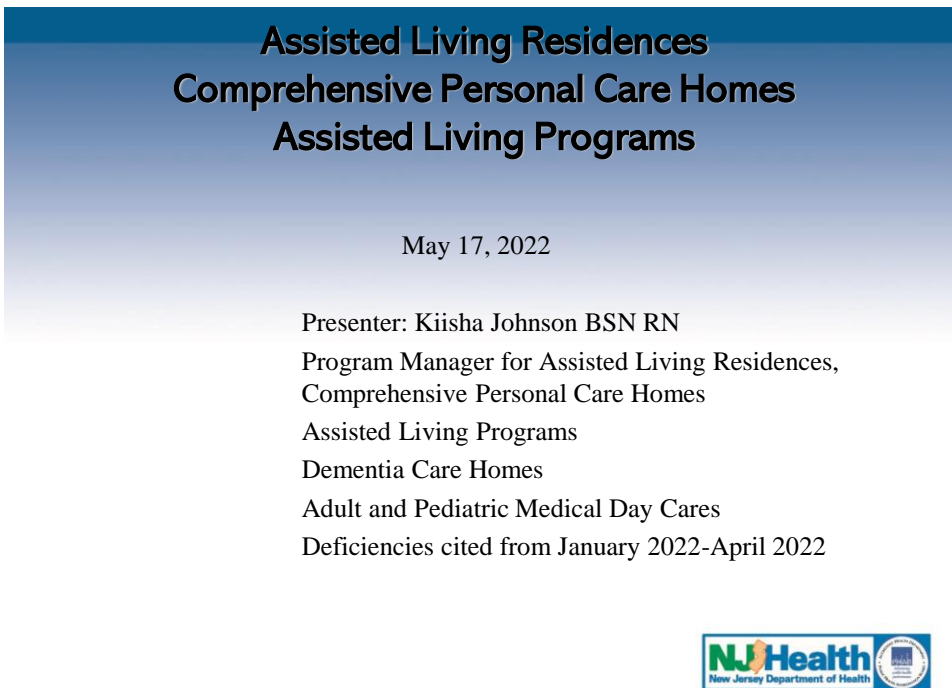


1



2

## Disclaimer

This power point presentation is an educational tool prepared by the New Jersey Department of Health that is general in nature. It is not intended to be an exhaustive code and is not intended as legal advice. Materials presented should not substitute for actual statutory or regulatory language. Always refer to the current edition of a referenced statute, code and/or rule or regulation language.



3

## Objectives

Enhance professional development  
Update the facilities on survey trends and findings  
Share with partners



4

## Regulation

### A310-Administration

The administrator or designee shall be responsible for but not limited to ensuring the development, implementation, and enforcement of all policies and procedures.



5

## A310 deficiency examples

The ED failed to follow the facility policy and procedures by not conducting a thorough and complete investigation of an allegation of sexual assault

The ED failed to ensure that facility policies were consistently implemented to ensure residents were free from abuse, and the general service plan was not updated to reflect the change in condition

The ED failed to develop and implement an infection control and prevention program and failed to ensure fire safety procedures were followed for an emergency fire exit door which was not functioning and was barricaded



6

## A310 deficiency examples

The ED failed to ensure that an allegation of abuse was thoroughly investigated



7

## Regulation

### A891-Dining Services

The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.



8

## A891 deficiency examples

The facility dietary service staff failed to ensure nets were worn in the kitchen, proper hand hygiene in the kitchen, gloves were not worn while handling clean and dirty items, and the dish machine temperatures reached 180 degrees Fahrenheit during the sanitation cycle

The facility failed to ensure food was prepared and served under sanitary conditions and that the sanitizing solutions utilized by the facility to clean food preparation areas, surfaces, and utensils were properly diluted with the concentrations



9

## A891 deficiency examples

The facility failed to ensure that dietary staff handled cooked food and ready to eat food and serve food items safely and failed to separate food items from potentially hazardous raw meat

The facility failed to ensure that staff entered the kitchen wearing hair restraints, temperatures of all food served, both hot and cold were not recorded, the rag sanitizer buckets did not have the required amount of sanitizer, freezer and refrigerator temperatures were not logged or monitored, and failed to ensure that the dishwasher machine water temperatures met the minimum temperature requirement



10

## Regulation

### **A1271-Infection Prevention and Control Program**

**The facility shall develop and implement an infection prevention and control program.**



11

## A1271 deficiency examples

**The facility failed to ensure staff performed hand hygiene prior to residents' meal service and between residents' contact and encouraged or offered hand hygiene to residents prior to meal service for two dietary staff observed during meal service**

**The facility failed to ensure one activity staff wore a mask and encouraged residents to wear masks during group activities when the facility was in a high Covid-19 transmission status**

**The facility failed to ensure that staff wore appropriate PPE and worn correctly, covering the nose and mouth for source control in a community with high Covid-19 transmission rate for two of two staff (Dietary Aide and Housekeeper)**



12

## A1271 deficiency examples

The facility failed to ensure staff going in and out of resident rooms, washed or sanitized their hands for two of seven staff members (Laundry Staff and CNA) In addition, the facility failed to ensure employees wore the appropriate PPE required during a Covid-19 outbreak for one of seventeen employees (Cook)

The facility failed to ensure two staff members, two dietary aides, and a resident family member utilized the face mask and wore them while in the facility.

The facility failed to ensure that staff members wore their masks appropriately covering their mouth and nose, when the facility was in a community with a high Covid-19 transmission rate (Business Office Manager, LPN, and Housekeeper



13

## A1271 deficiency examples

The facility failed to ensure seven of ten staff wore masks and wore them appropriately covering their mouth and nose when in the facility



14

## Regulation

### A1299-Infection Prevention and Control Program

Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but limited to, policies and procedures for the following:  
Techniques to be used during each resident contact, including handwashing before and after caring for a resident.



15

## A1271 deficiency examples

The facility failed to implement an infection prevention and control program to prevent the possible development and transmission of Covid-19 and other communicable diseases and infections

The facility failed to ensure two facility staff maintained physical distance and wore face masks while in the facility while in high Covid-19 transmission rate status

The facility failed to ensure two of two dietary staff performed appropriate hand hygiene during meal service and between resident contact and failed to ensure dietary staff offered residents to perform hand hygiene during meal service



16



## A1299 deficiency examples

The facility failed to screen all staff entering the building for Covid-19, failed to ensure that staff changed disposable globes between residents, staff did not wear PPE while in isolation rooms, failed to don and doff PPE correctly, failed to ensure that staff wore N95 masks over their nose and mouth when interacting with residents or while in resident hallways, failed to ensure that staff maintained a closed door on a Covid-19 positive resident room as part of the facility's isolation cohort plan, and failed to ensure a newly admitted resident quarantined for fourteen days after the resident was admitted to the facility.



17

## FYI

There is no "immediate jeopardy" in AL facilities. However, if the surveyor discovers that resident(s) are in imminent danger then the surveyor will ask for a removal plan that must indicate how the imminent danger is removed, when the imminent danger will be removed, signed by whoever is in charge, date, and ensure that it is on the facility letterhead. Depending on the imminent danger a directed plan of correction may be recommended. Enforcement action will be implemented.



18

## FYI

**Please remember to notify NJ DOH for Reportable Events-see attached memo**

**Remember to notify the MD and RN when there is a change in condition**

**If your facility has a CMA program, there must be RN oversight**

**QUESTIONS?**



19

## Thank You

Contact Information:

[Kiisha.Johnson@doh.nj.gov](mailto:Kiisha.Johnson@doh.nj.gov)

609-633-8990



20