STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315460	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Prospect Heights LLC	336 Prospect Ave Hackensack, NJ 07601

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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20940 Based on observation, interview, record review, and policy review, the facility failed to 1.) disinfect a multi-use glucometer with an EPA (Environmental Protection Agency) registered disinfectant for one (1) of four (4) residents (Resident #14) reviewed for blood glucose monitoring. This deficient practice had the potential to affect four (4) of four (4) residents (R #5, R #14, R #20, and R #297), who had physician's orders for blood glucose monitoring. On 09/24/24, one (1) of two (2) Licensed Practical Nurses on two (2) of the four (4) units was observed using an alcohol wipe to clean the glucometer after use on a resident. The failure to disinfect multi-use glucometer's with an appropriate disinfectant increased the likelihood of transmission of blood-borne pathogens. This resulted in an Immediate Jeopardy (IJ) situation. The facility also failed to 2.) ensure staff performed adequate doffing (taking off) of Personal Protective Equipment (PPE) and disposing of it properly to prevent the spread of infection for two (2) of two (2) residents (R#197 and R#198). These failures increased the risk of the spread of infections that had the potential for serious harm and/or death. On 09/26/24 at 5:02 PM, the Administrator, Director of Nursing (DON), Regional Nurse Consultant (RNC) #1, and Regional Nurse Consultant (RNC) #2 were notified of Immediate Jeopardy (IJ) in the following area: F 880-K: Infection Control. The IJ began on 09/24/24, when one (1) of two (2) Licensed Practical Nurses on two (2) of the four (4) units was observed using an alcohol wipe to clean the glucometer after use on a resident. The failure to disinfect multi-use glucometer with an appropriate disinfectant increased the likelihood of transmission of blood-borne pathogens. On 09/27/2024, the facility submitted a removal plan indicating the immediate action that the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including facility wide staff education on proper disinfection of multi-use glucometer's. The facility provided an acceptable removal plan for the Immediate Jeopardy on 09/27/24 at 4:46 PM. The survey team validated the IJ was removed on 09/27/24 at 5:10 PM, following the facility's implementation of the removal plan. Findings include: (continued on next page)

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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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	1. Review of the facility's policy titled, Glucometer Disinfection, dated 07/01/24, indicated, l. The facility will ensure blood glucometer's will be cleaned and disinfected after each use and according to manufacturer s instructions for multi-resident use. If the manufacturers are unable to provide information specifying how the glucometer should be cleaned and disinfected then the meter will not be used for multiple residents. The glucometer's will be disinfected with a wipe pre-saturated with an EPA registered healthcare disinfectant that is effective against HIV. Hepatitis C and Hepatitis B virus. Observation of Licensed Practical Nurse (LPN) #1 on 09/24/24 at 11:37 AM, revealed the following: LPN#1 obtained the glucose meter from the East medication cart and went to R#14's bedside. The LPN#1 placed the meter on R#14's bed as she obtained the blood glucose reading. Upon completion of the testing, LPN#1 exited R#14's room and placed the blood glucose meter on the top of the medication cart. The LPN#1 completed documentation in the computer, obtained an alcohol wipe and wiped the blood glucose meter and her fingertips. The LPN#1 then placed the meter in the drawer of the medication cart and explained they were done performing blood glucose monitoring at this time. Interview with LPN#1 on 09/24/24 at 11:37 AM, confirmed the blood glucose meter was cleaned with alcohol before placing in the drawer of the medication cart and ready for the next resident's use. The LPN#1 confirmed there was one glucometer available for resident use on the East medication cart and it was to be cleaned and disinfected between resident uses. The LPN#1 stated that she had been educated to disinfect the glucose meter with an alcohol pad. Interview with the Director of Nursing (DON) on 09/26/24 at 3:00 PM, confirmed there were four (4) residents (R #5, R #14, R #20 and R #297) on the East 300 hallway that had physician orders for blood glucose monitoring and staff used the same blood glucose meter for each of those four residents, placing each resident at risk for exposure to blood-borne illnesses [if the glucose meter is not disinfected with the appropriate cleaner between residents]. Review of the electronic medical record (EMR) for R#5 under the Census tab revealed an admitted [DATE]. Under the Diagnoses tab of the EMR, R#5 diagnoses included diabetes, heart failure and anxiety. Review of the Physician's Orders under the Orders tab in the EMR revealed an order for blood glucose monitoring four times a day. Review of the EMR for R#14 revealed an admitted [DATE]. The EMR, under the diagnoses tab, revealed R#14 diagnoses include sepsis, respiratory failure, diabetes type 1, and Osteomylitis (a bone infection). Under the orders tab in the EMR, R#14 was ordered to have blood glucose monitoring four times a day. The physician's order was dated 08/10/24. Review of the EMR for R#20 under the Census tab revealed an admitted [DATE]. Under the Diagnoses tab, R#20 was diagnosed with diabetes. Review of the Physician's Orders under the orders tab revealed an order for blood glucose monitoring four times a day. Review of the EMR Census tab for R#297 revealed an admitted [DATE]. Under the Diagnoses tab, R#297 was diagnosed with acute kidney failure and diabetes. Review of the Physician's Orders under the Orders tab revealed an order for blood glucose monitoring four times a day. Interview on 09/25/24 at 9:30 AM, the Director of Nursing (DON) stated that the Sani-Cloth wipes are in the medication cart to be used to disinfect the glucometer after and between resident uses. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Interview with the Director of Nursing on 09/27/24 at 2:30 PM, confirmed that blood glucose meters were to be disinfected after each patient use with an EPA -registered disinfectant. 2. Review of the facility's policy titled, PPE Use revealed that the facility promotes appropriate use of PPE to prevent the transmission of pathogens to residents, visitors, and staff. The policy also included that PPE will be disposed of in an appropriate waste receptacle. Observation on 09/23/24 at 1:20 PM, revealed two rooms at the end of hallway 300, with two rooms labeled as being on isolation precautions, across from other resident rooms. PPE equipment and signage was posted on each door with doors closed shut. Both residents were in their rooms throughout the survey process in quarantine. On that same date and time, the surveyor observed a visitor coming out of R #198's room with PPE on and walked across the hall from the room where two large black trash receptors were located out of the room in the hallway to dispose of the used PPE. The two large black trash receptacles were labeled as COVID only trash with lids that currently were full. Further observation revealed there was no garbage can inside R #198's room at the door to dispose of used PPE. Interview on 09/23/24 at 1:20 PM, with R#198's Family Member (FM) #1 revealed that there was no trash receptor in the room other than a small one in the bathroom, so when he leaves the room, he uses the two large garbage cans across the hall to dispose of the contaminated PPE. Additional observation of R #197's room that was also on isolation precautions and required the use of full PPE, revealed having a large trash receptacle located inside of the room near the door to dispose of used PPE. Observation on 09/24/24 at 10:37 AM, revealed R#198's room still on isolation precautions for COVID-19 infection. Housekeeping (HSK)#1 was cleaning the room with door wide open for at least 20 minutes. The resident was in the room in his/her bed. A large trash can was observed inside the room near the door. Interview with the DON, who used to be the Infection Preventionist on 09/24/24 at 2:57 PM, revealed that the expectations was to dispose of COVID PPE inside the rooms and not in the hallway. The DON further stated that housekeeping places the garbage cans and she was not sure why they were in the hallway. Interview with the Housekeeping Director on 09/24/24 at 3:04 PM, revealed training was provided to the housekeeping staff on how to clean infectious/isolation rooms such as COVID positive rooms. Observation on 09/24/23 at 3:45 PM, revealed that the large black trash receptacles that were previously observed at the end of hallway 300 that were being used for Covid-19 used PPE were removed. NJAC 8:39-19.4