

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

PRINTED: 07/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT EVESHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 MARLTON, NJ 08053		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be 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: 6/16/2020 Census: 112	F 000			
F 880 SS=F	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		7/24/20	

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

TITLE

(X6) DATE

Electronically Signed

07/08/2020

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:</p> <p>Based on observation, interview, and review of other pertinent facility documentation, it was determined that the facility failed to ensure that all staff, and contracting services were familiar with, and adhered to infection control practices in accordance with CDC (Centers for Disease Control) and facility's guidelines in regards to donning (application) and doffing (removal) of personal protective equipment (PPE) to prevent the spread of infection on 2 of 2 isolation units.</p> <p>This deficient practice was identified during tour observation and was evidenced by the following:</p> <p>According to the facility's undated Cohorting Guidelines, the facility is divided into zones. The zones are as follows:</p> <p>The [REDACTED] Zone is comprised of all Covid-19 positive residents. The residents in this zone were on isolation, and signage was posted on each resident's door to indicate as such. This zone was separate from all other cohorts. There were designated staff and designated equipment on this unit. Full PPE is required for this unit, such as eye protection, gown gloves, and mask.</p> <p>The [REDACTED] Zone was comprised of exposed, asymptomatic, or potentially incubating Covid-19 residents. Signage was posted on the front of each resident's door, and separate gowns and gloves for each patient were made available at the point of use; an additional white re-usable lab jacket is labeled for each staff member and made available for use inside the [REDACTED] unit when not rendering care. The staff is required to wear a facemask, eye protection, separate gown, and gloves when rendering resident care. Extended</p>	F 880	<p>1. No residents were affected.</p> <p>An immediate re-education and Clinical Education Referral for the CareOne registered nurse and speech therapist staff who did not remove the re-usable white lab jacket when exiting the [REDACTED] Zone and heading to the [REDACTED] Zone, on donning and doffing PPE procedures for all three zones. In the yellow zone specifically, the white lab coat is a base layer of PPE. During patient interactions, a secondary gown is placed over the base lab coat thereby reducing the risk of transmission on the lab coat. Further in-servicing and education was repeated for all staff on the same PPE topic.</p> <p>The medication delivery driver who entered the [REDACTED] Zone with mask and gloves and no gown was provided re-education, and pharmacy leadership notified for ongoing in-servicing within the pharmacy. In addition, the receptionist was re-educated on the ongoing screening of vendors and medical personnel to ensure proper PPE is worn and distributed at all times.</p> <p>2. Residents who were in the zones outside of the [REDACTED] zone had the potential to be affected.</p> <p>3. The systematic changes made to prevent recurrence include:</p> <p>a. Monthly in-service reinforcement and update sessions are conducted for center staff by the Center Educator; DON;</p>		

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F 880	<p>Continued From page 3</p> <p>use/re-use of a mask and eye protection is utilized as per facility policy.</p> <p>The [REDACTED] Zone (clean) was comprised of residents that were Covid-19 negative, not exposed or asymptomatic Covid-19, and recovered over 14 days. Only fully recovered residents over 14 days may be moved into the [REDACTED] Zone.</p> <p>On 6/16/2020 at 12:15 PM, the surveyor toured the unit designated as the [REDACTED] Zone." The surveyor interviewed the Registered Nurse Unit Manager (RN/UM), who explained that she oversaw the [REDACTED] Zone. The RN/UM stated that there was designated staff on [REDACTED] Zone and that all staff were assigned a white re-usable lab jacket that was hung just inside the zippered plastic tent set up and was labeled for each staff member. She explained that all staff were assigned their own re-usable white lab jacket and were to wear when on the [REDACTED] Zone. She also explained that before exiting the [REDACTED] Zone, the staff was to remove the white lab jacket to prevent cross-contamination.</p> <p>On 6/16/2020 at 12:17, the surveyor observed signs posted on the outside and the inside of the plastic wall barrier tent set up that explained what PPE was required to enter the [REDACTED] zone and what PPE was to be removed when exiting the [REDACTED] zone.</p> <p>The sign posted on the plastic barrier before entering the [REDACTED] Zone indicated the PPE required to enter the [REDACTED] Zone was an N95 facemask, gown, gloves, and face.</p> <p>The sign posted on the plastic barrier before exiting the [REDACTED] Zone indicated that gown,</p>	F 880	<p>Nursing Supervisor and/or designee to inform all staff on COVID updates including and not limited to State Guideline Updates; policy, procedure, and form updates; PPE updates; and reporting requirements.</p> <p>b. The Pharmacy driver(s) have been notified of the new procedure that all medications are to be delivered to the front receptionist desk. This will ensure that all drivers will not enter any units including the [REDACTED], and [REDACTED] Zones. The drivers will continue to be screened before delivery, including temperature check and questionnaire completion. The nurse and/or designee will sign for, and retrieve the medications from the driver at the front desk, and take their medications back to the appropriate zone(s).</p> <p>4. Observations will be completed on each zone once per day for two weeks, three times a week for two weeks, and once a week for one month focused on the appropriate use of PPE by staff and vendors. Observation audits will be documented and in-services completed as indicated. Results of the audits will be forwarded to the QA Committee monthly for three months for tracking, trending, and updates as necessary.</p>		

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F 880	<p>Continued From page 4</p> <p>gloves, and face shield should be removed before exiting the [REDACTED] Zone.</p> <p>At this time, the surveyor observed a staff member exiting the [REDACTED] Zone wearing the re-usable white lab jacket and heading toward the [REDACTED] Zone (clean) unit. The surveyor interviewed the staff member at this time, who identified herself as a Registered Nurse Supervisor (RNS).</p> <p>The RNS stated that she worked on the [REDACTED] Zone, which was the Presumptive Covid-19 positive unit, and that all residents on that zone were considered positive for Covid-19. She admitted that she did not take off the white lab jacket before leaving the unit because she was only going to get supplies. The RNS acknowledged that she should have removed the white lab jacket because it did have the potential to be contaminated. She also stated that she was educated by the facility about proper donning and doffing of PPE to prevent the spread of infection.</p> <p>On 6/16/2020, at 12:25 PM, two surveyors observed a staff member exiting the [REDACTED] Zone with a white re-usable lab jacket. The staff member identified herself as a Speech Therapist (ST). She admitted to leaving the [REDACTED] Zone without removing the contaminated white lab jacket. She indicated that she was not educated that the white re-usable lab jacket was to be removed before exiting the [REDACTED] Zone. The surveyor pointed to the sign that was posted in full view that indicated what PPE was to be removed before exiting the [REDACTED] Zone, and the ST stated, "Okay." The ST did not provide the surveyor with any additional information.</p> <p>On 6/16/2020 at 12:45 PM, the surveyor</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>interviewed the RN UM, who stated that employees should not be exiting the [REDACTED] Zone with contaminated PPE and that the RNS and the ST should have removed the white lab jacket before exiting the [REDACTED] Zone.</p> <p>On 6/16/2020 at 1:10 PM, the surveyor toured the [REDACTED] Zone, which was identified as the Covid-19 positive unit. Before entering the [REDACTED] Zone, the surveyor observed signage posted indicating that an N95 mask, gloves, gown, and eye protectors must be worn when entering the unit. In the presence of 2 surveyors, a gentleman was observed at the nursing station wearing a mask, gloves, and a short-sleeve shirt with both arms fully exposed; no other PPE was noted. The surveyor interviewed him at this time, and he identified himself and the pharmacy medication deliverer. He stated that he delivered medications to the facility daily with only gloves and mask on. The surveyor observed that he had the medication bag lying directly on the unit's floor. The pharmacy medication deliverer picked the bag off the floor and left the unit without removing the gloves and headed directly to the facility exit; he did not go through any other units.</p> <p>On 6/16/2020 at 1:40 PM, the surveyor interviewed the Licensed Practical Nurse Unit Manager (LPN UM), who stated that the pharmacy deliverer should have worn full PPE, including gown and face shield before entering the [REDACTED] Zone. She said that she never saw him come to the unit before, but that every vendor is educated at the front desk, and signage was posted about the proper application of PPE before entering the [REDACTED] Zone.</p> <p>On 6/16/2020 at 1:45 PM, the surveyor interviewed the Director of Nursing (DON), who</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>was also the Infection Preventionist (IP). She stated that the Pharmacy Delivery man should not have been allowed to go past the front desk and should not have gone to the Covid-19 positive unit without wearing the appropriate PPE. The DON/ IP further stated, "I was not aware that he was going on that unit without the appropriate PPE."</p> <p>On 6/16/2020 at 2:00 PM, the surveyor interviewed the front door receptionist, who stated that she does the surveillance on all persons entering the facility's front door. "All vendors are required to fill out the questionnaire and have temperatures taken. We also provide them with PPE. I don't know how the pharmacy delivery man went on the COVID positive unit."</p> <p>On 6/16/2020 at 3:00 PM, the surveyor interviewed the DON who stated that when the staff exited the [REDACTED] Zone, the staff must remove the re-usable white lab coat and hang it up inside the [REDACTED] Zone to be used later.</p> <p>The DON acknowledged that the [REDACTED] Zone was an isolation unit for residents that were exposed or potentially infected with the Covid-19 virus, but did not think the re-usable white lab coat was contaminated. The DON further stated, "I don't think it is contaminated because the white lab coat is covered with a yellow gown before coming in direct contact with residents, but just to be safe, the staff should remove it [white lab jacket] before leaving the [REDACTED] Zone."</p> <p>The surveyor reviewed the facility form dated 6/12/2020, titled "[REDACTED] Zone PPE USE" which indicated that Gown use-disposable or washable: Must be worn for each resident. May not be worn into more than one resident</p>	F 880			

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F 880	<p>Continued From page 7 room.</p> <p>Each caregiver/staff member is assigned a gown (white lab jacket) for each resident for the shift. Gowns are to be hung on labeled hooks (contaminated side facing forward) and re-used for any encounter with the same patient by the same staff member during the shift. Staff members without direct contact with the resident or environment may cover a base gown with an apron to preserve gowns.</p> <p>The surveyor reviewed the facility Cohort Plan revised date of 5/29/2020, that indicated that The PPE use in the [REDACTED] Zone was as follows: Full PPE Respirator or facemask if not available Eye protection-shield or goggles Gown and gloves</p> <p>The surveyor reviewed Employee Educational Attendance Records with staff signatures that reflected that the RNS was educated on:</p> <p>3/21/2020- Covid-19, Infection Control and Prevention, Standard and Transmission based precautions to prevent the transmission of various illnesses, including Covid-19. 3/30/2020- Donning and Doffing PPE. 4/8/2020 and 4/11/2020- PPE use, Covid patients, and Crisis PPE use. Conservation of PPE use is crisis pandemic with safety and handwashing and hygiene. 4/21/2020- Use of PPE with return demonstration. 4/28/2020-PPE review, Zones for patients in each stage=[REDACTED]. 6/12/2020-Removing PPE when leaving the [REDACTED] and [REDACTED] Zone, Donning and Doffing PPE, Infection Control Practices, and Review of transmission and infection control procedures.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>The surveyor reviewed Employee Educational Attendance Records with staff signatures that reflected that the ST was educated on: 4/21/2020-Covid-19, N95 mask, use of fabric gowns re-use, and laundering protocol. 5/20/2020- Covid-19 updates and overviews. 6/12/2020-Removing PPE when leaving the [REDACTED] and [REDACTED] Zone, Donning and Doffing PPE, Infection Control Practices, and Review of transmission and infection control procedures.</p> <p>The surveyor reviewed the facility policy dated 3/4/2019 and titled, Infection Control that indicated that the facilities infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, general public alike regardless of race, color, creed, national origin, religion, age, sex, handicap, marital or veteran status or payor source. The objectives of our infection control policy and practices are to:</p> <ol style="list-style-type: none"> Prevent, detect, investigate, and control infections in the facility. Maintain a safe sanitary and comfortable environment for personnel, residents, visitors, and the general public. Establish guidelines for implementing Isolation Precautions, Including Standard and transmission-based precautions. <p>NJAC 8:39-19.4 (a), 19.8 (g)</p>	F 880			