

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16A001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT HILL RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>338 CHESTNUT STREET</b> <b>PASSAIC, NJ 07055</b>
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A 000	<p><b>Initial Comments</b></p> <p>Initial Comments: REVISED AFTER SUPERVISORY REVIEW ON 12/23/20 TYPE OF SURVEY: Complaint and COVID-19 Focused Infection Control COMPLAINT #: NJ00138819 CENSUS: 58 SAMPLE SIZE: 1 SURVEY DATE: 10/23/20, 10/24/20 and 11/19/20</p> <p>The facility is in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs, based on this Complaint Survey.</p> <p>The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19, based on this COVID-19 Focused Infection Control Survey.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		

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

TITLE

(X6) DATE

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A1297	Continued From page 1	A1297		
A1297	<p>8:36-18.3(a)(4) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p style="padding-left: 40px;">4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and facility policy review, the facility failed to properly screen staff and visitors for COVID-19 when entering the building for 2 of 2 observations at the facility entrance. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents. The census was 58.</p> <p>Findings included:</p> <p>Review of the facility policy titled, Mandatory Guidelines for Visitors and Staff during COVID-19 Public Health Emergency, undated, revealed, 5. Anyone who must enter the facility will be actively screened for signs and symptoms related to COVID-19. Their temperature shall be taken and entered on a log.</p> <p>1.a. On 10/24/20 at 8:30 AM, upon entrance to the facility, Receptionist 1 took the surveyor's temperature and asked the reason for entrance. There was no hand sanitizer or hand washing station visible at the entrance desk. Receptionist 1 showed the surveyor to the office.</p>	A1297		

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A1297	<p>Continued From page 2</p> <p>On 10/24/20 at 8:32 AM, an interview was conducted with Receptionist 1, who stated she was supposed to take the temperature of anyone who entered the building and ask why they were there. The Receptionist stated she did not question anyone about their recent signs and symptoms of possible exposure to COVID-19, but visitors were to sign a questionnaire of signs and symptoms when entering. The receptionist stated it was her mistake the questionnaire was not asked to be signed. The receptionist stated she had hand sanitizer available under the desktop and would only offer if it was requested.</p> <p>On 10/24/20 at 10:41 AM, an interview was conducted with the Wellness Director (WD) who stated visitors were to have their temperature taken and fill out a questionnaire regarding their signs and symptoms related to COVID-19. The WD stated staff only needed their temperature taken when entering and did not need to attest to signs and symptoms of COVID-19.</p> <p>A review of the screening log was conducted with the WD and Receptionist 1. Four staff present in the building did not have a temperature documented on the log for 10/24/20, including Receptionist 1. There was no place on the temperature log to document signs and symptoms of COVID-19 for staff.</p> <p>On 10/24/20 at 11:01 AM, interviews were conducted with staff members whose temperatures were not included on the temperature log. Staff members stated they took their own temperatures but did not document them on the log.</p> <p>On 10/24/20 at 11:12 AM, an interview was conducted with Receptionist 1 who stated she</p>	A1297		

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A1297	Continued From page 3  took her temperature but mistakenly documented it under someone else's name.  1.b. On 10/24/20 at 12:33 PM, an observation was conducted of the mailman who entered the facility, not wearing a mask and proceeded to deliver mail to individual mailboxes located in a room off the main lobby.  On 10/24/20 at 12:33 PM, Nurse 1, who was at the receptionist desk, was interviewed if the mailman was screened before entering the facility as he did not have a mask on. Nurse 1 stated the mailman had told her he would stop by her desk in a minute and she did not notice he was not wearing a mask.	A1297		
A1301	8:36-18.3(a)(6) Infection Prevention and Control Services  (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:  6. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases;  This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and New Jersey Department of Health (NJDOH) publications, the facility failed to conduct an exposure risk assessment to determine if quarantine/isolation and a private room was indicated for residents that frequently left the	A1301		

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A1301	<p>Continued From page 4</p> <p>facility for dialysis. This affected two of two residents (Resident #2 and Resident #3), and had the potential to affect all residents. The deficient practice occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJDOH publication, "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities," dated 10/22/2020, indicated the following; "Do patients/residents who routinely leave the facility need to be quarantined?" The facility should defer to the established policy and procedures based on their population and assessment of risk to determine if quarantine is indicated (e.g., spending at least 15 cumulative minutes of exposure at a distance of less than 6 feet to an infected person during a 24-hour period). Exposure risk may vary based on the local community transmission. The risk assessment should include factors such as community transmission; infection prevention and control compliance from transport personnel, the resident, and receiving facility HCP; and the presence of COVID-19 positive cases(s) at the sending and/or receiving facility. In general, the focus should be adherence to recommended infection prevention and control measures (e.g., audits of process monitoring) with routine monitoring for any development of symptoms. If available, these residents may be prioritized for a private room or cohorted with others who frequently leave the facility.</p> <p>Reference: NJDOH publication, "COVID-19 Exposure Risk Assessment Template for Patients in Post-Acute Care Settings," dated 11/03/2020, indicated the following; Risk assessments should be well documented to</p>	A1301		

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A1301	<p>Continued From page 5</p> <p>include the reasons for a placement decision and considerations should, at minimum, include evaluation of:</p> <ul style="list-style-type: none"> <li>- Frequency of potential exposures.</li> <li>- Transportation mode and potential for exposures during transportation.</li> <li>- Adherence to social distancing and source control of others who interacted with the patient/resident.</li> <li>- Degree to which the patient/resident can maintain/adhere to adequate social distancing, hand hygiene, and source control (if applicable).</li> <li>- Degree to which the immune system of the patient/resident might be compromised.</li> <li>- Risks and benefits of physically moving the patient/resident.</li> </ul> <p>1. During a tour of the facility on 11/19/2020 at 8:31 AM, the Wellness Director (WD) pointed out the rooms belonging to the two residents who were on dialysis. No precaution sign was on the doors, no personal protective equipment (PPE) was outside the doors, and both residents had roommates. An interview was conducted with the WD at that time. The WD stated the residents went to dialysis three times per week. The WD indicated she did not know why the residents PPE carts and precaution signs had been removed, but she would have staff set them up. The WD confirmed all residents were eating meals in their rooms, and no group activities had been resumed since the facility was in Phase 0.</p> <p>On 11/19/2020 at 10:45 AM, an interview was conducted with the Administrator. The Administrator stated he had not seen a directive that residents leaving for dialysis needed to be on precautions. The Administrator stated he would have the staff isolate the residents and wear PPE when caring for them to keep other residents from an unknown exposure.</p>	A1301		

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A1333	<p>8:36-18.4(k) Infection Prevention and Control Services</p> <p>(k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, document review, and staff interviews, the facility failed to ensure the dishwasher temperature gauges were in working order for one of one observation of the dishwasher temperatures. This had the potential to affect all residents, and the deficient practice occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>1. On 11/19/2020 at 8:58 AM, an observation of the dishwasher temperatures was conducted in the kitchen. Observations were made of five loads through the dishwasher machine. During the first load, the washer temperature was 190 degrees Fahrenheit (F), during the third load the washer was at 178 degrees F, and during the fifth load the washer temperature was 160 degrees F. The temperature during the rinse cycle for the first load was 112 degrees F, the third load rinse cycle was at 116 degrees F, and on the fifth load the rinse was at 116 degrees F. The gauge for the rinse cycles remained stationary during the observations. Review of the temperature log for the washer revealed temperatures were logged three times per day with the average wash cycle at 160 and rinse cycle at 180.</p> <p>On 11/19/2020 at 9:09 AM, an interview was conducted with the Dining Service Director</p>	A1333		
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A1333	<p>Continued From page 7</p> <p>(DSD). The DSD stated the temperature gauge was working earlier because it had been tested in the morning before any dishes had been run. The DSD stated she would call the vendor for a repair.</p> <p>On 11/19/2020 at 10:45 AM, an interview was conducted with the Administrator who stated he expected the dishwasher to be in working order.</p>	A1333		