New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061403	A. BUILDING: _____ B. WING _____	02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN TERRACE NURSING HOME	361 MAIN STREET CHATHAM, NJ 07928

(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		
S1340	8:39-19.4(a)(1-6) Mandatory Infection Control and Sanitation (a) The facility shall develop, implement, comply with, and review, at least annually, written policies and procedures regarding infection prevention and control which are consistent with the most up-to-date Centers for Disease Control and Prevention publications, incorporated herein by reference, including, but not limited to, the following: 1. Guidelines for Handwashing and Hospital Environmental Control; 2. Guidelines for Isolation Precautions in Hospitals; 3. Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly; 4. Prevention of Nosocomial Pneumonia;	S1340		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/05/25

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S1340	Continued From page 1 5. Prevention of Catheter Associated Urinary Tract Infections; and 6. Prevention of Intravascular Infections. 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 current standards of infection control practices to prevent or reduce the spread of infection. The deficient practices were observed during [redacted] treatments performed by Registered Nurses (RN) #1 and #2 and a [redacted] for Resident #1. The findings are as follows: Reference: Enhanced Barrier Precautions 7-2022 updated 4-2024. https://www.cdc.gov/hai/containment/ppe-nursing.html Reference: Facility Policy titled Enhanced Barrier Protection (EBP), reviewed 2/24/25, used as an infection control intervention designed to reduce transmission of resistant organisms utilizing gown and gloves during high-contact resident care activities. 1. On 2/20/25 at 10:00 am the surveyor observed RN #1 perform a [redacted] treatment to Resident #17. The surveyor noted there was no signage at the entrance to the resident's room alerting staff or visitors of the need for [redacted] for	S1340		

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S1340	Continued From page 2 Resident #17. NJ Ex Orde would be used for the resident due to the presence of multiple NJ Exec Order 26.4b1 and an NJ Exec Order 26.4b1. RN #1 did not wear a gown while performing the NJ Exec Order 26.4b1 treatment. RN #1 was unaware of the need for NJ Ex Orde and gown use while performing high-contact care for Resident #17. Additionally, RN #1 placed the entire manufacturer's packaging of each of the treatment supplies, i.e. NJ Ex Order 26.4b1, on the clean field set up on the resident's over bed table. The packaging was brought into the resident's room to the bedside. RN #1 stated she would be removing all of the unused packages from the resident's room when the treatment was completed. RN #1 stated the packages would be returned back into the treatment cart where other resident's supplies were stored. 2. On 2/20/25 at 9:37 AM, the surveyor observed RN #2 perform a NJ Exec Order 26.4b1 treatment to Resident #11's NJ Exec Order 26.4b1. The surveyor noted there was no signage at the entrance to the resident's room alerting staff or visitors of the need for NJ Ex Orde for Resident #11. NJ Ex Orde would be used for the resident due to the presence of NJ Exec Order 26.4b1. RN #2 did not wear a gown while performing the NJ Exec Order 26.4b1 treatment. RN #2 was unaware of the need for NJ Ex Orde and gown use while performing high-contact care for Resident #11. The surveyor observed RN #2 brought the treatment supplies into the resident's room and placed them on the clean field set up on the resident's over bed table. The supplies included NJ Ex Order 26.4b1, one package of	S1340		

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S1340	Continued From page 3 [redacted], and a new tube of [redacted]. RN #2 stated he would be discarding all of the unused packages from the resident's room when the treatment was completed and that the tube of [redacted] would be returned back to the treatment cart where other residents' supplies were stored. On 2/21/25 at 11:41 AM, RN#2 confirmed that only the supplies needed for the [redacted] treatment should have been brought into the Resident's room and that placing the tube of [redacted] back into the treatment cart was an Infection Control concern. 3. On 2/19/25 at 11:20 AM, the surveyor observed Resident # 1, in their room and there was no personal protective equipment (PPE) or signage to indicate the need for [redacted]. A review of Resident # 1's medical record indicated that the resident had a diagnosis, which included but was not limited to; [redacted]. On 2/20/25 at 11:05 AM, the survyor interviewed the RN # 2, who also stated that the facility Infection Preventionist (IP) did not inform the facility of the need for [redacted] for these residents and that the facility has not been using [redacted] got residents unless they had an active infection. At 12:00 PM, the surveyor interviewed the IP, who stated that the facility had confusion about when to use [redacted]. The IP stated that the facility should have been using [redacted] according to CDC guidelines.	S1340		

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S2345	Continued From page 4	S2345		
S2345	8:39-31.6(o) Mandatory Physical Environment The facility shall conduct at least one evacuation drill each year, either simulated or using selected residents. State, county, and municipal emergency management officials shall be invited to attend the drill at least 10 working days in advance. This REQUIREMENT is not met as evidenced by: Based on record review and interview on 02/19/2025 in the presence of the Administrator, it was determined the facility failed to invite State, county and municipal emergency management officials to attend at least 1 evacuation drill in the last 12 months. This deficient practice had the potential to affect all residents and was evidenced by the following: A record review of the facility's mandatory emergency preparedness documents revealed there was no documentation of the State, county or municipal Office of Emergency Management (OEM) officials being invited to or attending the full scale evacuation drill the facility conducted in the last 12 months. In an interview at the time, the Administrator confirmed the record review and stated he had invited OEM in the past but he did not invite them this year. The Facility's Administrator was made aware of the deficient practice at the Life Safety Code exit conference at 1:45 PM.	S2345		

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061403 Y1	A. Building B. Wing Y2	3/17/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN TERRACE NURSING HOME	361 MAIN STREET CHATHAM, NJ 07928

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S1340	Correction	ID Prefix S2345	Correction	ID Prefix	Correction
Reg. # 8:39-19.4(a)(1-6)	Completed	Reg. # 8:39-31.6(o)	Completed	Reg. #	Completed
LSC	03/05/2025	LSC	03/05/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/21/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO