

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

PRINTED: 10/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2020
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057
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F 000	INITIAL COMMENTS Comparative Survey: 01/31/2020 Census: 59 Sample: 15 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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>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. This REQUIREMENT is not met as evidenced by:</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Based on observations, interviews, medical record reviews, and review of facility policies and procedures, the facility failed to adhere to acceptable infection control practices during wound care observations for 1 of 2 residents observed for [REDACTED] care, and failed to adhere to acceptable infection control practices regarding , [REDACTED] and equipments for 3 residents in the survey sample.</p> <p>This was evident based on the following:</p> <p>[REDACTED] Care Observations: Resident #116</p> <p>Resident #116 was admitted to the facility on [REDACTED] with [REDACTED] , and [REDACTED] . The resident has multiple diagnoses that include but are not limited to [REDACTED] and multiple others.</p> <p>During [REDACTED] care observations on 1/29/20 at approximately 11:30 AM, conducted by the treatment nurse, a Licensed Practical Nurse (LPN) # 1 and the [REDACTED] care physician, with the assistance of LPN # 2 who assisted by turning, positioning and supporting the resident during the treatment. The following breaks in acceptable infection control techniques were observed.</p> <p>Several handwashing observations were made of the [REDACTED] care physician and LPN# 1 whereby they both washed their hands under running water. The LPN # 2 practiced acceptable hand washing technique.</p> <p>The [REDACTED] care physician used a [REDACTED] on the resident's [REDACTED] whereby she/he made</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>several minimal [REDACTED] that according to her/him would allow the treatment to [REDACTED]. With the [REDACTED] still in hand the physician asked LPN # 2, to open the door so that she/he could dispose of the used [REDACTED]. The LPN # 2 removed his gloves, washed hands, and opened the door for the physician. The physician disposed of the used [REDACTED] in a small red sharps container that was in the bottom drawer of the treatment cart embedded among a drawer stocked with gauzes and other dressings that were considered clean and sterile to be used for other treatments with other residents.</p> <p>Further observations were made of the LPN # 1 who competed the residents wound treatments. With the same gloves on that had been donned for the treatment, LPN # 1 pulled the privacy curtain back, walked to a section of the resident's room picked of the [REDACTED] that the resident was to wear when in bed. LPN # 1 applied the [REDACTED] to the resident's [REDACTED] repositioned the resident in bed to make [REDACTED] more comfortable, positioned the resident's pillow and straightened [REDACTED] bed covers. In addition, with the same gloves on, LPN # 1 removed all of the materials used for the treatment and bagged them. Still with the same gloves on, LPN # 1 rolled the over-bed table up to the resident's bed. LPN # 1 placed the resident's phone and a box of open tissues on the same table that had been used during the treatment, without sanitizing the table,</p> <p>During an interview with LPN # 1 on 01/30/20 at 12:18 PM, the nurse acknowledged that, she did not follow the infection control practice.</p> <p>[REDACTED] Resident # 166</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>Resident # 166 was admitted to the facility on [REDACTED] with diagnoses included but not limited to [REDACTED]</p> <p>During the initial tour on 01/27/2020 at 11:34 AM, the surveyor observed a [REDACTED] on the floor next to resident's head of the bed in room # [REDACTED] (Resident # 166's room). The date & the time written on the [REDACTED] was 01/30/2020, 11 - 7.</p> <p>The surveyor further observed the [REDACTED] [REDACTED] was on the night stand next the resident's bed. The surveyor observed the [REDACTED] and cup/chamber uncovered, exposed, and stored directly on the top of the night stand. The surveyor further observed the [REDACTED] cup contained a clear fluid, approximately [REDACTED] in the [REDACTED] chamber. The surveyor made the same observation on 01/29/2020 at 12 Noon.</p> <p>The surveyor interviewed the resident on 01/29/2020 approximately at 12:00 PM who stated that, the staff always keep the [REDACTED] on the night stand, not in a plastic bag. The resident further stated that, she never noticed the staff washing/ cleaning the [REDACTED]. The resident's [REDACTED] who was in the resident's room who took the [REDACTED] in [REDACTED] and showed to the surveyor by stating that the [REDACTED] looks very dirty.</p> <p>Resident's medical record review of Order</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>Summary Report (OSR) dated [REDACTED] revealed that the Physician ordered, [REDACTED] 1 vial [REDACTED] PRN (whenever needed) every 4 hours.</p> <p>LPN # 3 who was interviewed on 01/29/2020 at approximately 12:10 PM stated that, the resident # 166 is in her assignment. She further stated that, the [REDACTED] and cup should be rinsed/washed with water after each use, dried, and be placed in a plastic bag. The LPN # 3 further confirmed that the [REDACTED] cup contained a clear fluid.</p> <p>Facility's Assistant Director of Nursing (ADON) was interviewed on 01/29/2020 at approximately 12:30 PM, stated that, her professional background is Emergency Room Nursing, she is not sure about the procedure, but she believe that the nurses are supposed to rinse the [REDACTED] with water.</p> <p>On 01/30/2020 at 10:45 AM, the surveyor interviewed the night shift (11:00 PM - 7:00 AM) Registered Nurse (RN) via telephone. The RN stated that the [REDACTED] should be washed and kept at the resident's bed side. She further stated that she believe most of the residents have a zip lock bag to keep the [REDACTED]</p> <p>Resident #19 and Resident #220</p> <p>During the initial tour of the unit on 01/27/20 at 11:00 AM, the surveyor observed Resident #19 sitting in a wheelchair with both eyes open. The surveyor observed the resident's [REDACTED] was undated. The surveyor further observed the [REDACTED]</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>██████████ was on the night stand next the resident's bed. The surveyor observed the ██████████ and cup uncovered, exposed, and stored directly on the top of the night stand. The surveyor further observed the ██████████ contained a clear fluid. The surveyor asked the resident how the staff cleaned and stored the ██████████ and cup when not in use. The resident stated that he/she did not know. The surveyor made the same observation on 01/29/2020 at 11:15 AM.</p> <p>On 01/29/20 at approximately 11:35 AM, in the presence of the surveyor, LPN# 4 confirmed the resident's ██████████ and cup uncovered, exposed, and stored directly on the top of the night stand. The LPN further confirmed that the ██████████ cup contained a clear fluid.</p> <p>A review of the resident's facesheet (an admission summary), reflected the resident was admitted to the facility with diagnoses that included ██████████. Review of the Admission Minimum Data Set (MDS), an assessment tool dated ██████████ indicated a Brief Interview for Mental Status (BIMS) score of █ which reflected that the resident's cognition was intact.</p> <p>Review of the January 2020 Order Summary Report (OSR), revealed an order for ██████████) one vial ██████████ via ██████████ every 6 hours as needed ██████████.</p> <p>During the initial tour of the unit on 01/27/20 at approximately 11:15 AM, the surveyor observed Resident #220 sitting in a wheelchair with both eyes open. The surveyor observed the resident's</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>██████████ was undated. The surveyor further observed the ██████████ and cup was on the night stand next the resident's bed. The surveyor observed the ██████████ and cup uncovered, exposed, and stored directly on the top of the night stand. The surveyor further observed the ██████████ cup contained a clear fluid. The surveyor made the same observation on 01/29/2020 at 10:10 AM.</p> <p>On 01/29/20 at approximately 11:40 AM, in the presence of the surveyor, LPN# 4 confirmed the resident's ██████████ and cup uncovered, exposed, and stored directly on the top of the night stand. The LPN further confirmed that the ██████████ cup contained a clear fluid. At that same time, the LPN # 4 stated that she does not clean, wash, or rinse the ██████████ and cup with water after each treatment.</p> <p>Review of the January 2020 OSR, revealed an order for ██████████ every 6 hours for ██████████</p> <p>On 01/29/20 at 12:52 PM, during an interview with the Facility Educator (FE), the FE stated that the ██████████ and cup should be washed, dried, and be placed in a plastic bag labeled with date and the resident's name after use. The FE added that it should be changed weekly.</p> <p>On 01/29/20 at 02:37 PM, the Director of Nursing (DON) provided a copy of the facility's Policy "██████████ Therapy - Prevention of infection" edited on 08/28/2018. The surveyor reviewed the policy in the presence of the DON. The policy included: The purpose is to guide prevention of infection associated with ██████████ therapy tasks and equipment. The Policy included Infection</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Control Considerations related to Medication</p> <p>██████████: The DON confirmed that nurses should wash the ██████████ and cup, dried, and stored in a plastic bag after every use. The DON further stated that she was doing in-service on ██████████ treatment and equipment aftercare.</p> <p>On 01/31/2020 at 12:30 PM, the survey team met with the Administrator and DON and discussed the above observations and concerns.</p>	F 880			