

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Berlin Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Long-A-Coming Lane Berlin, NJ 08009	

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** Based on observation, interview, record review, and facility policy review, the facility failed to follow Enhanced Barrier Precautions (EBP) during wound care and failed to follow proper hand hygiene practices during wound care for two of three residents (Residents (R) 11 and R12) reviewed for pressure ulcers out of 19 sampled residents. This failure had the potential to cause cross contamination and cause a wound infection.</p> <p>Findings include:</p> <p>1. Review of the Centers for Disease Control and Prevention (CDC) CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 04/12/24, accessed at https://www.cdc.gov/infection-control/hcp/core-practices/ on 02/26/25, revealed . Core Practices Table . Core Practice Category 5a. Hand Hygiene References and resources: 3, 7, 11 . 2. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: .c. Before moving from work on a soiled body site to a clean body site on the same patient .f. Immediately after glove removal.</p> <p>Review of R11's undated admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed R11 was admitted to the facility on [DATE] with a diagnosis of a pressure ulcer of right buttock, stage IV.</p> <p>Review of R11's Physician's Orders, dated 02/26/25, located in the EMR under the Orders tab, revealed an order to apply to right medial gluteus topically every night shift for wound care cleanse pressure ulcer with acetic solution 0.25%. Apply collagen sprinkles then calcium alginate. Cover with silicone foam dressing. Done daily and as needed (PRN) till discontinued.</p> <p>Observation on 02/26/25 at 11:05 AM of R11's wound care revealed LPN4 poured acetic solution on approximately eight gauzes, picked up several in her gloved hands, wiped the inside of the right medial gluteus pressure ulcer several times with the soaked gauze, discarded the gauze in the trash can next to the foot of the bed, and then packed the wound with calcium alginate without performing hand hygiene and donning new gloves. Continued observation revealed LPN4 handed the Nurse Educator a couple of soaked gauze, the Nurse Educator cleansed the inside of R6's pressure ulcer with the soaked gauze, the Nurse Educator held the calcium alginate in place with her gloved hands while LPN4 applied the adhesive dressing and then the Nurse Educator discarded her gloves and performed hand hygiene.</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>During an interview on 02/26/25 at 11:31 AM, LPN4 verified she should have removed the gloves and performed hand hygiene after cleansing the pressure ulcer and then applied the treatment because it could cause cross contamination and infect the wound. LPN4 stated she had been trained in wound care and completed the wound care competency in January 2025.</p> <p>During an interview on 02/26/25 at 11:34 AM, the Nurse Educator confirmed she should have changed her gloves and performed hand hygiene after cleansing R11's pressure ulcer. The Nurse Educator also stated she worked three days a week and trained the staff on wound care and observed them performing wound care.</p> <p>During an interview on 02/26/25 at 11:40 AM, the Director of Nursing (DON) stated she expected staff to remove their gloves and perform hand hygiene after cleansing the wound and then applying the treatment to the wound. The DON stated the wound care policy and competency did not address changing gloves and performing hand hygiene when moving from dirty to clean body site, but it was a standard of practice to prevent infection to the wound.</p> <p>During an interview on 02/26/25 at 11:52 AM, the Infection Preventionist (IP) stated staff should discard and apply new gloves and perform hand hygiene after cleansing the pressure ulcer and then applying treatment to the pressure ulcer.</p> <p>Review of Licensed Practical Nurse (LPN) 4's Wound Care Competency, dated 01/23/25, provided by the facility, revealed LPN4 demonstrated competency in wound care.</p> <p>2. Review of the facility's policy titled, Enhanced Barrier Precautions, dated August 2022 and provided by the facility, revealed Policy Statement Enhanced Barrier Precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. Policy Interpretation and Implementation .2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact activity (as opposed to before entering the room) . 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: .h. wound care (any skin opening requiring a dressing) . 9. Staff are trained prior to caring for residents on EBPs. 10. Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required. 11. PPE is available outside of the resident rooms .</p> <p>Review of Review of R12's undated admission Record, located in the EMR under the Profile tab, revealed R12 was admitted to the facility on [DATE] with a diagnosis of osteoarthritis of the hip and knee.</p> <p>Review of R12's Physician's Orders, dated 02/26/25, located in the EMR under the Orders tab, revealed an order to apply coccyx topically every day shift for wound care cleanse with acetic acid (may use sterile water if acetic acid is not available), apply collagen sprinkles to wound bed top with calcium alginate and cover with bordered gauze daily.</p> <p>Review of R12's Interim Skin Check, dated 02/06/25, revealed R12 had a pressure injury noted to the sacrum that measured 2 centimeters (CM) length x 1.4 CM width x 1.0 CM depth.</p> <p>(continued on next page)</p>		

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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>Review of a facility's in service training record titled Enhanced Barrier Precautions (EBP), dated 03/22/24, provided by the facility, revealed LPN7 and the Nurse Educator were trained by the IP to wear gloves and a gown for the following high-contact resident care activities such as wound care: any skin opening requiring a dressing.</p> <p>Observation on 02/26/24 at 10:40 AM of R12's wound care revealed LPN7, and the Nurse Educator washed their hands and then applied gloves prior to initiating wound care, however, they did not wear a gown during wound care. Continued observation revealed an enhanced barrier precautions stop sign posted on the outside of R12's door frame that stated . Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activities. everyone must: . Wound Care: . Moreover, observation revealed a PPE cart on the floor below the EBP sign posted on the outside of the door frame.</p> <p>During an interview on 02/26/25 at 10:57 AM, LPN7 confirmed she did not put on a gown prior to initiating R12's wound care. LPN7 stated she forgot to put on the gown even though the EBP sign was posted on the outside of R12's door and the PPE cart was located below the sign on the floor which was stocked with gowns. LPN7 stated EBP were ordered for this resident to prevent the spread of MDROs.</p> <p>During an interview on 02/26/25 at 10:58 AM, the Nurse Educator confirmed she did not wear a gown, and she assisted LPN7 with R12's wound care. The Nurse Educator stated she had been trained on EBP last year and should have put on the gown before she touched R12's coccyx wound.</p> <p>During an interview on 02/26/25 at 11:36 AM, the DON stated she expected staff to wear a gown and gloves when performing wound care. The DON also stated EBP was used to prevent exposure to infections during high contact activities such as wound care.</p> <p>During an interview on 02/26/25 at 11:47 AM, the IP stated she posted the EBP sign on the outside of resident's room door and the PPE cart in the hallway near the door upon admission of a resident with a pressure ulcer, indwelling catheter, etc. The IP also stated that newly admitted residents could have MDROs so the appropriate PPE should be worn to prevent the spread of it to others. The IP also indicated that she trained new staff during orientation and existing staff on EBP.</p>		