

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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 - Many</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 observations, interviews, record reviews, and reviews of facility policies, the facility failed to ensure Infection Control measures were maintained 1. during incontinent care for one resident (Resident (R) 5) of one resident reviewed for incontinent care in a total sample of 29 residents, 2. during separation of clean and soiled laundry, and 3. in a water management program for Legionella bacteria. These failures placed residents at risk of cross-contamination of bacteria and increased health complications. Findings include: 1. Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed that R5 was admitted to the facility on [DATE] with a diagnosis of a non-traumatic brain injury.</p> <p>Review of the significant change Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 08/29/25 revealed R5 was assessed by staff to be severely impaired in cognition and was incontinent of bowel and bladder.</p> <p>During an observation on 11/24/25 at 9:57 AM, Certified Nursing Assistant (CNA) 3 entered R5's room to provide morning cares. After CNA3 removed a urine-soaked brief and provided peri care she did not remove her soiled gloves or use hand hygiene before continuing on to clean her legs.</p> <p>During an interview on 11/24/25 at 10:18 AM, CNA3 was asked if she had changed her gloves or used hand hygiene after providing incontinent care to R5. CNA3 stated, No, I didn't.</p> <p>During an interview on 11/25/25 at 8:44 AM, the Director of Nursing (DON) was informed of the lack of hand hygiene and change of gloves when performing incontinent care for R5. The DON stated, CNA3 is very aware of infection control and incontinent care. I have in-services all the time, she knows better.</p> <p>2. Observation on 11/25/25 at 3:35 PM with Laundry Aide (LA)1, the Housekeeping Supervisor, and Director of Environmental Services, revealed that the laundry room was one large room with the three washing machines located nearest the door and the two dryers were located at the back of the room. The folding area was located across the hall in another room. The Housekeeping Supervisor stated, The soiled laundry is sorted on the unit and then brought to the laundry room and then placed into the washer. After washing, the laundry then goes to the dryer area at the back of the room. After the laundry is dried, it is placed into a bin and then transferred across [the soiled area] to the folding room across the hall. In addition, the soiled area of the laundry room did not contain gowns, gloves, or masks and the bottle of disinfectant, used to clean the bins and doors to the washing machines, was located in a bin, under clean items and on top of clean linen. When asked about having to go across a soiled area with clean laundry, the Housekeeping Supervisor and the Director of Environmental Services stated they understood this could be an issue.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 315497	If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 11/25/25 at 4:30 PM, Infection Preventionist (IP) was asked if she was aware of the situation in the laundry with the clean linen having to pass the soiled linen area to go to the folding area. The IP stated, No, I was not aware.</p> <p>3. On 11/25/25 at 6:18 PM, the Maintenance Director was asked for his water management plan including documentation of a floor plan which indicated where the water from the city entered the facility and how the water moved through the facility and areas where standing water may pool and any testing being done. The Maintenance Director stated he did not designate potential sites of pooling water or water sources to be tested if needed.</p> <p>Review of the facility procedure titled, Departmental (Environmental Services)-Laundry and Linen dated January 2014 revealed, .The purpose of this procedure is to provide a process for the safe and aseptic handline, washing, and storage of linen .Employee sorting or washing linen must wear a gown and gloves .Keep soiled and clean linen, and their respective hampers and laundry carts, separate at all times .</p> <p>Review of the facility policy titled, Legionella Water Management Program dated September 2022 revealed, .Our facility is committed to the prevention, detection and control of water-borne contaminants, including Legionella .The water management program includes the following elements .A detailed description and diagram of the water system in the facility, including the following: Receiving; Cold water distribution; Heating; Hot water distribution; and Waste .The identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria, including the following: Storage tanks; Water heaters; Filters; Aerators; Showerheads and hoses; Misters, Atomizers, Air washers, and Humidifiers .and Medical devices such as CPAP machines .</p> <p>NJAC 8:39-19.4</p>