STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315526	A. BUILDING _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS POST ACUTE LIVINGSTON	348 EAST CEDAR STREET LIVINGSTON, NJ 07039

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F 000	INITIAL COMMENTS Complaint #: NJ00147022 Census: 60 Sample: 3 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483,SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and	F 880		11/24/21

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

Electronically Signed 11/24/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of 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

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F 880	Continued From page 2 by: C #: NJ00147022 Based on observation, interviews, and record review, as well review of pertinent facility documents on 10/28/21, it was determined that the facility failed to ensure infection control practice was implemented for 1 of 3 residents (Resident [redacted]) observed during [redacted] care and [redacted] care treatment. This deficient practice is evidenced by the following: According to the CDC, Morbidity and Mortality Weekly Report (MMWR) "Guideline for Hand Hygiene in Health-Care Settings, dated October 25, 2002, under "Recommendations: 1. Indications for handwashing and hand antisepsis...G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled. H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care, if gloves became visibly soiled with blood or body fluids following a task..." According to the Centers for Disease Control (CDC) and Prevention titled, "Hand Hygiene in Healthcare Settings, reviewed on 1/28/21, under Gloves Use: "When and How to Wear Gloves...Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient ..." 1. According to the "Admission Record (AR)" form, Resident [redacted] was initially admitted to the facility on [redacted], with diagnoses that included	F 880	F880 SS=D What corrective action will be accomplished for those residents affected by the deficient practice? CNA #1 was in serviced on infection control, hand washing/ hand hygiene, donning of gloves and [redacted] care. LPN #1 was in serviced on infection control, hand washing/ hand hygiene, donning of gloves and [redacted] care. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents with incontinence and wounds have the potential to be affected. An audit of all patients with wounds was done to ensure there were no s/s of infection/ complications and proper protocols are followed during [redacted] care. An audit of all patients with incontinence was done to ensure there were no signs and symptoms of infection and proper protocols are followed during [redacted] care. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur? ADON/ Designee will in-service licensed nurses on infection control, hand washing/ hand hygiene, donning of gloves and	

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F 880	Continued From page 3 but were not limited to: [redacted] The Care Plan (CP), initiated on [redacted] and revised on [redacted]. The CP showed that Resident [redacted] had self care performance deficit, limited physical mobility, [redacted]. The CP further showed that Resident [redacted] had [redacted] and would require assistance with toileting due to confusion. The "Order Summary Report (OSR)", dated [redacted] showed an order for [redacted] to [redacted] after cleansing with [redacted] and cover with dressing daily and as needed. On 10/28/21 at 10:09 am and 10:19 am, the surveyor observed Certified Nursing Assistant (CNA #1) performed [redacted] care and Licensed Practical Nurse (LPN #1) performed [redacted] care treatment to Resident [redacted]: CNA #1 gathered her [redacted] supplies and placed them on top of the overbed table. CNA #1 donned clean gloves then opened Residents [redacted]s [redacted] brief which was observed to have [redacted] on the Resident's [redacted] and [redacted]. CNA #1 used the same [redacted] to [redacted] from the Resident's [redacted] area. Then CNA #1 grabbed a disposable wash cloth, dipped the wash cloth into the basin filled with water and squeezed the water from the wash cloth onto the Resident's [redacted] area. Then CNA wiped the Residents' [redacted] area and disposed of the washcloth [redacted]. CNA #1 using the same gloves [redacted] grabbed a clean washcloth dipped into the basin then continue to	F 880	[redacted] care. ADON/Designee will in-service CNAs on infection control, hand washing/ hand hygiene, donning of gloves and [redacted] care How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? ADON/Designee will do random competency on hand washing and donning of gloves during [redacted] on 3 CNAs weekly x 4 weeks then monthly x 3 months. ADON/Designee will do random competency on hand washing and donning of gloves during [redacted] care on 3 LPNs weekly x 4 weeks then monthly x 3 months. Outcomes of the audits will be reported to the Quarterly QAPI meetings. Any concerns during audits will be addressed immediately to ensure compliance with standards pf care	

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clean the Residents' [redacted] area including the [redacted] The CNA, with the same gloves on ([redacted]) turned the Resident to his/her side, grabbed a clean wash cloth, dipped it into the basin then cleanse the Resident's [redacted] area, then applied a clean incontinent brief. CNA #1 stepped to the side of the room for LPN #1.

At 10:19 am, LPN #1 walked into the Resident's room with [redacted] supplies on his hand and placed them on top of the Resident's dresser. LPN #1 donned clean gloves, grabbed the gauze, wet it with [redacted]) and cleanse the Resident's [redacted]. LPN #1 with the same gloves on, grabbed another set of clean gauze and dried the [redacted]. LPN #1 applied [redacted] onto the Resident's [redacted] and covered with dry dressing. LPN #1 then removed his gloves and performed handwashing.

At 10:21 am, CNA #1 with the same gloves on, repositioned Resident [redacted], touched the Resident's [redacted], removed her gloves and performed handwashing.

The surveyor conducted an interview with CNA #1 on 10/28/21 at 11:01 am, she stated that she should have wash hands and change gloves after touching the [redacted] to prevent contamination. CNA #1 further stated that her gloves were dirty because it touched the Resident's [redacted]

The surveyor conducted an interview with the Infection Control Preventionist (ICP) and the Director of Nursing (DON) on 10/28/21 from 2:18 pm to 2:48 pm. They stated that gloves should be removed, then wash hands after touching [redacted] material, after cleansing the [redacted] then don clean gloves before applying a new dressing onto the [redacted] to prevent infection.

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F 880	Continued From page 5 The sample "COMPETENCY SKILLS CHECKLIST WOUND CARE" showed under "Performance Criteria Critical Elements...7. Apply clean gloves and remove old dressing; place dressing and gloves in a plastic bag. 8. Perform hand hygiene and don clean gloves...10. Cleanse wound with gauze...13. Discard gloves and perform hand hygiene. 14. Don clean gloves..." The facility's policy titled "Handwashing/Hand Hygiene" updated 11/2020, "This facility considers hand hygiene the primary means to prevent the spread of infections...All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...Wash hands with soap ...and water for the following situation: a. When hands are visibly soiled...Use an alcohol-based rub...or, alternately, soap...and water for the following situations:...k. After handling used dressing..." NJAC 8:39-19.4(a)(b)	F 880		