

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2022
NAME OF PROVIDER OR SUPPLIER ROYAL SUITES HEALTH CARE & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205		
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F 000	INITIAL COMMENTS Focused Infection Control Survey, Covid-19 Census: 154 Sample size: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 12/14/2022. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying,	F 880		1/30/23	

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

TITLE

(X6) DATE

Electronically Signed

01/16/2023

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.

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F 880	<p>Continued From page 1</p> <p>reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>	F 880			

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F 880	<p>Continued From page 2 corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Focused Infection Control Survey</p> <p>Based on observations, interviews, and the review of other pertinent facility documents on 12/13/2022 and 12/14/2022, it was determined that the facility failed to thoroughly screen all staff and visitors for Covid-19 signs and symptoms in accordance with the facility's policies titled "Hand Hygiene, Dept: Infection Prevention," "Outbreak Response Plan," the Certified Nursing Assistant Job Description, Lead Receptionist Job Description, and the Centers for Disease Control and Prevention (CDC) guidelines. The facility also failed to utilize acceptable infection control practices for hand hygiene. This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) COVID-19, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 2/2/22, showed "...1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic...Options could include (but are not limited to): individual screening on arrival at the facility; or</p>	F 880	<p>(1.) HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE:</p> <p>1. A root cause analysis was conducted and it was determined that human error was the contributing factor to the deficient practice. The identified receptionist in the 2567 was interviewed and she stated she was performing her duties at the front desk, answering the phone, and became nervous when the surveyors entered the building causing her to forget to ask them to screen at the electronic screening device. The receptionist was immediately reeducated on her role to assist and ensure all visitors check in for Covid screening. All receptionists received reeducation from the Assistant Director of Nursing on 12/15/2022 and 12/16/2022 on their role in assisting and ensuring all visitors check in for Covid screening.</p> <p>2. A root cause analysis was conducted and it was determined that human error</p>		

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F 880	<p>Continued From page 3</p> <p>implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility. HCP [Health Care Provider] should report any of the 3 above criteria to occupational health or another point of contact designated by the facility, even if they are up to date with all recommended COVID-19 vaccine doses. Recommendations for evaluation and work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2..."</p> <p>1. On 12/13/2022, the Surveyors conducted a Focused Infection Control Survey. Upon entrance to the facility at 9:14 a.m., the first Surveyor entered the facility. The Surveyor introduced herself to the Receptionist. The Receptionist did not ask the Surveyor to screen before allowing the Surveyor to proceed with the Assistant Director of Nursing (ADON) into the activities room.</p> <p>At approximately 10:00 a.m., the second Surveyor entered the facility. After introducing herself to the Receptionist, she still did not screen the second Surveyor for signs and symptoms of Covid. The Surveyor observed an Electronic Screening Tablet to the right of the Receptionist's desk. The Receptionist allowed the Surveyor to proceed to the activity room with the ADON without screening. The Surveyor then asked the ADON if she should screen before entering, and the ADON stated, "yes." The Surveyor then self-screens at the Electronic Screening Tablet.</p> <p>Both Surveyors returned to the Receptionist desk at 10:05 a.m. to interview the Receptionist before proceeding to the resident units. The Receptionist</p>	F 880	<p>was the contributing factor to the deficient practice. The identified Certified Nursing Assistant in the 2567 was interviewed and she stated she got nervous when asked by the surveyor to describe the steps for hand washing and felt intimidated by the surveyor when asked to demonstrate proper hand washing causing her to rush through the procedure. The Certified Nursing Assistant received reeducation on 12/15/2022 from the Assistant Director of Nursing on the facility Hand Hygiene policy and successfully completed a Hand Hygiene competency with the Infection Preventionist. The identified Certified Nursing Assistant and all staff including topline staff will complete Module 7-Hand Hygiene https://www.train.org/main/course/1081806/ by 1/31/2023.</p> <p>The following in-service training was completed by the Infection Preventionist as well as the Director of Nursing on 1/20/2023: Module 1-Infection Prevention and Control Program https://www.train.org/main/course/1081350/ Module 4-Infection Surveillance https://www.train.org/cdctrain/course/1081802/ The Infection Preventionist and the Director of Nursing completed the following education on 1/24/2023: Module 7-Hand Hygiene https://www.train.org/main/course/1081806/ /</p> <p>Additionally the Admiistrator and the Assistant Director of Nursing completed</p>		

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F 880	<p>Continued From page 4</p> <p>stated that her title is "Supervisor Front Desk" and that she helps everyone who enters the building using the Electronic Screening Tablet during her working hours of 8: 00 a.m. to 4:00 p.m. She further stated that everyone has to check in and answer questions about the signs and symptoms of Covid. "If they don't do it, I tell them they have to do it before I let them in." The Receptionist agreed she did not tell the Surveyors to screen. She stated she should have asked the surveyors to screen.</p> <p>During an interview on 12/13/2022 at 10:45 a.m., the Infection Preventionist (IP) stated all visitors and staff should be screened before entering the facility. During the same interview, the ADON stated that the facility has two Electronic Screening Tablets. One is located at the front entrance for the visitors, has questions that visitors must answer, and takes the visitors' temperature. She stated that a second Electronic Screening Tablet is located at the employee entrance for the staff.</p> <p>A review of the facility's "Line List" (a list of all Covid 19 positive staff and residents) revealed the first case of Covid 19 was on 11/28/2022 with a resident, and the most recent case was on 12/13/2022 with a staff. The list contains 17 residents and 14 staff, a total of 31 Covid 19 cases.</p> <p>2. The Surveyors requested the screening log for all staff and visitors from 11/28/2022 through 12/12/2022 from the Administrator. A review of the document titled "Entries" revealed that on 12/12/2022: 53 direct care staff worked who worked, and only 18 staff members were listed in the entry log as being screened. Further review of</p>	F 880	<p>the following education on 1/24/2023: Module 1-Infection Prevention and Control Program https://www.train.org/main/course/1081350/ Module 4-Infection Surveillance https://www.train.org/cdctrain/course/1081802/ Module 7-Hand Hygiene https://www.train.org/main/course/1081806/ /</p> <p>(2.) HOW THE FACILITY WILL IDENTIFY OTHER RESIDENT HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>1. All in house residents had the potential to be negatively affected by the electronic screening process used by the facility for staff and visitors to self-report Covid-19 signs and symptoms prior to entry into the facility from 11/28/2022-12/12/2022. The electronic screening device was properly working, however the facility was unable to produce a screening log.</p> <p>2. All residents in the CNA assignment had the potential to be negatively affected. None of those residents were negatively affected.</p> <p>(3.) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMATIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>1. The facility has reviewed and revised</p>		

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F 880	<p>Continued From page 5</p> <p>the documents reveals the following:</p> <p>On 11/28/2022, 48 direct care staff worked, and 17 staff members were listed on the screening log.</p> <p>On 11/29/2022, 54 direct care staff worked, and 19 staff members were listed on the screening log.</p> <p>On 11/30/2022, 49 direct care staff worked, and 22 staff members were listed on the screening log.</p> <p>On 12/1/2022, 58 direct care staff worked, and 16 staff members were listed on the screening log.</p> <p>On 12/2/2022, 57 direct care staff worked, and 15 staff members were listed on the screening log.</p> <p>On 12/3/2022, 59 direct care staff worked, and 3 staff members were listed on the screening log.</p> <p>On 12/4/2022, 48 direct care staff worked, and 4 staff members were listed on the screening log.</p> <p>On 12/5/2022, 50 direct care staff worked, and 13 staff members were listed on the screening log.</p> <p>On 12/6/2022, 56 direct care staff worked, and 18 staff members were listed on the screening log.</p> <p>On 12/7/2022, 51 direct care staff worked, and 16 staff members were listed on the screening log.</p> <p>On 12/8/2022, 58 direct care staff worked, and 16 staff members were listed on the screening log.</p> <p>On 12/9/2022, 58 direct care staff worked, and 13 staff members were listed on the screening log.</p> <p>On 12/10/2022, 65 direct care staff worked, and 2 staff members were listed on the screening log.</p> <p>On 12/11/2022, 56 direct care staff worked, and 4 staff members were listed on the screening log.</p> <p>During an interview on 12/14/2022 at 11:00 a.m., the Administrator stated that they were unable to sync the Electronic Screening Tablet that screens the staff to upload the data to the cloud. There were no other screening logs provided at the time</p>	F 880	<p>the current Infection Prevention and Control Program based on updated guidance by Centers for Disease Control, New Jersey Department Of Health, and the Local Health Department. Royal Suites will change its policy to providing visitor/staff guidance (example, posted signs at entrances, and other strategic places)</p> <p>All staff will be educated by the Assistant Director of Nursing/designee on the revised facility policy for Infection Prevention and Control Program.</p> <p>The Infection Preventionist/designee will randomly conduct and document Hand Hygiene competencies with 5 direct care staff weekly for one month and then 10 random audits will be conducted monthly for two quarters to ensure compliance with the Hand Hygiene policy. Any discrepancies will be rectified immediately to ensure compliance.</p> <p>The Infection Preventionist will continue to periodically monitor and record adherence as the numbers of hand hygiene episodes performed by personnel/number of hand hygiene opportunities and provide feedback to personnel regarding their performance. Any discrepancies will be rectified immediately to ensure compliance.</p> <p>(4.) HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTCE WILL NOT RECUR, I.E. WHAT QUALITY ASSURANCE</p>		

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F 880	<p>Continued From page 6 of the survey.</p> <p>3. During a tour of the 1st floor on 12/13/2022 at 12:35 p.m., the Surveyor asked the Certified Nursing Assistant (CNA) to describe the steps for washing hands. The CNA stated, "lather hands together for 5-10 seconds." She further stated the last in-service on hand washing was not too long ago by the ADON. "No, I don't remember how long she said to lather my hands." The Surveyor asked the CNA to demonstrate proper hand washing. The Surveyor observed the CNA pumping soap on her hands and immediately placed her hands under the stream of water, rubbed her hands together under the water for 10 seconds, and then dried her hands with paper towels.</p> <p>During an interview on 12/14/2022 at 12:52 p.m., the IP stated that if a staff member did not lather their hands for 20 seconds or more, they did not follow the facility policy on hand washing. The IP further stated that a staff member should lather their hands for no less than 20 seconds.</p> <p>A review of the facility's "Job Description Position: Job Description" for the "Certified Nursing Assistant (CNA) Full-time" dated 4/14/2022 included under "Responsibilities [...] 4. Assist and ensure all visitors check in for Covid screening."</p> <p>A review of the facility's "Job Description, Certified Nursing Assistant (CNA) under "Descriptions of Position" included the following: Handles and serves residents in a manner conducive to their safety and comfort. Adheres to instructions issued by the nurse and to established facility routine. Performs duties in accordance with established methods, techniques and in</p>	F 880	<p>PROGRAM WILL BE PUT INTO PLACE:</p> <p>1. The Director of Nursing and or the Infection Preventionist will report the finding of the audits to the Quality Assurance Committee on a quarterly basis for the next two quarters to assure compliance.</p>		

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F 880	<p>Continued From page 7</p> <p>conformance with recognized standards. [...] Responsibilities [...] 14. Washes hands at appropriate times and follow(s) infection control procedures.</p> <p>A review of the undated facility's policy titled "Outbreak Response Plan" included the following: "The Facility's Outbreak Plan is as follows: [...] 2. Screening & Protective Measures. a. Screening. Screening is an essential defense to the introduction of COVID-19 into the facility by employees, other healthcare personnel, and all other permitted visitors. All Employees, healthcare personnel, and all other permitted visitors entering the facility will be actively screened. Permitted visitors will be denied entrance into the facility if the individual: (a) exhibits signs or symptoms of a respiratory infection as delineated by all applicable Governmental Guidelines & Directives; or (b) has been diagnosed with COVID-19 and has not yet met criteria for the discontinuation of isolation in accordance with current Governmental Guidelines & Directives. Employees and healthcare personnel will be screened and then denied or permitted entrance into the facility in accordance with current Governmental Guidelines & Directives."</p> <p>A review of the facility document titled "Hand Hygiene, Dept: Infection Prevention," updated 5/2018, reveals under "Hand Hygiene Technique: [...] B. When washing hands with soap and water, wet hands first with water, apply enough product to hands, and rub hands together vigorously, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. [...] Total time no less than 20 seconds." Under "Adherence to</p>	F 880			

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F 880	Continued From page 8 Hand Hygiene A. The infection Preventionist or designee shall Periodically monitor and record adherence as the number of hand-hygiene episodes performed by personnel/number of hand-hygiene opportunities and Provide feedback to personnel regarding their performance. B. When outbreaks of infection occur, the infection Preventionist or Designee will assess the adequacy of healthcare worker hand hygiene." [sic spelling and capitalization] N.J.A.C: 8:39-19.4(a)(b)	F 880			