

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER SPRINGPOINT AT CRESTWOOD, INC		STREET ADDRESS, CITY, STATE, ZIP 50 LACEY ROAD WHITING, NJ 08759	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of pertinent documentation, it was determined that facility staff failed to perform hand hygiene between resident rooms during the meal tray delivery. These failures occurred during a COVID-19 pandemic. This deficient practice was evidenced by the following: During a continuous observation of Nurse Aide (NA) #1 on 07/09/2020 at 12:28 PM, the NA assisted a resident with setting up a meal tray in room [ROOM NUMBER], including adjusting the bedside table. NA #1 left the room without washing her hands or using hand sanitizer. NA #1 then went to the meal cart, retrieved a meal tray for the resident in room [ROOM NUMBER]-2 and sat the meal tray on the bedside table, unopened. NA #1 left the room, retrieved a meal tray for the Resident in room [ROOM NUMBER]-1 and sat the tray on the bedside table for the resident. NA #1 positioned the table, opened all of the resident's food and utensils and left the room. NA #1 was called to another room and used a sanitizer wipe at that time. On 07/09/2020 at 12:43 PM, an interview was conducted with NA #1 who stated she was supposed to wash her hands before and after leaving a resident's room and she did not use hand sanitizer while passing the resident trays. NA #1 stated she had no answer for why she did not sanitize her hands. On 07/09/2020 at 12:53 PM, an interview was conducted with the Director of Nursing (DON). The DON stated she would expect staff to wash their hands if they were dirty or before and after resident care, but she would not expect staff to sanitize their hands when passing trays between residents that were not on isolation. On 07/09/2020 at 2:43 PM, an interview was conducted with the Administrator, who stated she did not have expectations of staff to wash their hands between setting up meal trays between residents. A review of the facility's Handwashing/Hand Hygiene policy, revised on 07/18/2018, specified to use an alcohol-based hand rub, or alternatively, soap and water for the following situations: After contact with objects in the immediate vicinity of the resident; Before and after eating or handling food; Before and after assisting a resident with meals. NJAC: 8-39:13.1 (c)		
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.