

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

PRINTED: 07/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054
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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 06/22/2020 Census: 167	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, 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;	F 880		7/8/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/02/2020
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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>§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 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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to follow proper infection control practices for hand hygiene, personal protective equipment (PPE) use, and laundry processing to control the spread of infection in a facility with COVID-19 (COVID) positive residents.</p> <p>This deficient practice occurred for 1 out of 2 units identified as COVID positive units and during clean laundry processing in the laundry department, and was evidenced by the following:</p> <p>On 06/22/2020 at 11:15 AM, during a tour of the laundry department, in the presence of the Housekeeping Director (HKD), two surveyors observed a laundry room employee (LRE) enter the clean laundry area. The LRE walked over to a large clean laundry cart and removed a clean linen item. During this process, a washcloth fell onto the floor. The LRE picked up the washcloth from the floor and placed it back into the clean laundry cart which contained the remaining clean linen items. The LRE proceeded to fold the linen that was removed from the cart and then place the folded linen onto the folding table. The LRE removed the washcloth, that had fallen on to the floor, from the clean laundry cart and placed it on the folding table next to the folded clean laundry. The LRE removed a white towel from the clean laundry cart, held it against her black shirt, folded it and then placed it on the folding table containing the clean laundry. The LRE removed a white blanket from the clean laundry cart and began folding it. During the folding process, the LRE held the blanket up in the air and the corner of the blanket was dragging on the floor. While</p>	F 880	<p>F880 Preparation and/or execution of this plan of correction does not constitute an admission or agreement by Provider, of the truth or facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State laws which require it.</p> <p>1. The laundry room employee (LRE) was immediately corrected on June 22, 2020, regarding maintaining clean laundry items, and prevention of contamination by mixing dirty laundry with clean. She was educated to refrain from allowing laundry to touch her clothing. In addition, her Supervisor provided in-servicing on how to fold large items without touching the floor, or any other area considered dirty or contaminated. To add, the LRE was reminded on the appropriate use of hand sanitizer prior to folding clean laundry. HD provided hand sanitizer immediately. Employee was removed from the facility after education was conducted. Housekeeping Director was educated to immediately address personnel should there be a question or concern regarding infection control protocols. The Rehabilitation Technician (RT) was immediately removed from the facility and did not enter any other resident rooms. The PTA present in the resident's room at the time was also in-serviced to address any observed deficient practices at the time of the occurrence. The zippered plastic divider was</p>		

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F 880	<p>Continued From page 3</p> <p>folding the blanket in half, the LRE held the blanket against her shirt. She then placed the folded blanket in a pile on the folding table along the side of the clean folded laundry.</p> <p>Upon interview with the surveyors, at that time, with the HKD and LRE, the LRE stated she was sweeping the floor on the washing machine/dryer side before she entered the clean side to fold the laundry. The LRE stated that the hand sanitizer that was normally on the folding table and should be used prior to folding the laundry. The surveyors did not observe hand sanitizer on the folding table and both the LRE and the HKD could not locate the hand sanitizer. The LRE added that she typically wouldn't pick up clean laundry from the floor and place it back in the clean laundry bin because the floor was dirty. The HKD stated that hand sanitizer should be used prior to folding the laundry.</p> <p>At 11:40 AM, the surveyors interviewed the Acting Administrator (AA). The AA stated that hand hygiene should be preformed prior to folding clean linen, and that if linen touches the floor or a staff members uniform, it should not have been placed with the clean linen. If the linen was placed with clean linen and it would all be considered contaminated and should be re-washed.</p> <p>At 11:55 AM, the surveyors interviewed the Infection Prevention Control Nurse (IPCN) who stated that hand hygiene should be performed when entering the laundry room clean side from the washer/dryer side to prevent contamination. The IPCN stated that if laundry touched the floor or a staff members clothing, it would be contaminated and should not be placed in with the clean linen.</p>	F 880	<p>disinfected.</p> <p>2. All residents within the facility have the potential to be affected by these deficient practices. The Housekeeping Director insured all laundry that day was rewashed to insure cleanliness. He also reviewed all policies regarding clean linen and infection control practices with all staff in the laundry department the same day. Rehabilitation Director also reviewed infection control practices when working with Covid positive residents with his rehabilitation team on same day.</p> <p>3. All housekeeping, laundry personnel will be educated by facility educator and/Housekeeping Manager on laundry and linen handling, including safe and aseptic handling, washing, and storage of linen and prevention of spread of infection. All rehabilitation personnel will be educated by the facility educator and/or Rehabilitation Manager on handwashing/hand hygiene, droplet/contact precautions, as well as the proper donning of PPE.</p> <p>4. For the next three (3) months, the Housekeeping Director will audit linen handling and hand hygiene weekly and provide results to the monthly QAPI committee. The Administrator and/or her designee will review the results of these audits, including any actions taken for correction. In addition, the Rehabilitation Director will audit hand hygiene and</p>		

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F 880	Continued From page 4 On 06/22/2020 at 2:00 PM, the surveyors toured the [REDACTED] and interviewed the [REDACTED] Unit Manager (UM). The UM stated there was a plastic zippered wall divider that separated the COVID positive residents from the observation, new admission, and re-admission residents. At 2:15 PM, while on the COVID positive side of the zippered wall divider, the surveyors observed a rehabilitation technician (RT), wearing a N95 respirator mask, enter through the zippered wall divider. The RT pulled the zipper down with his bare hand, donned an isolation gown and gloves, and then entered a resident's room. There were three signs affixed to the outside of the residents closed door. There was a red sign that indicated to, "Please see nurse prior to entering room," and two pink signs that read, "Special Droplet/Contact Precautions" with a stop sign and "In addition to Standard Precautions." The "Special Droplet/Contact Precautions" sign indicated that everyone must clean hands when entering and leaving the room, wear mask, wear eye protection (face shield or goggles), gown and glove at the door. The sign on the door also indicated that PPE should be put "ON" in the following order: 1. Wash or Gel hands (even if gloves used), 2. gown, 3. mask and eye cover, 4. gloves. At 2:30 PM, the surveyors observed the RT exit the resident's room. During an interview with the surveyors, the RT stated that he assisted the physical therapist to have the resident sit on the edge of the bed. The RT stated that hand hygiene should be performed prior to donning gloves. He also stated, "you should have a gown, gloves, mask, and if you have eye protection it should be worn prior to going into the COVID positive rooms." The RT confirmed that he did not have	F 880	adherence to droplet/contact precautions weekly and provide results to the monthly QAPI committee. The Administrator and/or her designee will review the results of these audits, including any actions taken for correction. All audits will remain in place for at least three (3) months, and/or until the committee has identified substantial compliance.		

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F 880	<p>Continued From page 5</p> <p>eye protection and he did not wear eye protection when he went into the resident's room. He further stated he was done with his shift for the day and left the unit.</p> <p>At 2:38 PM, the surveyors interviewed the IPCN, who stated that the red signs indicated COVID positive residents were in the room and anyone entering a room with a red sign should perform hand hygiene, put on a gown, wear a face shield or goggles and wear gloves. The IPCN stated that the zipper on the zippered plastic divider wall was potentially contaminated and hand hygiene should be performed after touching it.</p> <p>Review of the Handwashing/Hand Hygiene policy and procedure, revised October 2016, revealed under Policy: that all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. Under Procedure, Applying and Removing gloves: 1. perform hand hygiene before applying non-sterile gloves.</p> <p>Review of the Departmental (Environmental Services)-Laundry and Linen, adopted April 2016, revealed the purpose of the procedure was to provide a process for the safe and aseptic handling, washing, and storage of linen. Under Washing Linen and other Soiled Items: 7. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination. 12. perform hand hygiene before handling clean linen (i.e., moving from dryer to sorting table, and through the sorting process).</p> <p>8:39-19-49 (a)1-2</p>	F 880			

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