

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/13/2025
NAME OF PROVIDER OR SUPPLIER  Chatham Hills Subacute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  415 Southern Blvd Chatham, NJ 07928	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25490</b></p> <p>Based on record review, observation, interview, and review of facility policy, the facility failed to ensure staff followed enhanced barrier precautions (EBP) while providing Activities of Daily Living (ADLs) care for one resident out of 24 facility residents (Resident (R) 1) on EBP. This failure increased the risk of the spread of infections in the facility.</p> <p>Findings include:</p> <p>Review of the facility list of residents on EBP provided by the facility and titled, Enhanced Barrier, undated, revealed 24 residents were on EBP. The list documented R1 was on EBP.</p> <p>Review of R1's "Care Plan," located in the electronic medical record (EMR) under the Care Plan tab, revealed an admitted [DATE] with diagnoses including encounter for surgical aftercare following surgery on the digestive system.</p> <p>Review of R1's Physicians Order, located in the EMR under the Orders tab, dated 02/13/25 revealed R1 was on EBP.</p> <p>Observation on 02/13/25 at 11:20 AM, revealed an EBP sign posted at the entrance of R1's room. The sign directed providers and staff to wear gloves and a gown for high contact cares which included dressing, bathing/showering, and transferring. During this observation, Certified Nurse Aide (CNA) 1 entered R1's room with a mechanical lift. CNA1 did not don PPE when she entered the room. During this same observation, CNA2 was observed finishing up Activities of Daily Living (ADL) with R1. R1 was observed in a geri-chair (a reclining wheelchair). CNA2 was holding soiled linens, clothing, and briefs in a clear bag and preparing to exit R1's room. CNA2 was not wearing PPE.</p> <p>During an interview on 02/13/25 at 11:31 AM, with both CNAs, CNA1 revealed she was not aware that R1 was on EBP. This surveyor pointed towards the EBP sign on the outside of R1's room. CNA1 stated that there was no PPE cart outside the door, and this is the reason why she did not don PPE (gown and gloves). CNA2 repeated, there is no cart in front of the room and stated, this resident does not have a wound.</p> <p>During an interview on 02/13/25 at 11:35 AM, Licensed Practical Nurse (LPN) 1 confirmed that R1 was on EBP and staff should always follow EBP precautions.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/13/25 at 11:52 AM, the facility Director of Nursing (DON) revealed that there were too many residents on EBP for a supply to be placed at each resident's room. The DON stated posted EBP signage was to be followed by all staff and if staff were unsure, they were to refer to the nurse.</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, review date 09/29/24 revealed, Enhanced Barrier Precautions (EBP) are an infection control intervention used to reduce transmission of multidrug-resistant organisms . EBP is an extension of standard precautions utilized for residents . all staff must wear gloves and gown during high contact activities for residents . dressing, bathing/showering . transferring .</p> <p>N.J.A.C. 8:39-19.4(m)(n)</p>		