

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Vineland		STREET ADDRESS, CITY, STATE, ZIP CODE  1640 South Lincoln Avenue Vineland, NJ 08360	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaint#: NJ 176168</p> <p>Based on observations and interviews during a complaint survey on 5/06/25, it was determined that the facility failed to maintain a clean and homelike environment for 1 of 13 rooms on a nursing unit (C Unit).</p> <p>The deficient practice was evidenced by the following:</p> <p>At 10:08 AM, Unit Manager/Licensed Practical Nurse (UM/LPN) toured unit with Surveyor and observed dry brown substance on the grab bars by the toilet, a large amount of the same dry brown substance on the back of the toilet, on the wall behind the toilet, and on the bathroom floor by the toilet in room [ROOM NUMBER].</p> <p>At 10:17 A.M., during the observation in the bathroom of room [ROOM NUMBER], the Director of Housekeeping (DH) entered. The Surveyor showed the brown substance that was noted above to the DH. The DH stated that he was unsure if the housekeeper had cleaned the bathrooms and would inform them to clean the bathroom.</p> <p>At 12:45 P.M., accompanied by the UM/LPN, the Surveyor returned to room [ROOM NUMBER], and observed the dry brown substance on the back the toilet and on the grab bars by the toilet. DH was called to the room by UM/LPN, the DH stated the bathroom was cleaned by the housekeeper. The Surveyor showed the DH the brown substance was still on the back of the toilet and the grab bars. The DH further stated he would have the housekeeper go back to the room and scrub the brown substance off the back of the toilet and grab bars.</p> <p>On 5/06/2025 at 12:47 P.M., DH stated it was important to keep living areas sanitary to prevent the spread of infection. The DH further stated that room [ROOM NUMBER] was a difficult bathroom to clean due to the resident getting feces all over each time the resident used the bathroom.</p> <p>Review of the undated facility policy titled Routine Cleaning and Disinfection revealed under Policy, It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. Under Policy Explanation and Compliance Guidelines, .4. Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch area to include, but not limited to: . g. Toilet seats.</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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