

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>45a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/19/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDEPENDENCE MANOR AT HUNTERDO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>188 STATE HIGHWAY 31 FLEMINGTON, NJ 08822</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 84</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/19/2020. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practice to prepare for COVID-19.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1273	<p>8:36-18.1(b) Infection Prevention and Control Services</p> <p>(b) The licensed professional nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health care services director, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.</p>	A1273		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**TITLE**

(X6) DATE

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A1273	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and New Jersey Department of Health (NJDOH) issued Executive Directive, the facility failed to ensure the infection control coordinator had received specialized training in infection prevention and control. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents who resided in the facility.</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health issued Executive Directive No 20-026-1, dated 10/20/2020, revealed the following:</p> <p>II. Required Core Practices for Infection Prevention and Control:</p> <p>ii. All facilities, except for facilities with ventilator-dependent residents, are required to have one or more individuals with training in infection prevention and control employed or contracted on a full time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this Directive may be fulfilled by:</p> <p>a. An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2;</p> <p>b. A physician who has completed an infectious disease fellowship;</p> <p>c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5) or more years of infection control experience.</p> <p>On 11/19/2020 at 1:30 PM, the Director of Nursing, who was also the infection control coordinator, was asked if she had completed any</p>	A1273		

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A1273	Continued From page 2  formal infection control training. She stated she had not completed any formal infection prevention and control training.	A1273		