

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Southgate		STREET ADDRESS, CITY, STATE, ZIP CODE 449 S Pennsville-Auburn Road Carneys Point, NJ 08069	

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>(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>Complaint # 2648625 Based on observation, interview, medical record review and review of pertinent facility documents on 10/22/2025 it was determined that the facility failed to: a.) implement infection control practices consistent with the Center for Disease Controls (CDC) Enhanced Barrier Precautions (EBP) for a resident with open wounds; b.) ensure appropriate infection control practices were maintained during wound care; and c.) maintain the urinary drainage bag in a position that prevents contact with environmental services to reduce risk of contamination. This deficient practice was identified for 1 of 3 residents (Resident #1) reviewed for wound care and was evidenced by the following:According to the admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but were not limited to, quadriplegia (paralysis of all four limbs) and flaccid neuropathic bladder (inability to fully empty bladder requiring urinary drainage bag). A review of Resident #1's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated 07/19/2025, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated the resident's cognition was cognitively intact. The MDS further revealed under section M that Resident #1 had a stage 4 pressure ulcer. The MDS also revealed under section H that Resident #1 had an indwelling catheter (urinary drainage bag).On 10/22/2025 at 10:55 A.M., the surveyor observed the Licensed Practical Nurse (LPN #1) complete a wound care treatment on Resident #1. 1. Resident #1's urine drainage bag was observed resting on the floor rather than being secured to an appropriate holder. LPN #1 lifted bag off the floor and placed on resident bed prior to beginning wound care. 2. During wound care LPN #1 did not don a gown for EBP as required for hands-on care for a resident with open wounds. 3. During wound care LPN #1 used the same pair of soiled gloves to handle multiple medication tubes, then returned the medication tubes back into the shared wound cart without disinfecting the medication containers. A review of Resident #1's Order Summary Report (OSR) Active Orders as of 10/22/2025 included but were not limited to the following Physician's Orders (PO): Enhanced Barrier Precautions every shift for Catheter, wound with a start date of 04/10/2024.A review of Resident #1's Treatment Administration Record (TAR) dated for 10/1/2025-10/31/2025 revealed Enhanced Barrier Precautions every shift for Catheter, wound. On the date of 10/22/2025 this task was signed off as completed. On 10/22/2025 at 10:55 A.M., the surveyor observed signage on Resident #1's door that indicated resident was on EBP.In an interview with LPN #1 on 10/22/2025 at 10:55 A.M., immediately after the wound care, the surveyor asked LPN #1 to identify the sign on the door. LPN #1 stated that's enhanced barriers for [Resident #1] because [Resident #1] has wounds and a catheter. The LPN further stated, I should have had a gown on when I changed [Resident #1's] dressing. In an interview with the Infection Preventionist (IP) on 10/22/2025 at 1:18 P.M., the IP stated, for residents with enhanced barriers the nurses should be wearing a gown and gloves with wound care and the nurses know to use it because it's on the door. The IP further stated the medication container should not go into the room; it should be in containers and applied with a tongue depressor. It's important to stop cross contamination. The medication should never go into the resident rooms and we never want to put anything dirty back onto the treatment cart. When asked about Foley catheters bags (urine drainage bags) the IP explained, Foleys should be elevated off the floor for infection control purposes and if they are on the floor the drainage bag should be replaced. In an Interview with the Director of Nursing (DON) on 10/22/2025 at 2:30 P.M., the DON stated urine drainage bags should be below the waist and secured to the bed or chair and it's important to stay off the floor to prevent infection. During an Interview with the DON, in the presence of the Licensed Nursing Home Administrator (LNHA) on 10/22/2025 at 2:51 P.M., the DON stated for residents with EBP, we expect the staff who would provide care to wear the PPE [Personal protective equipment], the gown, gloves, mask if necessary.it's important to prevent the spread of infections to the residents. The DON further stated for medication containers, they should not be brought into the room. A review of the facility policy with a revised date of July 2021 titled Policies and Practices - Infection Control under Policy Statement revealed This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.NJAC 8:39-19.1</p>		