

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>395 AMWELL ROAD HILLSBOROUGH, NJ 08844</b>	
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)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and review of facility documents, it was determined that the facility staff failed to ensure that 2 of 7 dietary employees performed proper hand hygiene during food service operations. This deficient practice was evidenced by the following: On 03/03/20 at 8:57 AM, during the initial kitchen tour with the Food Service Director (FSD), the surveyor observed Dietary Aide (DA #1) wash his hands under running water for five seconds. In an interview, DA #1 stated that he was supposed to wash his hands for 20 seconds. He repeated the handwashing process in the presence of the surveyor and FSD. During the second attempt, DA #1 was observed to hand wash with a friction time of 12 seconds. On 03/03/20 at 9:07 AM, in the presence of the FSD, the surveyor observed DA #2 handle soiled dishware at the dish machine with bare hands. Without having performed hand hygiene, DA #2 applied gloves to remove clean dishes from the dish machine. At that time, the FSD and DA #2 stated that he should have washed his hands prior to applying the gloves. DA #2 then removed his gloves, rinsed his hands under running water without soap or friction, dried his hands, and reapplied gloves. During an interview with the surveyor on 03/06/20 at 12:41 PM, the FSD stated that the purpose of handwashing was for sanitation and infection control so as not to endanger residents. He further stated that handwashing was required between glove changes, after prolonged glove use, and in between tasks. In addition, he stated that hand hygiene was required before applying gloves. During an interview with the surveyor on 03/06/20 at 12:51 PM, the Infection Control Preventionist Registered Nurse stated that the purpose of proper handwashing in a food service environment was important to prevent food-borne illness, resident illness and for resident safety. She further stated that the purpose of glove changing and handwashing between glove changing was to reduce the risk of spreading infection and to avoid contamination and cross contamination. Review of the facility's Hand Hygiene policy, dated 03/01/19, reflected that hand hygiene continued to be the primary means of preventing the transmission of infection and that consistent use of proper hand hygiene was critical to prevent the spread of infection. The policy further reflected that hand hygiene should be performed before and after glove use. The document also reflected that during the hand washing process, water and soap must be applied with a friction time of at least 20 seconds. NJAC 8:39-17.2(g); 19.4(a)(1); 19.4(n)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.