

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Florham Park Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 190 Park Avenue Florham Park, NJ 07932	

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>25490</p> <p>Based on observations, interviews, and review of facility policy, the facility failed to ensure two dietary aides and one Certified Nurse Aide (CNA) performed appropriate hand hygiene. This failure to perform adequate hand hygiene can lead to cross contamination.</p> <p>Findings include:</p> <p>Observation and interview on 02/12/25 at 11:50 AM, revealed CNA1 entered the Bistro (a kitchenette where all meals are brought from the kitchen, placed in the steaming tables, and prepped for meals) where two Dietary Aides (DAs) were preparing lunch trays. CNA1 proceeded to open the ice machine, retrieve the blue ice scooper, and scoop ice from the machine. CNA1 placed ice into her personal water vessel. CNA1 did not wash or sanitize her hands (perform hand hygiene) prior to handling the ice scoop or after leaving the Bistro. A further observation during this same time revealed DA2 preparing meals inside the Bistro. DA2 exited the Bistro, entered the dining room area, and placed four placemats on a dining room table where four residents were sitting. DA2 returned to the Bistro and continued to assist with preparing lunch meals. DA2 was not observed using proper hand hygiene. During this same time, CNA1 was asked to share the facility policy for entering the Bistro during meal passes. CNA1 stated, during meal services only the DA and cook were allowed to be in the Bistro. CNA1 continued to share, she had been trained on the proper hand hygiene protocol and should have asked the DA to retrieve the ice for her.</p> <p>Observation on 02/12/25 at 12:05 PM revealed Dietary Aide (DA) 1 preparing meal trays in the Bistro. DA1 was donning a red knit cap over her hair net. DA1 was observed to remove the red knit cap, walk out of the Bistro, enter the nursing office located behind the Bistro, return to the Bistro, and continue to prepare resident's meal trays. DA1 failed to perform hand hygiene before returning to handle residents' meal trays.</p> <p>During an interview on 02/12/25 at 12:45 PM, the Dietary Manager (DM) revealed only the DA and cook were to be in the food prep (Bistro) area while food services were being conducted. The DM continued to share hand hygiene protocols were to be followed before starting food service, leaving and returning to the Bistro, or if the hands were visibly soiled.</p> <p>During an interview on 02/12/25 at 1:45 PM, the Infection Preventionist (IP) revealed her expectation was for all staff to wash or sanitize their hands before preparing food items. The IP continued to state that only dietary staff should be in the Bistro during meal preparation.</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 02/12/25 at 2:31 PM, DA2 confirmed he did not follow proper hand hygiene protocol. DA2 continued to share, once he left the Bistro to assist residents in the dining room, he should have washed his hands before returning to the Bistro and preparing meal trays.</p> <p>During an interview on 02/12/25 at 2:38 PM, DA1 confirmed, during the lunch meal pass, she failed to use proper hand hygiene protocols. DA1 continued to share, she should have washed her hands after removing her hat and returning to the Bistro.</p> <p>Review of the facility's policy titled, Hand Hygiene Policy and Table, undated, revealed, . All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections . Hand hygiene is indicated . immediately before touching a resident . after contact with . contaminated surfaces . after touching the residents environment . Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice . Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table . Between resident contacts . [and] after handling contaminated objects . The use of gloves does not replace hand hygiene if your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p>		