

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

PRINTED: 07/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
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NAME OF PROVIDER OR SUPPLIER CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 94 STEVENS ROAD TOMS RIVER, NJ 08755
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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted at this facility. 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: 07/09/2020 Census: 14	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; §483.80(a)(2) Written standards, policies, and	F 880		7/13/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/29/2020
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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>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. This REQUIREMENT is not met as evidenced</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>by:</p> <p>Based on record review and interviews, it was determined that the facility failed to create a plan for managing new admissions and readmissions in accordance with the Centers for the Disease Control (CDC)'s guidance for the isolation and monitoring of residents with an unknown COVID-19 status; and failed to utilize full personal protective equipment (PPE) for residents with an unknown COVID-19 status. This had the potential to affect 20 of 20 residents during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 07/09/2020, a review was completed of a facility document titled, "SARS-CoV-2/COVID-19 Pandemic Plan for Long Term Care," dated 06/23/2020. The document defined four different Cohorts related to COVID-19.</p> <p>Cohort 1 was for residents who tested positive for COVID-19.</p> <p>Cohort 2 was for residents who had tested negative but had been exposed to known positive residents. "Roommates of symptomatic residents may already be exposed; it is generally not recommended to separate them given spatial limitations."</p> <p>Cohort 3 was noted to identify residents who had tested negative and had no exposure.</p> <p>Cohort 4 was used to identify residents with unknown COVID-19 status. Cohort 4 was noted to include "residents that travel to an outside healthcare facility (which are not part of the [REDACTED] system."</p> <p>This document also noted in the section titled, "Transmission-Based Precautions," that "all</p>	F 880	<ol style="list-style-type: none"> 1. One resident was found to have been affected by the deficient practice outlined in the CMS-2567. Upon disclosure of this concern by the Surveyor this resident was placed on Special Droplet and Contact Transmission Based Precautions which includes: gown, gloves, eye protection and N95 respirator. 2. All residents had the potential to be affected by the deficient practice outlined in the CMS-2567. 3. a. "SARS-CoV-2/COVID-19 Pandemic Plan for Long Term Care Attachment A to IC-23 Infection Prevention Management of COVID-19 Pandemic" has been updated to include the following; <ul style="list-style-type: none"> • Cohort 4 – Newly admitted and readmitted residents - Newly admitted and readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to Cohort-1. - Cohort 4 residents are placed in a single room and quarantined for 14 days to monitor for symptoms that may be compatible with COVID-19 (day of admission or re-admission is considered Day 0). After 14 days without signs or symptoms of COVID-19 resident can be removed from Cohort. - Special Droplet and Contact Transmission based precautions are implemented • Transmission-Based Precautions: 	

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F 880	<p>Continued From page 3</p> <p>recommended COVID-19 PPE should be used for all residents who are: COVID PUI." PPE required included a N95 respirator, eye protection, gown, and gloves.</p> <p>On 07/09/2020 at 9:00 AM, an interview was completed with Nurse #1. Nurse #1 said new admissions or readmissions would be quarantined for 14 days and the staff would follow standard precautions (surgical masks and gloves). "If it's an outside appointment that isn't part of [REDACTED] that would be Cohort 4," meaning the resident would be placed in Cohort 4 upon return. "If they go to a [REDACTED] facility, we don't feel like they have been exposed and they would just be monitored." Nurse #1 clarified that residents returning from an [REDACTED] facility could be placed in any (including Cohort 3) room with other residents.</p> <p>On 07/09/2020 at 9:39 AM, an interview was completed with the Director of Nursing (DON) and the Administrator. The DON was asked what residents would be considered a Person Under Investigation (PUI) for COVID-19. She stated a PUI "would be anyone who was being tested for symptoms. The provider would decide if a test was needed." "It's not based on symptoms." When asked about classifying new admissions from facilities outside the [REDACTED], the DON said that if the COVID-19 status was not known, the resident would be placed in Cohort 4. "They are in their room for 14 days. They are on standard precautions." She clarified that the only PPE used would be a surgical mask. When asked about residents who were admitted from within the [REDACTED], she stated, "If they come from within our organization, we would know their status (COVID-19) and they wouldn't be required to have the 14-day isolation. We wouldn't do a</p>	F 880	<p>Special Droplet/Contact Precautions Added: Newly admitted and readmitted residents</p> <p>b. Team members will be re-educated to the SARS-CoV-2/COVID-19 Pandemic Plan for Long Term Care.</p> <p>4. The Infection Preventionist, or their designee, will monitor compliance of the SARS-CoV-2/COVID-19 Pandemic Plan for Long Term Care by:</p> <ul style="list-style-type: none"> - At the time of admission, ensure all new admissions and readmissions are placed in the correct Cohort. - Monitor staff compliance with the recommended PPE use for Special Droplet and Contact Precautions twice weekly. <p>This data will be reviewed by the Administrator weekly and reported to the QAPI Committee until 100% compliance has been maintained for 90 days.</p>		

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F 880	<p>Continued From page 4 repeat test on them."</p> <p>An interview was completed with the Director of Patient Safety (DPS) on 07/09/2020 at 12:10 PM. The DPS was asked about the procedure for new admissions. She stated that all new admissions were placed in Cohort 4 for 14 days. "We prefer they are put in a private room (without roommates), but they may be in with other children. We use standard precautions (surgical masks) but pull a curtain for some environmental control. (Cohort 4) don't need full PPE unless they need something that may cause aerosolizing like suctioning." The DPS said that was the same practice in place before the COVID-19 pandemic. She also stated that if a resident went out to an appointment at an [REDACTED], "We don't worry" about exposure because of the process in place at the facilities. If a resident went to an out of network facility, they would be placed into Cohort 4 when they return, but no residents were tested unless they had symptoms. She also stated that any resident admitted from an [REDACTED] would have already had a test before the admission.</p> <p>A follow up interview was completed with the Administrator on 07/09/2020 at 1:55 PM. The Administrator said the document they used to create their Pandemic Plan came from the State Department of Health. The document, "says Cohort 4 is for new admissions if status is unknown. If they come from one of our centers, we know their status." He said those residents would be placed in Cohort 3 and that there was no guidance that new admissions would be considered PUI.</p> <p>An interview was completed with the Infection Preventionist (IP) on 07/09/2020 at 1:55 PM. The IP said when residents return from being out of</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>the facility, or when they are admitted, no testing was done. "We have confidence in the systems we [REDACTED] have. For residents who come from outside our system, we monitor them for 14 days and put them in a quarantine room or a room by themselves. The only PPE required are surgical masks."</p> <p>A review of the New Jersey Department of Health's document titled, "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities," dated 05/11/2020, indicates, "When testing capacity is available and facility spacing permits, patients/residents should be organized into the following cohorts: ..."d) Cohort 4 - New or Re-admissions: This cohort consists of all persons from the community or other healthcare facilities whose COVID-19 status is unknown. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19." Furthermore, the document indicates, "Regardless of cohort, all staff should adhere to Standard Precautions and any necessary Transmission-Based Precautions according to clinical presentation and diagnosis, when caring for any patients/residents. Full Transmission-Based Precautions and all recommended COVID-19 PPE should be used for all patients/residents who are:</p> <ul style="list-style-type: none"> - COVID-19 PUI - Exposed to a COVID-19 HCP (healthcare personnel) PUI - Exposed to any COVID-19 positive person - On a wing/unit (or facility wide), regardless of presence of symptoms, when transmission is suspected or identified." <p>According to the Centers for the Disease Control's guidance titled, "Responding to</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>Coronavirus (COVID-19) in Nursing Homes," dated 04/30/2020, indicated, "Considerations for new admissions or readmissions to the facility," "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19.</p> <ul style="list-style-type: none"> - All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. - Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic SARS-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. -New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty." <p>NJAC: 8:39-13.1 (c)</p> 	F 880			