

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Green Acres		STREET ADDRESS, CITY, STATE, ZIP CODE 1931 Lakewood Road Toms River, NJ 08755	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50919</p> <p>Based on observation, interviews, and pertinent facility documentation on 07/09/2024, it was determined that the facility failed to ensure handwashing was performed according to their policy and acceptable standards of infection control practice according to the Centers for Disease Control and Prevention (CDC). This deficient practice was identified for 1 of 3 Employees (Certified Nursing Assistant #1 (CNA #1), observed for handwashing technique.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) Hand Hygiene in Healthcare Settings, last reviewed 1/8/2021, Healthcare Providers, When and How to Perform Hand Hygiene, Techniques for Washing Hands with Soap and Water, recommends: When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet</p> <p>Review of the facility line listing (LL) provided by the facility on 07/09/2024, showed that the Covid-19 outbreak was started on 06/23/2024 and the last person positive for COVID 19 was on 07/01/2024.</p> <p>During the tour of the Village Unit on 07/09/2024, the Surveyor observed the following.</p> <p>1. On 07/09/2024 at 11:52 a.m., the Surveyor observed CNA #1 perform hand hygiene. CNA #1 turned the water on using the faucet knob, wet her hands, turned the water off using the faucet knob, applied soap to hands and performed friction motion with hands for 20 seconds, turned water on using the faucet knob, rinsed hands with water, turned water off using the faucet knob, retrieved a paper towel and dried her hands. This was not according to the facility's policy and CDC guidelines for health care providers.</p> <p>2. On 07/09/2024 at 12:06 p.m., the Surveyor observed CNA #1 perform hand hygiene a second time. CNA #1 turned the water on using the faucet knob, applied soap to hands, turned off the water using the faucet knob, performed friction motion with hands for 20 seconds, turned the water on using the faucet knob, rinsed hands with water, turned the water off using the faucet knob, and dried her hands with a paper towel. This was not according to facility's policy and CDC guidelines for health care providers.</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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(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>During an interview with the Surveyor on 07/09/2024 at 12:09 p.m., CNA #1 stated that when she was washing her hands, she takes soap, [NAME] hands with soap for 20 seconds, and then puts water on. CNA #1 stated after rinsing hands, she turns water off, and then takes paper towel and dries her hands. CNA #1 stated she puts sanitizer on her hands after drying them. CNA #1 stated she received an in-service on handwashing by the Director of Nursing (DON) during the recent outbreak. CNA #1 stated she signed the in-service sheet.</p> <p>During an interview with the Surveyor on 07/09/2024 at 12:45 p.m., the Infection Preventionist (IP) stated the steps for handwashing included to get a paper towel, turn the water on, wet hands, put soap in hands, wash hands for 20 seconds, rinse hands, dry hands using paper towel already set out, and another paper towel to turn off faucet. IP stated a handwashing audit was done by the previous IP. IP stated that during the recent outbreak, she did not go over with staff the actual procedure for handwashing. IP stated, staff did sign in-service on what to do inside and outside of room during outbreak.</p> <p>During an interview with the Surveyor on 07/09/2024 at 3:18 p.m., the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA) and IP stated, handwashing included to turn water on, wet hands, apply soap, lather for 20 seconds, then rinse hands, get paper towel to dry hands and a separate paper towel to turn off faucet. DON stated that he does not expect staff to turn off faucet prior to drying hands. DON stated his expectation for all staff is to follow policies and procedures of facility. DON further stated, It is important for staff to follow proper handwashing for infection control.</p> <p>The certificate titled Relias Certificate of Completion dated 02/20/2024 revealed CNA #1 has successfully completed the course Basics of Hand Hygiene.</p> <p>The Clinical Competency Validation Hand Hygiene forms dated 2/2024 and 5/2024 for CNA #1, states met under all critical elements. 2. Wet hands with warm water. 7. Pat hands dry with a clean, dry paper towel. 8. Use clean, dry paper towel to turn off water.</p> <p>Review of the facility's policy titled Handwashing/Hand Hygiene revealed under Policy Interpretation and Implementation, 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Under Procedure, under Washing Hands, 3. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel.</p> <p>NJAC 8:39-19.4 (a) (1)</p>		