

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WANAQUE CENTER FOR NURSING & REHABILITATIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
---	---

(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 MONITORING VISIT: Census: 200 Sample Size: 6	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; 5. Prevention of Catheter Associated Urinary Tract Infections; and 6. Prevention of Intravascular Infections. This REQUIREMENT is not met as evidenced by:	S1340		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WANAQUE CENTER FOR NURSING & REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
---	---

(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
--------------------	--	---------------	---	--------------------

S1340	<p>Continued From page 1</p> <p>MONITORING VISIT:</p> <p>Based on observation, interviews and record review, as well as review of pertinent facility documents on 10/21/18, it was determined that the facility failed to ensure hand hygiene was performed according to facility policy and acceptable standards of infection control practice according to Centers for Disease Control and Prevention (CDC). This deficient practice was identified for 4 of 6 Employees (E #1, #2, #3, and #4) observed for hand hygiene. This deficient practice is evidenced by the following:</p> <p>1. On 10/21/18 at 11:00 a.m., while observing the Licensed Practical Nurse (LPN, E#1), inside the room of Resident #1, E#1 donned gloves, touched the Resident's gastrostomy tube (a tube inserted through the abdomen that delivers nutrition directly to the stomach), repositioned the Resident, and then removed her gloves, and without benefit of performing hand hygiene, E #1 then touched the tubing connected to the Resident's tracheostomy tube and the ventilator machine. E #1 stepped out of the room without first performing hand hygiene and went to another resident's room to open the window and without performing hand hygiene, E#1 went to her medication cart.</p> <p>In an interview with E#1 on 10/21/18 at 11:11 a.m., she confirmed that all residents assigned to her were on standard and droplet precautions and the importance of hand hygiene before and after Resident's care and acceptable standards of infection control.</p> <p>2. On 10/21/18 at 11:17 a.m., while observing Respiratory Therapist (RT, E#2), E#2 donned a</p>	S1340		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WANAQUE CENTER FOR NURSING & REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
---	---

(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
S1340	<p>Continued From page 2</p> <p>gown and gloves and applied a breathing mask on Resident #2. E#2, then removed her gloves and mask failed to perform hand hygiene and touched her own hair. E#2 stepped out of the room, went to Resident #3's room, picked up the pulse oximetry on the floor and attached it to Resident #3's foot. E#2 stepped out of the room without hand hygiene and went to another resident's room.</p> <p>3. On 10/21/18 at 11:29 a.m., the surveyor observed Certified Nurse Assistant (CNA, E#3), as E#3 donned a mask, gown, and gloves and removed the soiled incontinent brief from Resident #4. E#3 continued to provide incontinence care with the same gloves on, E#3 took the respiratory tubing on the wall that was attached to the humidifier then with the same gloves on attached the same tubing to Resident #4's tracheostomy collar. E#3 removed her gloves, gown, and performed hand washing for 12 seconds, not 20 seconds according to facility policy.</p> <p>E#3 applied soap, turned on the faucet, rubbed her hands together under the running water for the above seconds, then dried her hands with the paper towel.</p> <p>4. On 10/21/18 at 1:24 p.m., the surveyor observed Licensed Practical Nurse (LPN, E#4) donned a mask, gown, gloves, and administered medication to Resident #5 via the gastrostomy tube. After the medication administration E#4 removed her gloves and performed hand washing for 13 seconds, not 20 seconds according to the facility policy.</p> <p>E#4 applied soap and rubbed her hands together away from the stream of running water for the</p>	S1340		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WANAQUE CENTER FOR NURSING & REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
---	---

(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
S1340	<p>Continued From page 3</p> <p>above seconds and then rinsed the soap off under running water then dried hands with a paper towel.</p> <p>According to the CDC, Morbidity and Mortality Weekly Report (MMWR) "Guideline for Hand Hygiene in Health-Care Settings, dated October 25, 2002, under "Recommendations:</p> <p>1. Indications for handwashing and hand antisepsis...</p> <p>C. Decontaminate hands before having direct contact with patients...</p> <p>H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care...</p> <p>J. Decontaminate hands after removing gloves...</p> <p>2. Hand-hygiene technique</p> <p>A. When decontaminating hands with an alcohol-based hand rub, apply products to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry...</p> <p>B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse the hands with water and dry thoroughly with a disposable towel..."</p> <p>A review of the facility's policy "Infection Prevention and You," undated, showed under the section "Droplet precautions: Wear mask. Change when moist. Remove before leaving the room...wash hands!" The same policy under the section "Standard precautions include:</p> <p>1. Hand hygiene</p> <p>2. Use of personal protective equipments..."</p>	S1340		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WANAQUE CENTER FOR NURSING & REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
---	---

(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
S1340	<p>Continued From page 4</p> <p>A review of the facility policy titled, "Hand Washing/ Hand Hygiene," dated 3/31/2011, showed: "Hand hygiene is a basic requirement for infection prevention. It is the facility's policy that all staff is trained in proper technique and is monitored for proper hand hygiene practices.</p> <p>Procedure: 1. Employees will perform hand hygiene at appropriate times to reduce the risk of transmission and acquisition of health care associated infections.</p> <p>2. Hand Hygiene can consist of hand washing with soap and water or use of an alcohol based hand rub...</p> <p>Under section titled "Hand washing with soap and water:"</p> <p>4. Hands should be washed with soap and water at the following times:</p> <p> a. When hands are visibly soiled...</p> <p>8. Turn the water on...</p> <p>9. Wet your hands and wrists.</p> <p>10. Apply soap (about 3 to 5 ml [millimeter]), spreading over the entire skin area adding water as needed to keep the lather from becoming dry.</p> <p>11. Work lather over hands and wrists...</p> <p> l. Scrub for at least 20 seconds...</p> <p>Under section titled "Use of Alcohol Based Hand Rubs:"</p> <p>1. Hands should be decontaminated with alcohol based rubs at the following times:</p> <p> a. Routine decontamination when hands are not visibly soiled...</p> <p> e. After contact with body fluids or excretions...</p> <p> h. After removing gloves..."</p>	S1340		