

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

PRINTED: 10/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT GREEN ACRES			STREET ADDRESS, CITY, STATE, ZIP CODE 1931 LAKEWOOD ROAD TOMS RIVER, NJ 08755		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Survey Date: 7/9/2024 Census: 150 Sample: 5 A Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880			8/2/24

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

TITLE

(X6) DATE

Electronically Signed

07/29/2024

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 880	<p>Continued From page 1</p> <p>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 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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: Based on observation, interviews, and pertinent facility documentation on 07/09/2024, it was determined that the facility failed to ensure handwashing was performed according to their policy and acceptable standards of infection control practice according to the Centers for Disease Control and Prevention (CDC). This deficient practice was identified for 1 of 3 Employees (Certified Nursing Assistant #1 (CNA #1), observed for handwashing technique.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) Hand Hygiene in Healthcare Settings, last reviewed 1/8/2021, Healthcare Providers, When and How to Perform Hand Hygiene, Techniques for Washing Hands with Soap and Water, recommends: "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...."</p> <p>Review of the facility line listing (LL) provided by the facility on 07/09/2024, showed that the</p>	F 880	<p>F880 <input type="checkbox"/> Infection Prevention & Control</p> <p>Residents affected by deficient practice:</p> <p>- The residents affected were monitored for any adverse effects of the deficient practice with none noted. CNA was educated on 7/9/24</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <p>- All residents in the facility</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>- All staff re-educated on facility policy for hand washing and hand hygiene by Infection Preventionist. All staff will be educated by 8/2/24. CNA Educated on 7/9/24</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p>		

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F 880	<p>Continued From page 3</p> <p>Covid-19 outbreak was started on 06/23/2024 and the last person positive for COVID 19 was on 07/01/2024.</p> <p>During the tour of the Village Unit on 07/09/2024, the Surveyor observed the following.</p> <p>1. On 07/09/2024 at 11:52 a.m., the Surveyor observed CNA #1 perform hand hygiene. CNA #1 turned the water on using the faucet knob, wet her hands, turned the water off using the faucet knob, applied soap to hands and performed friction motion with hands for 20 seconds, turned water on using the faucet knob, rinsed hands with water, turned water off using the faucet knob, retrieved a paper towel and dried her hands. This was not according to the facility's policy and CDC guidelines for health care providers.</p> <p>2. On 07/09/2024 at 12:06 p.m., the Surveyor observed CNA #1 perform hand hygiene a second time. CNA #1 turned the water on using the faucet knob, applied soap to hands, turned off the water using the faucet knob, performed friction motion with hands for 20 seconds, turned the water on using the faucet knob, rinsed hands with water, turned the water off using the faucet knob, and dried her hands with a paper towel. This was not according to facility's policy and CDC guidelines for health care providers.</p> <p>During an interview with the Surveyor on 07/09/2024 at 12:09 p.m., CNA #1 stated that when she was washing her hands, she takes soap, lathers hands with soap for 20 seconds, and then puts water on. CNA #1 stated after rinsing hands, she turns water off, and then takes paper towel and dries her hands. CNA #1 stated she puts sanitizer on her hands after drying them.</p>	F 880	<p>- The Director of Nursing/Infection Preventionist/Designee will conduct audits of 4 staff members for hand washing and hand hygiene. Audits will be completed weekly X 4 weeks then monthly x 2 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly Meetings over the duration of the audit process to ensure compliance and reassessed for further action.</p> <p>Date of Completion:</p> <p>8/2/24</p>		

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F 880	<p>Continued From page 4</p> <p>CNA #1 stated she received an in-service on handwashing by the U.S. FOIA (b)(6) during the recent outbreak. CNA #1 stated she signed the in-service sheet.</p> <p>During an interview with the Surveyor on 07/09/2024 at 12:45 p.m., the U.S. FOIA (b)(6) stated the steps for handwashing included to get a paper towel, turn the water on, wet hands, put soap in hands, wash hands for 20 seconds, rinse hands, dry hands using paper towel already set out, and another paper towel to turn off faucet. U.S. FOIA (b)(6) stated a handwashing audit was done by the previous U.S. FOIA (b)(6). U.S. FOIA (b)(6) stated that during the recent outbreak, she did not go over with staff the actual procedure for handwashing. U.S. FOIA (b)(6) stated, "staff did sign in-service on what to do inside and outside of room during outbreak".</p> <p>During an interview with the Surveyor on 07/09/2024 at 3:18 p.m., the U.S. FOIA (b)(6) in the presence of the U.S. FOIA (b)(6) stated, "handwashing included to turn water on, wet hands, apply soap, lather for 20 seconds, then rinse hands, get paper towel to dry hands and a separate paper towel to turn off faucet". U.S. FOIA (b)(6) stated that he does not expect staff to turn off faucet prior to drying hands. U.S. FOIA (b)(6) stated his expectation for all staff is to follow policies and procedures of facility. U.S. FOIA (b)(6) further stated, "It is important for staff to follow proper handwashing for infection control."</p> <p>The certificate titled "Relias Certificate of Completion" dated 02/20/2024 revealed CNA #1 "has successfully completed the course Basics of Hand Hygiene".</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>The "Clinical Competency Validation Hand Hygiene" forms dated 2/2024 and 5/2024 for CNA #1, states met under all critical elements. "2. Wet hands with warm water. 7. Pat hands dry with a clean, dry paper towel. 8. Use clean, dry paper towel to turn off water".</p> <p>Review of the facility's policy titled "Handwashing/Hand Hygiene" revealed under "Policy Interpretation and Implementation", "2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors". Under "Procedure", under "Washing Hands", "3. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel".</p> <p>NJAC 8:39-19.4 (a) (1)</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315265	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/6/2024
NAME OF FACILITY COMPLETE CARE AT GREEN ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 1931 LAKEWOOD ROAD TOMS RIVER, NJ 08755	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/02/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/9/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			