STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 Standard Survey: 6/30/21 Census: 100 Sample Size: 27 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her	F 550		7/22/21

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

Electronically Signed | 07/11/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 550	Continued From page 1 rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it, was determined that the facility failed to consistently provide services in a manner to preserve the dignity of 5 residents observed (Residents #10, 88, 41, 52, and 87). The evidence is as follows: 1. The surveyor observed Resident #10 awake and alert in bed watching television on 6/23/21 at 10:23 AM. The surveyor observed four handwritten 8 ½ by 11-inch signs posted over the resident's bed indicating the resident was not to use [redacted] due to a [redacted] The surveyor reviewed the medical record of the resident which revealed the following. The Admission Record indicated the resident was admitted to the facility with a diagnosis of [redacted]. The [redacted] Quarterly Minimum Data Set assessment tool (MDS) indicated the Brief Interview for Mental Status (BIMS) score was [redacted] of a possible [redacted]	F 550	F 550 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #10 - The sign placed by family was removed. LPN#1 and CNA's were in-serviced on the requirement to knock and await resident's permission before entering the room. Resident #52 - LPN#1 was in-serviced on the requirement to knock and await resident's permission before entering the room. LPN #1 was in-serviced on the requirement and appropriate methods to provide residents with visual privacy when providing care. Resident #88 - LPN#1 was in-serviced on the requirement to maintain the resident's dignity when communicating with	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 550	Continued From page 2 indicating the resident was [redacted]. The resident was assessed to usually make self understood and to understand others. The resident received a mechanically altered diet. The resident's care plan reflected a physician prescribed mechanically altered diet for [redacted] The surveyor interviewed the unit Licensed Professional Nurse (LPN #1) on 6/24/21 at 10:26 AM. LPN #1 stated the signage above the resident's bed was placed by a family member. She stated the signs would be better placed on the inside of the resident's closet. Additionally, the surveyor observed the Certified Nursing Assistant (CNA) enter the resident's room on 6/24/21 and 6/28/21 without knocking on entry. The surveyor observed LPN #1 enter the resident's room on 6/24/21 without knocking or announcing herself first. 2. Two surveyors observed the lunch meal in the [redacted] floor dining room on 6/23/21 at 12:30 PM. LPN #1 delivered a food tray to Resident #88. The resident asked LPN #1 "is this shrimp cooked?" LPN #1 replied "no, it's raw." The resident did not respond. The surveyor reviewed the resident's medical record which revealed the following: The [redacted] Quarterly MDS indicated a BIMS score of [redacted], indicating [redacted] The resident was assessed to be able to make self understood and able to understand others. The resident was assessed to eat independently after staff set up of the food	F 550	residents Resident #87 – The Nurse Practitioner was in-serviced on the requirement and appropriate methods to provide residents with visual privacy when providing care. Resident #41 - LPN#2 was in-serviced on the requirement to lock computer screen when not in use and was in-serviced on the requirement to knock and await resident's permission before entering the room. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Resident interviews were conducted and observations of staff were conducted and no other residents were identified as being affected. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur? Additional education will be provided related to knocking on residents' doors prior to entry, maintaining residents' dignity and privacy, ensuring notes and/or signs relating to residents' care are placed in a manner that does not infringe upon resident's dignity and privacy. Elements of education include electronic medical record, resident-to-staff interactions and professionalism. Expectations provided to external providers related to dignity and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 550	Continued From page 3 tray. The surveyor interviewed LPN #1 on 6/28/21 at 12:37 PM regarding the 6/23/21 exchange between her and Resident #88. LPN #1 did not recall the exchange and stated it would have been inappropriate. The surveyor interviewed Resident #88 on 6/28/21 at 12:37 PM. The resident stated LPN #1 was joking with them. 3. The surveyor observed LPN #2 administer medications to Resident #41 on 6/29/21 at 8:25 AM. LPN #2 opened the computer tablet on top of the medication cart and reviewed the resident's Medication Administration Record (MAR). The MAR listed all medications the resident was prescribed. The medication cart was positioned in the unit hallway in front of the doorway to Resident #41's room. Without locking the computer screen, leaving the listing of prescribed medications visible, the nurse entered the resident's room and spoke to the resident at the bedside. The nurse did not maintain visual contact with the medication cart. LPN #2 stated the computer screen should have been locked. Additionally, during the medication administration, LPN #2 entered Resident #41's room twice without knocking or announcing herself before entering the room. The surveyor reviewed the resident's medical record which revealed the following: The [redacted] Annual MDS indicated the resident's BIMS score was [redacted], indicating no [redacted]	F 550	privacy during care and provider other aspects of resident interactions. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? Administrator or Designee will conduct a random audit of 3 resident rooms 3x a week for 2 weeks and then monthly thereafter for 3 months in regards to signage posted related to care needs. Director of Nursing or Designee will conduct observation on 3 Nursing Staff 3x a week for 2 weeks and then monthly for 3 months thereafter on compliance in regards to knocking prior to entering the residents room, professional and productive communication interactions with residents, locking computer screens when not in view of the screen, and providing residents with visual privacy when providing care. Director of Nursing or Designee will conduct observation on 2 External Providers 2x a week for 2 weeks and then monthly for 3 months thereafter in regards to providing residents with visual privacy when providing care. Results of all the above audits and observations will be presented to the Administrator for review at the Quarterly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 550	Continued From page 4 4. The surveyor observed LPN #1 administer medications to Resident #52 on 6/29/21 at 8:05 AM. During the medication administration LPN #1 entered the resident's room twice without knocking. Additionally, she did not provide visual privacy while checking the resident's vital signs. On 6/30/21 at 8:34 AM, the surveyor interviewed the Resident Council President, Resident #9. The resident stated that staff entering resident rooms without knocking has been brought up in resident council. A review of the resident council meeting minutes revealed during the 6/9/2021 meeting residents stated they would like CNAs to always knock on the door before entering. 5. On 6/25/21 at 10:02 AM, the surveyor observed the Nurse Practitioner (NP) enter Resident #87's room, walk to the resident and proceeded to talk to the resident. The surveyor observed that the NP did not pull the curtain nor close the door to provide the resident with privacy. The NP took her stethoscope from around her neck and placed the diaphragm of the stethoscope on the resident's exposed back area. The NP placed the stethoscope around her neck and was leaving the resident's room. The surveyor interviewed the NP who not aware that she didn't provide privacy. At 6/25/21 at 10:20 AM, the surveyor interviewed the Licensed Practical Nurse Charge Nurse (LPNCN) who stated the NP should have provided privacy. At 6/25/21 at 10:48 AM, the surveyor asked the resident if it bothered the resident that the NP did	F 550	QA committee meeting monthly for three months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 550	Continued From page 5 not provide privacy and the resident replied "I don't know." The surveyor reviewed the Admission MDS dated [redacted] that revealed the facility performed a BIMS and assessed the resident's score a [redacted] out of [redacted], which indicated the resident had severe [redacted]. The surveyors discussed concerns with the Administrator and Director Of Nursing on 6/29/21 at 1:43 PM. The DON provided the surveyors with the facility policy on Quality of Life - Dignity, revised August 2009. The policy indicated all residents are always to be treated with dignity and respect. Resident's private spaces shall be respected. Staff will knock and request permission before entering residents' room. Staff shall speak respectfully to resident at all times. NJAC 8:39-4.1(a)12	F 550		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to adhere to professional standards of nursing practice for a) leaving medication unattended on a resident's bedside 1 of 2 residents (Resident	F 658	F 658 What corrective action(s) will be accomplished for those residents found to	7/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 658	Continued From page 6 #41); b) not checking medication labels three times prior to administering medications for 2 of 2 residents (Resident #41, 52); and c) not initialing the Electronic Treatment Administration Record (ETAR) for 1 of 21 residents (Resident #71). The deficient practices are evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1. The surveyor observed Licensed Practical Nurse (LPN #1) administer medications to Resident #41 on 6/29/21 at 8:25 AM. LPN #1 prepared the resident's medications, entered the resident's room, and placed the medications on	F 658	have been affected by the deficient practice? Resident #41 - LPN#1 was provided additional education on the requirement to not leave medications unattended at resident's bedside. Resident #41 - LPN#1 was provided additional education on the requirement to check medication labels 3 times prior to administration to verify that the correct medications have been prepared. Resident #52 LPN#2 was provided additional education on the requirement to check medication labels 3 times prior to administration to verify that the correct medications have been prepared. Resident #29 - LPN#2 and the Unit Manager were provided additional education on the need to lock the treatment cart when out of direct view of the nurse. Resident #71 Nurses assigned were provided additional education related to signing treatments administered in the Treatment Administration Record upon completion of treatment. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 658	Continued From page 7 the nightstand at the bedside. LPN #1 left the room to obtain a blood pressure machine from the unit hallway. The medications were not in the line of sight of the nurse. Additionally, LPN #1 did not check the medication labels 3 times prior to administration to verify the correct medications were prepared. A review of the resident's [redacted] annual Minimum Data Set assessment tool (MDS) indicated the resident's Brief Interview for Mental Status (BIMS) score was [redacted] reflecting no [redacted]. 2. The surveyor observed LPN #2 administer medications to Resident #52 on 6/29/21 at 8:05 AM. LPN #1 did not check medication labels 3 times prior to administration to verify the correct medications were prepared. 3. On 6/28/21 at 11:00 AM, the surveyor observed a [redacted] treatment to the [redacted] of Resident #29. Prior to starting the [redacted] treatment LPN #2 wheeled the treatment cart over to the resident's room. LPN #2 checked the drawer in the treatment cart for the needed supplies such as dressings and [redacted]. The surveyor asked LPN #2 how resident supplies were stored in the treatment cart. LPN #2 showed the surveyor the drawer that held various medicated creams that were individually bagged and/or in separate compartments. There were also dressings and bottles of [redacted] in the treatment cart. LPN #2 then left the unlocked treatment cart and walked down the hall to the medication cart to retrieve a computer. LPN #2 was away from the unlocked treatment cart for about 2 minutes. There were no residents in the	F 658	During rounds, no other residents were noted to be affected. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur? Nurses will receive additional education related to the medication pass which will include observation of resident taking medications, checking labels 3 times prior to administration, Securing the medication and/ treatment cart when not in direct view of the nurse and signing treatments upon completion. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The Director of Nursing or Designee will complete an observation on 3 Nurses 3x a week for 2 weeks and then monthly for 3 months thereafter. Observations will include that medication cards are not left open, no medications are left at the bedside, that nurses are checking medication label three times prior to administering to verify the medication, securing the treatment cart and signing out treatments upon the completion of the treatment. Results of all the above audits will be presented to the Administrator for review	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 658	Continued From page 8 area. At 11:12 AM, after setting up a clean field with wound treatment supplies, LPN #2 went into the bathroom to wash her hands. The treatment cart was unlocked. There were no residents in the area. The Unit Manager (UM), who was there to assist LPN #2, was standing next to the cart. At 11:13 AM, the UM locked the cart and walked away from the room while LPN #2 remained in the bathroom washing her hands. LPN #2 returned to the treatment cart outside the resident's room after she washed her hands. She finished preparing the supplies she needed for the wound treatment. At 11:19 AM, LPN #2 left the treatment cart unlocked and entered the resident's room to do the [redacted] treatment. While LPN #2 was speaking to the resident at the resident's bedside behind the closed privacy curtain, the UM went to the unlocked treatment cart to retrieve a waterproof pad to place under the resident's [redacted] The UM left the cart unlocked while she brought the waterproof pad to LPN #2. The UM went back to the unlocked treatment cart while LPN #2 was in the bathroom washing her hands. The UM retreived a package of [redacted] dressing from inside of the unlocked treatment cart, leaving the treatment cart outside of the resident's room unlocked, and brought the [redacted] dressing to the resident's bedside. LPN #2, not aware that the UM had already retrieved the [redacted] dressing, came out of the bathroom and while walking over to the treatment cart stated "I forgot the [redacted]." The UM told LPN #2 that she had already retrieved the [redacted] dressing and brought it to the bedside of the resident.	F 658	at the Quality Assurance monthly for three months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 658	Continued From page 9 At 11:26 AM, LPN #2 locked the treatment cart and returned to the resident's bedside to complete the wound treatment. On 6/29/21 at 11:45 AM, the surveyor reviewed the resident's record which revealed the following: A current physician's order dated [redacted] on the Physician's Order Sheet that read "[redacted] Pat dry. Apply [redacted] and dry gauze. Wrap with [redacted] dressing every day shift." A Treatment Administration Record with an order that read [redacted]. Pat dry. Apply [redacted] and dry gauze. Wrap with [redacted] dressing every day shift." The LPN that had been observed doing the [redacted] treatment on 6/28/21 had initialed that the [redacted] treatment had been completed on 6/28/21. A Quarterly MDS dated [redacted] that indicated the resident scored a [redacted] when the BIMS completed. This score indicated the resident had [redacted]. On 6/29/21 at 10:00 AM the surveyor reviewed the facility's policy and procedure dated 4/29/2016 titled "Clean dressing change." The policy and procedure did not address the need to lock the treatment cart when out of direct view of the nurse. 4. On 6/23/21 at 11:32 AM, the surveyor observed Resident #71 lying on a [redacted], there was a clean bandage to the [redacted]. The resident was pleasant during the interview.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 658	Continued From page 10 The surveyor reviewed Resident #71's medical record that revealed the following: According to the Admission Record, Resident #71 was admitted with diagnoses that included [redacted]. The Admission MDS dated [redacted], revealed that Resident #71 had a BIMS performed by the facility and the resident scored a [redacted], which indicated the resident was [redacted]. The [redacted] Order Summary Report (physician's orders) revealed several physician's orders that were located in the ETAR. The following orders on the ETAR had missing nurse's initials on the following dates: - Weekly skin observations every evening shift was not signed 6/11/21 on 3-11 shift. - [redacted] to the [redacted] area cover with dry dressing twice a day was not signed 6/11/21 on 3-11 shift, and 6/21/21 on 7-3 shift. - Cream to [redacted] twice a day was not signed 6/11/21 on 3-11 shift and 6/21/21 on 7-3 shift. - Wash [redacted] on the [redacted] with double [redacted], apply [redacted] cream, place a layer of [redacted] and cover with [redacted] dressing was not signed on 6/11/21 and 6/28/21 on 3-11. - Cleanse [redacted] with [redacted], then apply [redacted] cream, apply a single layer of [redacted] and cover with [redacted] dressing was not signed 6/11/21 and 6/28/21 on 3-11 shift. - Daily [redacted] was not signed for on 11-7 shift 6/3/21, 6/6/21, 6/10/21, and 6/17/21.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 658	Continued From page 11 - [redacted] output every shift was not signed 6/3/21 on 11-7 shift, 6/11/21 on 3-11 shift, and 6/20/21 and 6/21/21 on the 7-3 shift. - [redacted] Care every shift was not signed 6/11/21 on the 3-11 shift. - [redacted] and [redacted] every shift was not signed 6/3/21 on 11-7 shift and 6/11/21 on 3-11 shift. - [redacted] while in bed as tolerated every shift was not signed 6/11/21 on 3-11 shift. On 6/29/21 at 11:25 AM, the surveyor interviewed the Registered Nurse on the unit who stated that all treatment orders should be signed after administration. At 6/29/21 at 1:38 PM, the surveyors discussed the above concerns with the Administrator and Director of Nursing (DON). On 6/30/21 the DON provided the surveyor with the facility policy addressing Administering Medications, revised 5/21/2019, The policy indicated the individual administering medications checks the label 3 times to verify the right resident, right medication, right dosage, right time and the right route of administration before give the medication. The policy did not address leaving medications unattended at a resident's bedside.	F 658		
F 880 SS=E	NJAC 8:39-11.2(b) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an	F 880		7/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 12	F 880		

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 13 (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. §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 facility documents, it was determined that the facility failed to implement infection control protocols to decrease the possibility of the spread of infection. This was found with 3 of 4 Licensed Practical Nurses (LPN) during medication pass observation, 1 of 2 LPNs during [redacted] treatment observations, and on 1 of 1 units for residents under observation for signs and symptoms of [redacted] ([redacted] Unit). The deficient practice was evidenced by the following:	F 880	F 880 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? LPN#1 was in-serviced on the need to wear gloves when preparing equipment and supplies for Clean Dressing Change and on the need to wear gloves during the cleaning of the table, the type of product to clean with and the required contact time to wait before setting up the clean	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 14 1. On 6/28/21 at 11:00 AM, the surveyor observed a wound treatment to the right heel of Resident #29. LPN #1, who was preparing to do the [redacted] treatment, used a sanitizing wipe to clean the over bed table prior to setting up the clean field. While cleaning the table, LPN #1 did not wear any gloves. When she was done cleaning the table she placed a waterproof pad on the table, then went into the resident's bathroom to wash her hands. When LPN #1 was done with the [redacted] treatment she cleaned the scissors that she used to cut the bandage off the [redacted] of the resident. She used an alcohol pad to clean the scissors. LPN #1 did not wear gloves while cleaning the scissors with alcohol pad. After cleaning the scissors LPN #1 cleaned the over bed table with a sanitizing wipe. While cleaning the table, LPN #1 did not wear any gloves. On 6/30/21 at 10:00 AM, the surveyor reviewed the facility's policy and procedure titled "Clean Dressing Change" dated 4/29/16. Under "Process" number 2 read: "Prepare for the procedure." Number 2.2 read "Clean the surface of the overbed table and dry thoroughly." The policy and procedure did not address wearing gloves during the cleaning of the table, the type of product to clean with, or the required contact time to wait before setting up the clean field. 2. On 6/29/21 at 8:26 AM, on the [redacted] (a unit where the residents are unknown or potentially [redacted] for 14 days and being observed for symptoms of [redacted] the surveyor observed a Certified Nursing	F 880	field. The CNA was in-serviced on the need to wear new gown and gloves upon each entry to a resident□s room on the [redacted] Unit. LPN #2 and LPN #4 were in-serviced on the need to wear gloves when passing medication and/or administering injections and upon each entry into a residents room on the [redacted] Unit. LPN #3 and LPN #4 were in-serviced on correct procedure for and requirement to sanitize the blood pressure machine and cuff before and after each use. LPN #3 and LPN #4 were in-serviced on the need to perform proper hand hygiene before and after passing medication and/or administering injections or providing other direct care. The Nurse Practitioner was in-serviced on the correct procedure for and requirement to sanitize reusable medical equipment before and after each use and perform proper hand hygiene before and after each instance of direct care. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 15 Assistant (CNA) enter room 213 and retrieve the resident's breakfast tray. The CNA was not wearing a gown or gloves. The CNA was wearing an N95 mask and a face shield. The CNA picked up the resident's breakfast tray and carried it to the cart in the hallway. On 6/29/21 at 8:32 AM, the CNA then went into room [redacted] with no gown or gloves. The CNA was wearing an N95 mask and a face shield. The CNA talked to the resident at the bedside, moved some items around on the resident's breakfast tray, and left the room. The CNA then went into room [redacted], touched a container on the resident's breakfast tray, then picked up the resident's breakfast tray and brought it to the cart in the hallway. The CNA was wearing an N95 mask and a face shield. The CNA was not wearing a gown or gloves. On 6/29/21 at 8:37 AM, LPN #2 told the CNA that she should have been wearing a gown and gloves when entering the rooms on the [redacted] unit. Thereafter the surveyor observed the CNA wearing a gown and gloves, as well as the N95 and face shield when entering the rooms on the [redacted] unit. On 6/29/21 at 8:48 AM, the surveyor asked the CNA if she was instructed on what type of PPE to use on the [redacted] unit. The CNA stated it was her understanding that the gown was only needed if she was doing care, not if she was going in to get a tray. The CNA stated she didn't usually work on the [redacted] unit. On 6/29/21 at 8:50 AM, the surveyor asked LPN #2 if she monitored the staff to make sure they	F 880	What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur? A Route Cause Analysis was performed and it was determined that staff needed more frequent in-service training as well as more visual reminders. These in-services will focus on consistently maintaining proper infection control practices and will be included in the regular in-service training for staff. Visual reminders such as poster and signs will paced at Nurses Stations and other areas that are visited frequently by staff. The facility□s policy was updated to include the need to wear gloves when preparing equipment and supplies for Clean Dressing Change and on the need to wear gloves during the cleaning of the table to be used and the types of product to clean with and the need to wait the required contact time stated on the cleaning product label before setting up the clean field. Nursing staff will be in-serviced on the requirement to: The Correct use of PPE on the [redacted] Unit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 16 were wearing the appropriate PPE on the unit. LPN #2 stated "I can't be checking everyone all the time, but it is my responsibility to tell them if I see them doing things incorrectly." On each door on the [redacted] unit, including the three rooms the CNA was observed entering, there was a sign that read "Quarantine Droplet/Contact Precautions- In addition to Standard Precautions-Only essential personnel should enter this room- Everyone must: including visitors, doctors, and staff, clean hands when entering and exiting, Gown (prior to entering the room for any purpose) N95 respirator, Eye Protection, Gloves." 3. On 6/29/21 at 8:57 AM, the surveyor observed LPN #2 administer medication to a resident on the yellow unit. LPN #2 was wearing an N95 mask and a face shield, she put on a gown before entering the resident's room. The nurse did not put on gloves. When LPN #2 entered the resident's room she handed the resident the resident's cup of water from the resident's over bed table and handed the resident the cup of medication. After the resident took the medication LPN #2 removed the gown at the door way and placed it in the receptacle at the door. LPN #2 used alcohol based hand gel. The surveyor asked LPN #2 if she was supposed to wear gloves when passing medication on the [redacted] unit. LPN #2 said "yes, I should have, I don't know why I didn't. I usually do." On 6/29/21 at 11:03 AM, the surveyor interviewed the Director of Nursing (DON) and the Infection Preventionist (IP). The surveyor expressed the concern with LPN #1 cleaning the overbed table and scissors without gloves; the CNA entering 3	F 880	Nurses will be in-serviced on: The need to wear gloves when preparing equipment and supplies for Clean Dressing Change and on the need to wear gloves during the cleaning of the table, the type of product to clean with and the required contact time to wait before setting up the clean field. The correct procedure for and requirement to sanitize blood pressure machines and cuffs before and after each use. The need to perform proper hand hygiene before and after passing medication and/or administering injections or providing other direct care. The need to wear gloves when passing medication and/or administering injections. External providers of care will be in-serviced on: The correct procedure for and requirement to sanitize reusable medical equipment before and after each use and perform proper hand hygiene before and after each instance of direct care. Topline Staff & Infection Preventionist will complete: Nursing Home Infection Preventionist Training Course Module 1 □ Infection Prevention & Control Program Nursing Home Infection Preventionist Training Course Module 7 □ Hand	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 17 rooms on the [redacted] unit without wearing a gown or gloves; LPN #2 administering medication to a resident on the [redacted] unit without gloves; and LPN #4 administering insulin to a resident without wearing gloves. The DON and the IP confirmed that LPN #1 should have worn gloves when cleaning the over bed table and the scissors, the CNA should have worn a gown when entering the 3 rooms on the [redacted] unit, and LPN #4 should have worn gloves to administer insulin to the resident. The DON and the IP were not sure if LPN #2 and the CNA should have been wearing gloves when LPN #2 and the CNA entered the rooms of resident's on the [redacted] unit. They would have to check on that. During the interview with the DON and the IP the surveyor asked what the process was when a CNA went into a room on the yellow unit to get a resident's breakfast tray. The DON and IP stated "They would have to wear an N95 mask, a face shield, and a gown." The surveyor spoke again about the observation of the CNA going into the three rooms on the yellow unit. The IP said that it was a breach in infection control, and further stated "It is every employees responsibility to wear the proper PPE and to call out a co-worker if they see them without the proper PPE." The surveyor asked the IP and the DON who was responsible for process surveillance for infection control in the facility. The IP and the DON said they were responsible as well as all department heads. The DON provided the facility's policy titled "General Cohort Guidelines" with a revision date of 4/20/21 indicated the following; Under "Yellow (unknown or potentially incubating)" it read "PPE use-Fit tested N95 or equivilant KN95, facemask	F 880	Hygiene. Nursing Home Infection Preventionist Training Course Module 6a □ Principles of standard precautions. Frontline Staff will be shown the following video from the CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Keep Covid-19 Out. All Staff including Topline Staff & Infection Preventionist will be provided the following training: Nursing Home Infection Preventionist Training Course Module 7 □ Hand Hygiene. Nursing Home Infection Preventionist Training Course Module 6a □ Principles of standard precautions. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? Director of Nursing or Designee will conduct a random on audit on 3 Nursing staff members 3x a week for 2 weeks and then monthly for 3 months thereafter on compliance with: The Correct use of PPE on the [redacted] Unit. Director of Nursing or Designee will conduct a random on audit on 3 Nurses 3x a week for 2 weeks and then monthly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 18 if not available, eye protection, gown, gloves-per optimization of PPE & Yellow Zone PPE use." Under "Isolation Type" it read "TBP-sign on each door; separate gowns & gloves for each patient at point of use; extended use of masks is permitted, replace when doffed (ie. meal break); extended use of eye protection permitted. Patients stay in room with doors closed as much as possible. Gown is worn each time staff enters the room." 4. The surveyor observed LPN #3 administer medications to Resident #52 on 6/29/21 at 8:05 AM. LPN #3 stated she had sanitized the blood pressure machine and the cuff prior to the surveyor arriving at the medication cart. She measured the resident's blood pressure, brought the machine out of the room to the hallway, and did not sanitize the machine or cuff. LPN #3 completed Resident #52's medication administration at 8:20 AM. The surveyor asked the nurse if she had completed the medication administration. She replied that she had finished. The surveyor alerted the nurse that she had not sanitized the blood pressure machine or cuff after use. Additionally, she had not performed hand hygiene when the medication pass was completed. 5. The surveyor observed LPN #4 administer medications to Resident #41 on 6/29/21 at 8:25 AM. LPN #4 did not perform hand hygiene prior to pouring medications for the resident. LPN #4 sanitized the blood pressure machine and cuff without the use of gloves after pouring medications. The nurse then administered the resident's medications without performing hand hygiene.	F 880	for 3 months thereafter on compliance with the following: The need to wear gloves when preparing equipment and supplies for Clean Dressing Change and on the need to wear gloves during the cleaning of the table, the type of product to clean with and the required contact time to wait before setting up the clean field. The correct procedure for and requirement to sanitize blood pressure machines and cuffs before and after each use. The need to perform proper hand hygiene before and after passing medication and/or administering injections or providing other direct care. The need to wear gloves when passing medication and/or administering injections. Director of Nursing or Designee will conduct a random on audit on 2 External Providers 2x a week for 2 weeks and then monthly for 3 months thereafter on compliance with: The correct procedure for and requirement to sanitize reusable medical equipment before and after each use and perform proper hand hygiene before and after each instance of direct care. Results of all the above audits will be presented to the Administrator for review at the Quarterly QA committee meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 19	F 880		

Additionally, LPN #4 administered an [redacted] to Resident #41's [redacted] area without the use of gloves.

The surveyor interviewed LPN #4 after the medication administration observation. LPN #4 stated she was told that gloves are not necessary when [redacted]. She stated she does not routinely wear gloves when administering injections.

6. On 6/25/21 at 10:02 AM, the surveyor observed the Nurse Practitioner (NP) enter Resident #87's room, walk to the resident and proceeded to talk to the resident. The NP took her stethoscope from around her neck and placed the diaphragm of the stethoscope on the resident's exposed back area. The NP placed the stethoscope around her neck and was leaving the resident's room. The surveyor observed the NP stop at the door to exit and turned around to wash her hands. The NP put soap on her hands and began to scrub her hands under running water for approximately three seconds. The NP exited the room and did not clean the stethoscope that was placed around her neck. The surveyor interviewed the NP who was not aware she didn't wash her hands according to CDC guidelines and did not clean the stethoscope.

At 6/25/21 at 10:20 AM, the surveyor interviewed the Licensed Practical Nurse Charge Nurse (LPNCN) who stated the NP should have properly wash her hands and sanitized the stethoscope.

On 6/29/21 at 1:36 AM, the surveyors discussed the above noted infection control concerns with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 20	F 880		

the Administrator and DON.

On 6/30/21 at 10:00 AM the DON and the IP confirmed that LPN #2 and the CNA should have worn gloves when entering rooms on the PUI unit. The DON provided the surveyor following policies:

The Cleaning and Disinfection of Resident-Care Items and Equipment policy, revised 3/4/2019, indicated reusable medical equipment items are cleaned and disinfected or sterilized between residents.

The Handwashing/Hand Hygiene policy, revised 4/12/2018, indicated hand hygiene must be performed before and after direct contact with residents; before and after handling medications; before performing any non-surgical invasive procedures; before and after handling an invasive device.

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."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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 880	Continued From page 21 The [redacted] policy, revised March 2011, indicated the first 2 steps of the procedure were 1) perform hand antisepsis (hand hygiene) and 2) put on gloves. NJAC 8:39-19.4 (a)	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060234	A. BUILDING: _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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) COMPLETE DATE
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: Based on interviews, and facility document review, the facility failed to ensure staffing ratios were met for 23 of 24 shifts reviewed. There was no increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560	S 560 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The facility will contract with a staffing agency that currently has employed, Certified Nurse Aides available to work in the Bergen County Area. The facility will schedule with the Agency, sufficient CNA's	7/22/21

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

Electronically Signed | 07/11/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060234	A. BUILDING: _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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) COMPLETE DATE
S 560	Continued From page 1 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. On 6/24/21, 6/28/21, and 6/29/21 the day shift staffing ratio was one CNA to 10 residents. On 6/23/21, 6/25/21, 6/27/21, and 6/30/21 the day shift staffing ratio was one CNA to 11 residents. On 6/26/21 the day shift staffing ratio was one CNA to 12 residents. The minimum staffing ratio for day shift is one CNA to eight residents. On 6/25/21, 6/27/21, 6/28/21, and 6/29/21 the evening shift staffing ratio was one CNA to 11 residents. On 6/26/21 the evening shift staffing ratio was one CNA to 12 residents. On 6/23/21, 6/24/21, and 6/30/21 the evening shift staffing ratio was one CNA to 13 residents. The minimum staffing ratio for evening shift is one CNA to 10 residents. On 6/24/21, 6/26/21, 6/27/21, 6/29/21, and	S 560	to work the vacant shifts required to meet the minimum staffing ratios. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. An audit of current staffing schedule was conducted and request for required CNA's to meet minimum staffing ratios was sent to agency. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice will not recur? The Staffing coordinator will prepare a rolling staffing schedule two weeks in advance, updated weekly and forward to the agency the vacancies that require filling to meet the minimum staffing ratios. The staffing coordinator will update the contracted agency daily of any changes in the number vacant shifts that cannot be filled by the facility's current staffing pool. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what program will be put into place to monitor the continued effectiveness of the systemic change? The Administrator or designee will audit the schedule weekly for 6 weeks for any vacancies that were not able to be filled. The results of the audit will be presented	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060234	A. BUILDING: _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(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) COMPLETE DATE
S 560	Continued From page 2 6/30/21 the night shift staffing ratio was one CNA to 15 residents. On 6/25/21, and 6/28/21 the night shift staffing ratio was one CNA to 17 residents. The minimum staffing ratio for night shift is one CNA to 14 residents. On 6/30/21 at 9:57 AM, the surveyor interviewed the Staffing Coordinator. She stated that she was aware of the new minimum staffing requirements and the facility is currently attempting to hire new CNAs. On 6/30/21 at 10:30 AM, the surveyor discussed the staffing ratios concerns with the DON and Administrator, who stated the facility is attempting to hire new CNAs.	S 560	to the quarterly QA committee for review.	