

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  Lincoln Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  499 Pine Brook Road Lincoln Park, NJ 07035	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record reviews, and other facility documentation, it was determined that the facility failed to follow infection control procedures on 3 of 3 nursing units. This deficient practice was identified with 5 of 13 staff members not wearing required personal protective equipment (PPE). On 12/4/25 at 10:50 AM, the surveyor conducted the initial tour of the JDT building. Per the Unit Manager (UM), the JDT building was having a Covid outbreak and surgical masks must be worn in common area such as the hallways, nursing station and non-Covid positive rooms. Currently Residents #1 and 2 were Covid positive. On 12/4/25 at 10:51 AM, the surveyor observed a laundry employee on the first floor unit without a surgical mask. The surveyor interviewed with housekeeper, who revealed they were unaware a surgical mask was required to be worn in the JDT building. On 12/4/25 at 10:55 AM, the surveyor observed the Licensed Nursing Home Administrator (LNHA) and Information Technology (IT) employee enter the first floor unit without wearing a surgical masks. Both the LNHA and IT were on the first floor unit for approximately two minutes and left the unit. The surveyor interviewed both the LNHA and IT, who both stated they forgot to put on masks prior to entering the unit. During further tour of the first floor unit the surveyor observed rooms: 102, 109, 111, and 117 all with droplet precautions signage and sufficient PPE in bins outside the rooms. On 12/4/2025 at 11:09 AM, while on the 3rd floor nursing unit, the surveyor observed the psychiatrist and student intern sitting at the nursing station, both wearing the surgical masks under their chins. During surveyor interview the psychiatrist acknowledged they both were not wearing the PPE correctly. On 12/4/25 at 11:20 AM, the surveyor observed the 2nd floor nursing unit, all staff wearing PPE correctly, no concerns noted. On 12/4/25 at 12:10 PM, the Director of Nursing (DON) provided the surveyor with facility line list, resident face sheets, floor plans on the JDT building, and facility policy. A review of the facility's Outbreak Response Plan dated revised 1/12/22, included residents with known or suspected COVID-19 (i.e. PUI) will be placed in the COVID designated area unit under droplet isolation standards; personnel entering the room should use PPE, including respiratory protection as described below .gloves .gowns .respiratory protection (i.e. a respirator) . eye protection .Cohort B-isolation individuals who have been exposed but do not display active symptoms should be cohorted with other individuals who have been exposed without active symptoms .PPE must be worn by everyone. 12/4/25 at 12:40 PM, the surveyor conducted the exit conference with the LNHA and DON. The DON acknowledged the employees observed in the JDT building should have been wearing surgical masks in the common areas. NJAC 8:39-19.4</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315249
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