place? • DON and ADON will conduct 3 random Hand Washing observations twice a week for 4 weeks and then weekly for 8 weeks. Areas of concern will be addressed. Findings will be reported to the monthly QAPI committee meeting for the next 3 months to determine need for further action	

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F 880	Continued From page 4 fingertips to inside of the sink. Dry hands thoroughly with paper towels, then turn off faucets with a clean, dry paper towel. NJAC 8:39-19.4 (a) (N)	F 880		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315133		3/2/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODCLIFF LAKE HEALTH & REHABILITATION CENTER	555 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677

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 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 03/02/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
1/4/2021	