

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

PRINTED: 10/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLVILLE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 SHARP STREET</b> <b>MILLVILLE, NJ 08332</b>		
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F 000	INITIAL COMMENTS  A Complaint Survey was conducted on behalf of the New Jersey Department of Health.  Complaint #: NJ00154149, NJ00156215, NJ00156359, NJ00156592, NJ00157862, NJ00159363, NJ00160095, NJ00160213, NJ00160419, NJ00163955, NJ00164325, NJ00171304, NJ00171552, NJ00171764, NJ00171875, NJ00172173, NJ00172174, NJ00172415, NJ00172416, NJ00172529, NJ00172600, NJ00172983, NJ00173910, NJ00163639, NJ00170135  Survey Dates: 05/29/24-06/14/24  Survey Census: 135  Sample Size: 25  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,	F 609		7/9/24	

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

TITLE

(X6) DATE

Electronically Signed

07/02/2024

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 609	<p>Continued From page 1</p> <p>are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: NJ00170135</p> <p>Based on interview, record review, and review of the facility's policy, the facility failed to report an [redacted] of [redacted] to the State Survey Agency (SSA) immediately, but not later than two hours for one of 12 sampled residents reviewed for [redacted] and [redacted] of [redacted] (Resident (R)10). This deficient practice had the potential to allow residents of suspected [redacted] to go unreported to the SSA.</p> <p>Findings include:</p> <p>Review of facility's policy titled, "Abuse Prohibition," revised 10/24/22, revealed ". . . Centers prohibit abuse, mistreatment, neglect, misappropriation of resident/patient (hereinafter</p>	F 609	<p>I. Corrective Action:</p> <p>Staff was in-serviced on grievances and reportable events.</p> <p>II. Identification of other residents or areas having the potential to be affected by this deficient practice.</p> <p>All residents in the facility have the potential to be affected by this deficient practice.</p> <p>III. Measures put into place to prevent the recurrence.</p>		

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F 609	<p>Continued From page 2</p> <p>"patient") property, and exploitation for all patients. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the patient's medical symptoms. Centers also strive to comply with the Elder Justice Act (EJA). Under the EJA, employees are designated as mandated reporters and are obligated to immediately report any reasonable suspicion of a crime against a patient. Reporting a reasonable suspicion of a crime only to an immediate supervisor does not meet the obligation to report. Retaliation in any form against an employee who reports a reasonable suspicion is strictly prohibited. . . 7. Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following. . . 7.2 Report allegations involving abuse (physical, verbal- sexual mental) not later than 2 hours after the allegation is made. . ."</p> <p>Review pf the facility's "Internal Investigation" report for an employee to resident <sup>NJ Ex Order 26.4(b)(1)</sup> involving R10 dated <sup>NJ Ex Order 26.4(b)</sup> revealed an allegation, Certified Nursing Assistant (CNA) 4 called R10 <sup>NJ Ex Order</sup>. The investigation indicated the incident was not called in until <sup>NJ Ex Order 26.4(b)</sup>.</p> <p>During an interview on 05/30/24 at 9:41 AM, R10 was asked how the staff treats <sup>NJ Ex Order</sup> R10 recalled, "There was a time this <sup>NJ Ex Order 26.4(b)(1)</sup> to me, <sup>NJ Ex Order 26.4(b)(1)</sup>, but I do not know <sup>NJ Ex Order</sup> name. I told my <sup>NJ Ex Order 26.4</sup> about it."</p> <p>During an interview on 05/30/24 at 11:41 AM, the <b>U.S. FOIA (b) (6)</b> staff was asked if she could</p>	F 609	<p>Staff was in-serviced on the difference between grievances and reportable events by the Director of Nursing on June 3, 2024.</p> <p>IV.. Monitoring corrective action</p> <p>The administrator or designee will audit all grievances to ensure they are handled/reported accordingly. The audits will be completed and turned into the DON weekly for tracking and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for three months or until the committee agrees the problem is corrected.</p>		

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F 609	Continued From page 3 recall the [redacted] between CNA4 and R10. The [redacted] stated, "I remember [R10's Name] sitting at the doorway to his/her room, and he/she motioned for me to come over. The resident was [redacted] because he/she and the aide had NJ Ex Order 26.4(b)(1) the evening before about [redacted] and the resident stated the CNA called him/her [redacted]. I made the U.S. FOIA (b) (6) [redacted] aware."  During an interview on 05/30/24 at 12:30 PM, the [redacted] was asked about the investigation. The [redacted] stated, "The U.S. FOIA (b) (6) [redacted] was on vacation at the time. I investigated the incident. The resident was [redacted] and stated the CNA had been [redacted]. I investigated it like a grievance. It was later the [redacted] reported it to state as [redacted] I think Corporate told [redacted] to report it."  During an interview on 05/31/24 at 11:09 AM, the [redacted] was asked why the allegation of [redacted] was called in a month after the incident occurred. The [redacted] stated, "It was after I spoke with the [redacted] that it was called in. It was reviewed as a grievance until then. The resident [redacted] and I figured it better be called in."	F 609			
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: NJ00156215	F 658	I. Corrective Action:	7/9/24	

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F 658	<p>Continued From page 4</p> <p>Based on record review, and interview, and facility policy review, the facility failed to ensure a <b>U.S. FOIA (b) (6)</b> and a <b>U.S. FOIA (b) (6)</b> provided services according to accepted standards of clinical practice with medication administration for one resident (Resident (R) 2) out of 25 sampled residents.</p> <p>Findings include:</p> <p>Review of Review of R2's "Admission Record" located in the resident's electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted to the facility on <b>NJ Ex Order 26.4(b)</b> with diagnosis of <b>NJ Ex Order 26.4(b)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4</b> and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>Review of R2's annual "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of <b>NJ Ex Order 26.4(b)</b>, revealed the resident was assessed to have a "Brief Interview for Mental Status (BIMS)" score of <b>NJ Ex</b> out of 15 which indicated the resident was <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>Review of the facility's investigation concluded on <b>NJ Ex Order 26.4(b)</b> revealed on <b>NJ Ex Order 26.4(b)</b>, R2 was scheduled for <b>NJ Ex Order 26.4</b> and morning medications were due. The resident had previously stated that <b>NJ Ex</b> did not want LPN1 as <b>NJ Ex</b> nurse. LPN1 was the nurse on duty and had previously been educated to call for the <b>U.S. FOIA (b) (6)</b> to administer the resident's medication per resident request. LPN1 stated that she called the unit where the <b>U.S. FOIA (b) (6)</b> was working but she did not answer. She also tried to call another nurse, but she did not answer the unit phone. Transportation to take</p>	F 658	<p>Both Nurse and CNA were placed on administrative leave until investigation was completed and then both were termed.</p> <p>Nurses were in-serviced on proper delegation of duties.</p> <p>CNA's were re-in-serviced on the scope of their job description.</p> <p>Residents were interviewed to ensure no other residents were given meds by any staff member other than a nurse.</p> <p>II. Identification of other residents or areas having the potential to be affected by this deficient practice.</p> <p>All residents receiving medications have the potential to be affected by this deficient practice.</p> <p>III. Measures put into place to prevent the recurrence.</p> <p>Nurses were in-serviced on proper delegation of duties.</p> <p>CNA's were re-in-serviced on scope of their job description</p> <p>Residents were interviewed to ensure no other residents were given meds by any staff member other than a nurse.</p> <p>Nurses and CNA's will be oriented to proper delegation of duties and scope of their job description on hire.</p> <p>IV. Monitoring corrective action</p> <p>1.DON or designee will attend resident council meeting monthly to speak with</p>	

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F 658	<p>Continued From page 5</p> <p>the resident to [redacted] was on the way to the facility so she asked CNA2 if she would check the resident's [redacted], administer [redacted] and one oral medication. The nurse stated she stood outside the resident's door and observed the [redacted] administer the medications and she felt comfortable since the [redacted] was also [redacted] and administered [redacted] own [redacted] and [redacted]</p> <p>Review of the [redacted] Medication Administration Record (MAR) revealed the medication was signed off by LPN1, even though she did not administer the medications.</p> <p>Review of the written statements by LPN1 and CNA2 confirmed the events that were included in the facility's investigation of the incident. Both staff were [redacted] from employment by the facility.</p> <p>Interview with LPN17 on 05/29/24 revealed that she would never ask a non-licensed employee to administer any medications to a resident especially [redacted]. She said she would report any concerns to her supervisor if she was aware of this happening.</p> <p>Interview with LPN27 on 05/29/24 at 4:40 PM revealed that if she was unable to administer any medications to a resident for any reason, she would contact her supervisor immediately or ask her unit manager. She would never ask a CNA to administer any medications to a resident.</p> <p>Interview with CNA28 on 05/31/24 at 11:15AM revealed she would never give a resident any medications. The CNA stated administering medications was not in her training. She would</p>	F 658	<p>residents to ensure they only received medications from nurses.</p> <p>2. The findings will be reviewed by the DON for tracking and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for three months or until the committee agrees the problem is corrected.</p>		

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F 658	Continued From page 6 report the nurse to her supervisor if she was asked to.  Interview with CNA30 on 05/31/24 at 11:45AM revealed she would not give any medications to any resident. If she was asked to, she would immediately report it to her unit manager or supervisor.  During an interview with the <b>NJ Ex Order 26.4(b)(1)</b> ██████████ 05/30/24 at 10:00 AM revealed after the investigation, she <b>NJ Ex Order 26.4(b)(1)</b> ██████████ both employees from the facility, initiated an action plan for delegation of duties for administration of medication, scope of practice for medications, interviewed other residents to make sure only nurses were giving them medication, and followed up weekly. She also stated the resident that was involved in the incident did not have <b>NJ Ex C</b> ██████████ and remained in the facility.  Review is the facility's policy titled, "General Dose Preparation and Medication Administration" revised on 04/30/24 revealed, "This Policy 6.0 sets forth the procedures relating to general dose preparation and medication administration. Facility staff should also refer to facility policy regarding medication administration and should comply with applicable law and the State Operations Manual (SOM) when administering medications."	F 658			
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	F 880		7/9/24	

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F 880	<p>Continued From page 7</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§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:</p> <p>§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;</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</p>	F 880			



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F 880	<p>Continued From page 8 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 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: NJ00171304 Based on observation, interview, record review, and facility policy review, the facility failed to ensure basic infection control practices were followed to prevent cross contamination for two residents of three residents reviewed for [redacted] care (Resident (R) 2 and R24) out of a sample of 25 residents. The facility failed to ensure [redacted] NJ Exec Order 26.4b1 were followed by wearing required PPE (Personal Protection Equipment) and [redacted] NJ Ex Order 26.4(b)(1) supplies were placed on a [redacted] NJ Ex Order 26.4(b)(1) when performing [redacted] NJ Ex Order 26.4(b)(1) care. These failures had the potential to cause the spread of [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Findings include:</p>	F 880	<p>I. Corrective Action:</p> <p>Nurse #18 was immediately re-in-serviced on [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 practices</p> <p>II. Identification of other residents or areas having the potential to be affected by this deficient practice.</p> <p>All residents residing at the facility have the potential to be affected by this deficient practice.</p> <p>III. Measures put into place to prevent the recurrence.</p>		

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F 880	<p>Continued From page 9</p> <p>1. Review of R2's "Admission Record" located in the resident's electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted to the facility on [redacted] with diagnosis of [redacted] NJ Ex Order 26.4(b)(1), [redacted] and NJ Ex Order 26.4(b)(1).</p> <p>Review of R2's annual "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of [redacted], revealed the resident was assessed to have a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated the resident was [redacted] NJ Ex Order 26.4(b)(1). The resident was identified as having a [redacted] NJ Ex Order 26.4(b)(1) on [redacted] and was at risk for developing [redacted] NJ Ex Order 26.4(b)(1).</p> <p>During an observation of [redacted] NJ Ex Order 26.4(b)(1) care for R2 on 05/30/24 at 2:20 PM, Registered Nurse (RN) 18 entered the resident's room and placed a box of disposable gloves, a box containing [redacted] NJ Ex Order 26.4(b)(1), a bottle of [redacted] NJ Ex Order 26.4(b)(1) solution, and two individual packets of [redacted] NJ Ex Order 26.4(b)(1) swabs on top of the resident's bed. The nurse disinfected the resident's overbed table, placed a [redacted] NJ Ex Order 26.4(b)(1) to cover the table, removed the swabs from the box, and placed them on top of the barrier. The nurse did not put on a disposable gown prior to starting [redacted] NJ Ex Order 26.4(b)(1) care. Using gloves removed from the box that was also on top of the resident's bed, the nurse cleaned the [redacted] NJ Ex Order 26.4(b)(1) on the [redacted] NJ Ex Order 26.4(b)(1) with [redacted] NJ Ex Order 26.4(b)(1) and used the two [redacted] NJ Ex Order 26.4(b)(1) to paint the surface of the [redacted] NJ Ex Order 26.4(b)(1) which was covered with [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1). [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) from the box on the bed were used to cover the resident's [redacted] NJ Ex Order 26.4(b)(1). After the [redacted] NJ Ex Order 26.4(b)(1) care</p>	F 880	<p>Staff were re-in-serviced on enhanced barrier precautions and infection control practices for medical and non medical equipment.</p> <p>An audit of all in house patients was conducted to ensure enhanced barrier precaution signs were posted accordingly. Nursing staff was re-in-serviced on enhanced barrier precautions and infection control practices.</p> <p>IV. Monitoring corrective action</p> <p>Nurse managers will audit all enhanced barrier rooms on a weekly basis to ensure the appropriate sign is hanging. Nurse managers will audit 5 staff members weekly to ensure correct barriers are being used when taking medical or non medical supplies into a patients room.</p> <p>The audits will be submitted to the Director of Nursing weekly for tracking and trending. Outcomes will be reviewed at the monthly quality Assurance Process Improvement Committee Meeting for 3 months or until the committee agrees the problem is corrected.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLVILLE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 SHARP STREET</b> <b>MILLVILLE, NJ 08332</b>		
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F 880	<p>Continued From page 10</p> <p>was completed, the nurse placed the box of supplies and box of gloves on top of her medication cart in the hallway. A sign announcing the resident was on <b>NJ Ex Order 26.4(b)(1)</b>. Precautions was not observed on the resident's door prior to and after the observation of <b>NJ Ex Order 26.4(b)(1)</b> care.</p> <p>During an interview with RN18 immediately after the observation, she stated that she did not know why she left the items on the resident's bed and only placed the <b>NJ Ex Order 26.4(b)(1)</b> swabs on the clean <b>NJ Ex Order 26.4(b)(1)</b>. RN18 confirmed she should have cleaned and prepared the <b>NJ Ex Order 26.4(b)(1)</b> before placing any of the supplies for <b>NJ Ex Order 26.4(b)(1)</b> care in the room and that she did not think to put on a gown prior to <b>NJ Ex Order 26.4(b)(1)</b> care. The RN also confirmed that a sign indicating <b>NJ Ex Order 26.4(b)(1)</b> <b>NJ Exec Order 26.4b(1)</b> was not on the resident's door. She also stated that she should not have placed the box of supplies from the resident's room on her medication cart.</p> <p>2. Review of R26's "Admission Record" located in the resident's EMR) under the "Profile" tab revealed the resident was admitted to the facility on <b>NJ Ex Order 26.4(b)(1)</b> with <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>Review of R26's annual "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an ARD of <b>NJ Ex Order 26.4(b)(1)</b>, revealed the resident was <b>NJ Ex Order 26.4(b)(1)</b> therefore a "BIMS" assessment was not conducted. The resident was assessed with <b>NJ Ex Order 26.4(b)(1)</b> status. R26 was also assessed as being at risk for developing <b>NJ Ex Order 26.4(b)(1)</b> with the presence of a <b>NJ Ex Order 26.4(b)(1)</b>.</p>	F 880			

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

PRINTED: 10/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLVILLE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 SHARP STREET</b> <b>MILLVILLE, NJ 08332</b>		
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F 880	<p>Continued From page 11</p> <p>During an observation on 05/30/24 at 2:00 PM, RN18 was preparing to conduct [redacted] care on R26's [redacted] on the resident's [redacted]. She had the treatment supplies on a [redacted] on top of the overbed table. RN18 was not wearing a protective gown as she performed the treatment, only gloves. The [redacted] was cleaned with a normal [redacted] and a small [redacted] placed on top of the [redacted] and covered with a [redacted]. The nurse changed her gloves appropriately but failed to put on a gown at the beginning of the treatment.</p> <p>The door to the resident's room did not have a sign posted for [redacted] during the [redacted] treatment.</p> <p>During an interview with RN18 immediately after the observation of [redacted] care, she confirmed that she should have worn a protective gown when performing the treatment since the [redacted] is a [redacted]. She thought she did not have to since there was not a sign on the door at that time and the cart that was outside of the door had been moved to the room next door.</p> <p>In an interview with RN18 on 05/31/24 at 10:00 AM, she stated that she received training on [redacted] and basic [redacted] control practices for [redacted] care through her agency and working in medical facilities.</p> <p>During an interview with the [redacted] on 05/30/24 at 2:30 PM, the [redacted] stated the facility had conducted an in-service for all nursing staff on [redacted]</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>MILLVILLE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 SHARP STREET</b> <b>MILLVILLE, NJ 08332</b>		
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F 880	<p>Continued From page 12</p> <p>previously. RN18 was not here at the time. They expect all agency nurses to be trained on all infection control procedures. She confirmed that the nurse should have worn a gown during <span style="background-color: black; color: black;">NJ Ex Order 21</span> care and the supplies should not have been placed on the bed. The <span style="background-color: black; color: black;">U.S. FOIA</span> stated that according to staff, a sign had previously been on R26's door but for some reason was found in a drawer in her room.</p> <p>Review of the facility policy entitled, "Enhanced Barrier Precautions" revised on 01/08/24 revealed, "In addition to Standard Precautions, Enhanced Barrier Precautions (EBP) will be used (when Contact Precautions do not otherwise apply) for novel or targeted multi-drug resistant organisms ...Procedure: Enhanced Barrier Precautions, 1. Post the appropriate Enhanced Barrier Precautions sign on the patient's room door ...PPE used for wound care."</p>	F 880			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315243 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/22/2024 <span style="float: right;">Y2 Y3</span>
NAME OF FACILITY MILLVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 54 SHARP STREET MILLVILLE, NJ 08332	

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 F0609	Correction	ID Prefix F0658	Correction	ID Prefix F0880	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	07/09/2024	LSC	07/09/2024	LSC	07/09/2024
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 6/14/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		