

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DELLRIDGE HEALTH &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>532 FARVIEW AVE PARAMUS, NJ 07652</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, it was determined that the facility failed to ensure that proper hand washing technique was performed to prevent the spread of infection. This deficient practice was identified for 1 of 1 Certified Nursing Assistant (CNA) and was evidenced by the following: On 10/15/20 at 11:00 AM, the surveyor observed a CNA on the green (non-covid unit) exiting room [ROOM NUMBER] and enter room [ROOM NUMBER]. The surveyor observed the CNA perform hand washing inside the room. The CNA turned on the sink faucet with a paper towel. She wet her hands and applied soap, and began lathering and lathered with soap and water for 10 seconds. The CNA then placed her hands under running water to rinse the lather off her hands. She dried her hands with paper towels and shut off the sink, faucet using the same paper towels. Simultaneously, the surveyor interviewed the CNA regarding how long she should have lathered her hands with soap and water. The CNA stated, I think 30 seconds. The CNA told the surveyor that she had plenty of in-services on how to wash her hands appropriately. On that same day at 1:00 PM, the surveyor met with the Administrator, Director of Nursing, and the Infection Control Preventionist to discuss the above observations. No additional information was provided. A review of the undated handwashing/hand hygiene policy provided by the Administrator indicated to vigorously lather hands with soap and rub them together, creating friction, for a minimum of 20 seconds (or longer). NJAC 8:39-19.4 (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.