

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

PRINTED: 12/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/15/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEADOW LAKES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 MEADOW LAKES EAST WINDSOR, NJ 08520</b>
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F 000	INITIAL COMMENTS  Survey date: 12/15/2020  Census: 39  Sample: 12  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to not 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 for COVID-19.	F 000		
F 880 SS=L	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	F 880		1/25/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  12/24/2020
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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 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(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</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <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>	F 880			

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F 880	<p>Continued From page 2</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: Based on observation, interview, medical record review, and other facility documentation, it was determined that the facility failed to a.) identify all residents exposed to COVID-19 as persons under investigation (PUI) and b.) implement mitigation strategies to prevent the transmission of COVID-19.</p> <p>This deficient practice was identified for 8 of 8 residents (Resident [REDACTED] and [REDACTED]) reviewed for a known exposure to COVID-19 on [REDACTED] of [REDACTED] nursing units during a survey conducted on 12/9/2020.</p> <p>On [REDACTED] the facility became aware that CNA #1 tested positive to COVID-19 on [REDACTED]. The CNA was assigned to both COVID-19 positive and negative residents on both the [REDACTED] and [REDACTED] wing nursing units on [REDACTED], [REDACTED], and [REDACTED]. The facility identified through contact tracing that CNA #1 had direct contact with seven COVID-19 negative residents (Resident [REDACTED], and [REDACTED]). Surveyor review of CNA #1's assignment sheet on [REDACTED] revealed that Resident [REDACTED] was also exposed. The facility failed to identify these eight residents exposed to COVID-19 as PUI. Upon known exposure these residents remained on the "well non exposed" nursing unit and were not placed on transmission-based precautions (TBP) in an effort to mitigate the spread of the virus. During the survey conducted on 12/9/2020, the surveyors observed staff on the</p>	F 880	<p>Meadow Lakes Health Care Center December 15 POC</p> <p>F880.</p> <p>1) How the corrective action will be accomplished for those residents affected by the deficient practice. Resident [REDACTED] Resident was discharged home [REDACTED] with no symptoms present. IP contacted family member on [REDACTED], educated the family member on signs and symptoms of COVID 19, and family is instructed to monitor for the signs and symptoms for 14 days post discharge. NJ DOH Guidance for COVID 19 Patients Discharged from Healthcare Facilities was also sent to the family member. Resident [REDACTED] Resident was placed on contact isolation for PUI (Person Under Investigation) on [REDACTED] at 5:18pm, and transmission based precautions were initiated which includes N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown. Responsible party notified of PUI status. The Resident is being monitored for signs and symptoms of COVID-19 twice daily. The Resident will be rapid tested if the resident shows any signs or symptoms. The Resident is being tested twice a week with</p>		

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F 880	<p>Continued From page 3</p> <p>"well non exposed" sections of both nursing units wearing at minimum a N95 (respirator) mask as the only personal protective equipment (PPE). There was no signage that indicated any residents on the "well non exposed" nursing units were on TBP as well as no readily available PPE. In addition, staff were unaware of the appropriate TBP or protocol that should have been implemented for exposure to the virus.</p> <p>The facility's failure to identify residents on the "well non exposed" nursing units as exposed to COVID-19 or implement strategies to prevent the spread of COVID-19. This failure posed a serious and immediate threat to safety and wellbeing of all non-ill residents.</p> <p>This resulted in an Immediate Jeopardy (IJ) situation that began on 12/6/2020 when the facility was notified of the confirmed positive CNA. The facility Administration was notified of the IJ on 12/9/2020 at 4:29 PM. The immediacy was removed on 12/10/2020 at 1:22 PM based on an acceptable Removal Plan that was implemented by the facility and verified by the surveyors during an on-site revisit survey conducted on 12/15/2020.</p> <p>The evidence was as follows:</p> <p>Part A.</p> <p>1. On 12/09/2020 at 9:15 AM, the surveyors met with the Executive Director, Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and Registered Nurse/Infection Preventionist (RN/IP). The RN/IP informed the surveyors that the facility had two nursing units ( ) that shared a connected COVID-19</p>	F 880	<p>PCR test during routine testing due to County Positivity Rate. Resident is residing by themselves in a semi-private room. Resident had a PCR test done on ( ), test result received on ( ) night, and the results indicated COVID-19 not-detected.</p> <p>Resident ( ) Resident was placed on contact isolation for PUI on ( ) at 5:12pm, and transmission based precautions were initiated which includes N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown. Resident and the Responsible party were notified of PUI status. The Resident was being monitored for signs and symptoms of COVID-19 twice daily until discharge on ( ). NJ DOH Guidance for COVID 19 Patients Discharged from Healthcare Facilities provided on discharge. The resident was instructed to remain in quarantine in the community for the remainder of the quarantine period.</p> <p>Resident ( ) Resident was placed on contact isolation for PUI on ( ) at 5:20pm, and transmission based precautions were initiated which includes N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown. Resident and the Responsible party were notified of PUI status. Responsible party also made aware that resident ( )s ( ) PCR test is negative and the responsible party noted that the responsible will notify the resident of this. The Resident was being monitored for signs and symptoms</p>	

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F 880	<p>Continued From page 4</p> <p>positive unit. The RN/IP indicated that residents were on TBP in the COVID positive unit so staff in that section of the unit donned (wore) PPE which included N95 mask with a surgical mask covering, coveralls (tear and puncture resistance full body jumpsuit), gown, bonnet (hair covering), booties (shoe coverings), and eye protection. The remaining sections of both █ and █ nursing units housed residents who were "well non exposed." Staff donned at minimum a N95 mask with no surgical mask covering. The RN/IP stated that the facility currently had no PUIs that required TBP. The RN/IP stated that if a staff member was to become COVID-19 positive, that staff member would immediately be removed from work for a minimum of ten days. The RN/IP stated that the facility utilized a form to identify the residents that the COVID-19 positive staff member had come in close contact to within seventy-two hours of testing positive for COVID-19. The RN/IP further stated that all residents that the COVID-19 positive staff member had come in contact with would be placed on TBP for fourteen days.</p> <p>At 10:15 AM, the surveyors reviewed the facility's COVID-19 outbreak resident and staff line list, infection data tracking/surveillance sheets with the LNHA, DON, and RN/IP. The survey team identified that a nursing staff member had tested positive to COVID-19 on █. The RN/IP identified this staff member to be CNA #1. The RN/IP stated that the facility became aware of the positive test results on █. The CNA was not at the facility at the time and was instructed to remain out of the facility on quarantine. The RN/IP stated that the CNA had worked on the nursing units on █, █, and █. The survey team requested CNA #1's</p>	F 880	<p>of COVID-19 twice daily until discharge on █. NJ DOH Guidance for COVID 19 Patients Discharged from Healthcare Facilities provided on discharge. The resident was instructed to remain in quarantine in the community for the remainder of the quarantine period. Resident █ Resident was placed on contact isolation for PUI on █ at 5:13pm, and transmission based precautions were initiated which includes N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown. Resident and their Responsible party were notified of PUI status. The Resident is being monitored for signs and symptoms of COVID-19 twice daily. The Resident will be rapid tested if the Resident shows any signs or symptoms. The Resident is being tested twice a week with PCR test during routine testing due to County Positivity Rate. Resident is residing in a semi-private room with Resident █. Resident had a PCR test done on █, test result received on █ night, and the results indicated COVID-19 not-detected. Resident █ Resident was placed on contact isolation for PUI on █ at 5:13pm, and transmission based precautions were initiated which includes N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown. The Resident's responsible party was notified of PUI status. The Resident is being monitored for signs and symptoms of COVID-19 twice daily. The Resident will</p>		

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F 880	<p>Continued From page 5</p> <p>assignments for those days as well as any contact tracing completed.</p> <p>At 10:51 AM, the surveyors toured the "well non exposed" section of █ wing nursing unit. The surveyors observed that there was no signage on any of the residents' doors to indicate TBP requirement or usage direction or visible PPE supply bins on the unit.</p> <p>At 11:02 AM, the surveyors interviewed the Lead CNA who stated that she was assigned for the day to residents on both the "well non exposed" side and the COVID-19 positive side of █ wing nursing unit. The Lead CNA stated that she worked from well to ill residents and donned full PPE (coveralls, gown, gloves, booties, bonnet, eye protection, and a surgical mask covering the N95 mask) for the COVID-19 positive residents. The Lead CNA stated that no residents on the "well non exposed" section of █ wing nursing unit were on TBP. Staff did not have to don additional PPE to enter any of these rooms.</p> <p>At 11:08 AM, the surveyors interviewed Housekeeper (HK) #1 who stated that she cleaned both the █ and █ wing nursing units. The HK stated that when she cleaned the COVID-19 positive section, she donned full PPE. The HK stated that the rooms on the "well non exposed" sections of the nursing units were considered non-isolation rooms, so she did not have to don additional PPE besides her N95 mask.</p> <p>At 11:21 AM, the surveyors interviewed HK #2 who stated that her primary role was clean and deliver laundry. The HK identified the COVID-19 positive section of the nursing units. The HK</p>	F 880	<p>be rapid tested if the resident shows any signs or symptoms. The Resident is being tested twice a week with PCR test during routine testing due to County Positivity Rate. Resident is residing in a semi-private room with Resident █ Resident had a PCR test done on █, test result received on █ night, and the results indicated COVID-19 not-detected.</p> <p>Resident █ Resident was placed on contact isolation for PUI on █ at 5:18pm, and transmission based precautions were initiated which includes N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown. The Resident's responsible party was notified of PUI status. The Resident is being monitored for signs and symptoms of COVID-19 twice daily. The Resident will be rapid tested if the resident shows any signs or symptoms. The Resident is being tested twice a week with PCR test during routine testing due to County Positivity Rate. Resident is residing in a semi-private room with Resident █ Resident had a PCR test done on █, test result received on █ night, and the results indicated COVID-19 not-detected.</p> <p>Resident █ Resident was placed on contact isolation for PUI on █ at 5:18pm, and transmission based precautions were initiated which includes N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown. The Resident's Responsible party was</p>		

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F 880	<p>Continued From page 6</p> <p>stated that those residents were on TBP. The HK stated that none of the residents on the "well non exposed" section of █ wing nursing unit were on TBP. The HK stated that there would be a sign outside the resident's door which indicated TBP and additional PPE was required for that room. There would also be a PPE bin outside that door which contained the additional PPE. The HK stated that she donned only a N95 mask for resident rooms not identified to be on TBP.</p> <p>At 11:31 AM, the surveyors interviewed the Licensed Practical Nurse (LPN) who stated that she was assigned today to residents on both the "well non exposed" section of █ wing nursing unit as well as COVID-19 positive residents. The LPN stated that she worked from well residents to COVID-19 positive residents. The LPN stated that she donned full PPE with COVID-19 positive residents because they were on TBP. The LPN confirmed that there were no residents on the "well non exposed" section of the █ wing nursing unit who were on TBP and required additional PPE prior to entering their rooms.</p> <p>At 11:33 AM, the surveyors toured the "well non exposed" section of █ wing nursing unit. The surveyors observed that there was no signage indicating residents to be on TBP or PPE supply bins.</p> <p>At 12:10 PM, the surveyors interviewed the Occupational Therapist (OT) who stated that she worked with both "well non exposed" and COVID-19 positive residents on both the █ and █ wing nursing units. The OT stated that she worked with well residents first before any COVID-19 positive residents. The OT stated that the residents on the COVID-19 positive section</p>	F 880	<p>notified of PUI status. The Resident is being monitored for signs and symptoms of COVID-19 twice daily. The Resident will be rapid tested if the resident shows any signs or symptoms. The Resident is being tested twice a week with PCR test during routine testing due to County Positivity Rate. Resident is residing in a semi-private room with Resident █. Resident had a PCR test done on █, test result received on █ night, and the results indicated COVID-19 not-detected.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by this deficient practice. Residents will be identified and monitored twice daily, vital sign and symptoms screening, routine testing as per State's recommendation based on County Positivity Rate, and rapid testing as need. The Medical Director is informed of any abnormalities.</p> <p>Residents with the known exposure will be identified, monitored twice a day, and placed on transmission based precaution immediately. The transmission based precaution will include N95 respirator or a CDC acceptable alternative, or facemask if unavailable, eye protection, gloves, and isolation gown.</p> <p>Staff will be notified of any Residents that have been placed on transmission based precautions through updated</p>		

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F 880	<p>Continued From page 7</p> <p>were on TBP and she was required to don full PPE. The OT stated that residents in the "well non exposed" rooms on both █ and █ wing nursing units were all considered non-ill residents who were not on TBP. The OT stated that she donned only a N95 mask with no surgical mask covering and optional eye protection for those residents.</p> <p>At 12:12 PM, the surveyors interviewed the Registered Nurse/Unit Manager (RN/UM) who stated that no residents on the "well non exposed" sections of █ and █ wing nursing units were currently on TBP. The RN/UM further stated that if a staff member tested positive for COVID-19, the facility would identify the residents the staff member had contact with and then perform a rapid antigen COVID-19 test (a nasal swab test that detected a body's immune response to COVID-19 which results were known in fifteen minutes) on all of these residents to rule out an infection. The RN/UM did not provide a time frame or look back period for staff to resident contact. The RN/UM further stated that the residents would be monitored for signs and symptoms of COVID-19 in addition to monitoring their vital signs every shift. The RN/UM stated that if the resident who had contact with a COVID-19 positive staff member had a negative rapid test result, were being monitored with no signs and symptoms of COVID-19, then there would be no need to place residents on TBP since residents did not leave their rooms.</p> <p>Review of the PCR lab results (PCR test for qualitative detection of nucleic acid from SARS-CoV-2/COVID-19) revealed the following:</p> <p>CNA #1's swab was collected on █ and</p>	F 880	<p>assignments, one to one conversation or via staff change of shift report daily.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur:</p> <p>System changes will address improved Contact Tracing that will result in immediate identification of exposed Residents. Identified Residents will be placed on transmission based precautions for 14 days post exposure while monitoring for signs and symptoms of COVID-19. All residents that have been identified as exposed and staff will be tested for COVID-19 upon identification of exposure by PCR or antigen based test.</p> <p>The DON/designee will educate on Transmission Based Precautions, Contact Tracing and identification of PUI for all licensed staff starting as soon as practicable and completed within 7 days and during initial orientation for new employees.</p> <p>The DON /designee will educate all healthcare staff on Transmission Based Precautions, Contact Tracing and appropriate identification of PUI by 12/30/2020.</p> <p>The DON /designee will provide education on Transmission Based Precautions, Contact Tracing and appropriate identification of PUI when there is an identified outbreak in the HealthCare Center until the end of the pandemic.</p>		



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F 880	<p>Continued From page 8</p> <p>reported as positive detected for SAR-CoV-2 on [REDACTED].</p> <p>Review of the facility's staff line listing revealed that CNA #1 was placed on quarantine out of the facility on [REDACTED].</p> <p>Review of CNA #1's assignment sheets for [REDACTED], [REDACTED], and [REDACTED] which reflected the following:</p> <p>On [REDACTED], the CNA was assigned to provide care for [REDACTED] COVID-19 positive resident and [REDACTED] COVID-19 negative residents.</p> <p>On [REDACTED], the CNA was assigned to provide care for [REDACTED] COVID-19 positive residents and [REDACTED] COVID-19 negative residents.</p> <p>On [REDACTED], the CNA was assigned to provide care for [REDACTED] COVID-19 positive residents and [REDACTED] COVID-19 negative resident.</p> <p>Out of the [REDACTED] COVID-19 negative residents CNA #1 cared for from [REDACTED] through [REDACTED], [REDACTED] residents tested COVID-19 positive on [REDACTED]. The remaining [REDACTED] COVID-19 negative residents (Resident [REDACTED], # [REDACTED]) remained negative and not on TBPs according to the facility's resident outbreak line list.</p> <p>At 2:14 PM, the surveyors re-interviewed the RN/IP who explained the facility's contact tracing process. The RN/IP stated that she was not assigned the responsibility of contact tracing, that the head of that department would be responsible. The RN/IP stated that for nursing either the RN/UM or the DON would be responsible for that contact tracing.</p>	F 880	<p>The DON /designee will provide annual education on Transmission Based Precautions, Contact Tracing and appropriate identification of PUI as of 12/30/2020 for all healthcare staff until the end of the pandemic.</p> <p>Directors/ Managers will continue to participate in morning meeting to discuss any COVID-19 updates, new cases, and contact tracing results.</p> <p>Directors/ Managers will disseminate appropriate information to the staff in their department and during the Change of shift report.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Contact tracing will be conducted by the Infection Preventionist, Administrator, Department Manager, Manager on Duty or designee for persons who have been in close contact up to 48 hours prior to the person who has a laboratory-confirmed or probable COVID-19 exposure.</p> <p>Contact tracing audits will be performed by the Infection Preventionist or designee post exposure. The contact tracing audit will be conducted weekly for 4 weeks or until 100% compliance is attained for 4 consecutive weeks, then monthly for 3 months or until 100% compliance is attained. The results of the contact tracing</p>		

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F 880	<p>Continued From page 9</p> <p>At 2:17 PM, the LNHA and DON joined the RN/IP and the survey team. The RN/IP continued that for example, if a CNA had tested positive for COVID-19, the facility went back [REDACTED] hours from the date that CNA tested positive to see who they were in contact with. The RN/IP stated that they were verbally instructed from their Local Health Department (LHD) to do this. Any resident that the CNA was in close contact (within six feet for a cumulative of fifteen minutes in a twenty-four-hour period), would be considered a PUI and placed on TBP for fourteen days and COVID-19 tested routinely. Staff would, during this time, monitor for any signs and symptoms that might develop for COVID-19. Staff would place TBP signage outside the resident's room, as well as place a PPE bin to provide staff with the additional PPE needed. There would be limited movement of staff in and out of that room.</p> <p>During this interview, the surveyors asked why the residents who were COVID-19 negative and exposed to CNA#1 from [REDACTED] through [REDACTED] were not placed on TBP for fourteen days. The LNHA responded that the COVID-19 positive results "kept coming in." The LNHA acknowledged that the facility was aware that CNA #1 was COVID-19 positive on [REDACTED]. The DON responded that CNA #1's assignment was to COVID-19 positive residents only.</p> <p>At 2:25 PM, the surveyors reviewed with the LNHA, DON, and RN/IP the undated contact tracing sheet for CNA #1 provided by the facility that identified that CNA was in contact with [REDACTED] out of the [REDACTED] residents on the CNA's assignment sheets. The surveyor then reviewed the CNA's assignment sheets from [REDACTED] through [REDACTED] that reflected that the CNA</p>	F 880	<p>audit will be reviewed at the monthly QAPI meeting until the end of COVID 19 pandemic to ensure compliance and accuracy.</p> <p>F880.</p> <p>1) How the corrective action will be accomplished for those residents affected by the deficient practice. HK#3 was educated on proper handwashing technique with return demonstration and the handwashing policy and procedure was reviewed on 12/10/2020.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents residing in this facility are at risk of this practice.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur: An in-service on proper handwashing to be completed on all Housekeeping staff by the Infection Preventionist or designee by 12/30/2020. Handwashing competencies will be completed by 12/30/2020 for all Housekeeping staff by the Housekeeping Director or designee. Housekeeping Director or designee will perform handwashing competencies on 3 staff members weekly for 6 months.</p> <p>4. How the facility will monitor its</p>		

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F 880	<p>Continued From page 10</p> <p>cared for both COVID-19 positive and negative residents on all three days. The CNA cared for [REDACTED] identified COVID-19 negative residents. The RN/IP stated that there was no immediate contact tracing completed for CNA #1.</p> <p>At 2:30 PM, the LNHA, DON, and RN/IP acknowledged that all [REDACTED] residents should have immediately been placed on TBP on [REDACTED]. The DON stated that Resident [REDACTED] was discharged home from the facility on [REDACTED], but the other [REDACTED] residents remained in the facility and not on TBP.</p> <p>The IJ was identified on 11/19/2020 and the LNHA, DON, and RN/IP were notified of the IJ at 4:29 PM. A removal plan was accepted on 12/10/2020 which included that residents who were identified in coming into close contact with CNA #1 remained in their rooms and placed on TBP. The family of Resident [REDACTED], who was discharged home, was notified of the exposure. All licensed staff were re-inserviced on PUI isolation, COVID testing, and investigation of an outbreak.</p> <p>The implementation of the removal plan was verified on-site on 12/15/2020.</p> <p>On 12/15/2020 at 10:12 AM, the surveyors toured the PUI unit and verified through observations, interviews with facility staff, and review of in-service education and revised facility documents that the Removal Plan had been implemented.</p> <p>A review of the facility's Emergency Preparedness Policies and Procedures COVID-19 Contact Tracing dated effective</p>	F 880	<p>corrective actions to ensure that the deficient practice is being corrected and will not recur: Results of the handwashing audits will be reported during the quarterly QAPI meeting for 6 months</p> <p>DPOC information:</p> <ol style="list-style-type: none"> <li>1.Meadow Lakes has retained an approved Certified Infection Control Practitioner.</li> <li>2.Meadow Lakes has completed a Root Cause Analysis the final conclusion indicated that an increase in communication was warranted and changes have been made to the Morning Meeting to increase communication surrounding PUI status.</li> <li>3.State that an Infection Prevention and Intervention Plan was implemented and includes a tracking tool; the IP at the time completed the CDC infection control course. The current IP and DON conduct rounds to ensure proper PPE is worn.</li> <li>4.Meadow Lakes has completed the LTC Self Assessment.</li> <li>5.The required staff have viewed the 4 videos (Module 1 and 6B; Keep COVID-19 Out and Use PPE correctly.</li> </ol>		

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F 880	<p>Continued From page 11</p> <p>██████████ included that contract tracing will be done to identify and provide support to staff/residents that may have been infected through exposure to an infected person. This process prevents further transmission of disease by separating people who have (or may have) an infectious disease from people who do not. The importance of contract tracing after exposure is critical to stop the spread of COVID-19. The policy also included that contact tracing will be conducted by the Infection Preventionist, LNHA, Department Manager, Manager on Duty or designee for persons who have been in close contact up to 48 hours prior to the person who has a laboratory-confirmed or probable COVID-19 exposure. The close contact to the person should be notified of their exposure as soon as practicable. The policy also included that close contacts are required to self-quarantine at home for fourteen days after your last contact with that person.</p> <p>A review of the guidance of the New Jersey Department of Health/Communicable Disease Services (NJDOH/CDS) Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities dated revised 10/22/2020 included that cohort 2 COVID-19 negative, exposed consisted of both symptomatic and asymptomatic residents who tested negative for COVID-19 with an identified exposure to someone who was positive. These individuals should be quarantined for fourteen days from the last exposure, regardless of test results. The guideline further included that residents in cohort 2 should be placed on TBP using the COVID-19 recommended PPE of a N95 mask, eye protection, gloves, and isolation gowns.</p>	F 880			

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F 880	Continued From page 12  F880 remains a deficiency, at a scope and severity level of a D based upon the following:  Part B  Based on observation, interview and record review it was determined that the facility failed to perform appropriate hand hygiene in accordance with the Center for Disease Control (CDC) guidelines. This deficient practice was identified during 1 of 3 direct hand hygiene observations and was evidenced by the following:  1. On 12/09/2020 at 10:54 AM, the surveyor interviewed HK #3 working on the non COVID-19 unit. The HK told the surveyor that she had difficulty sometimes speaking English. The HK stated that she worked on both the COVID-19 positive and non COVID-19 positive nursing units. The HK explained that she cleaned the non-ill resident's rooms first and then cleaned the COVID-19 positive rooms last. The HK stated that she performed hand hygiene before and after entering all the residents' rooms and washed her hands for four to five seconds.  At 10:59 AM, the surveyor observed HK #3 turn on the faucet to the sink with a paper towel. The HK was observed wetting her hands with water and then applied soap. The surveyor observed the HK rinse and rub her hands together under the running water for twenty-two seconds. The HK was not observed lathering her hands with friction outside of the running water. After the HK rinsed her hands, she used a paper towel to turn off the faucet and then dried her hands with a	F 880			

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F 880	<p>Continued From page 13</p> <p>clean paper towel. The surveyor further interviewed the HK who confirmed that she washed her hands under running water.</p> <p>At 2:10 PM, the surveyors interviewed the RN/IP who stated that the appropriate method to perform hand hygiene in accordance with the CDC guidelines was to wet hands, apply soap, and lather hands in a downward position outside of the running for twenty seconds. The RN/IP further stated that after lathering the hands for twenty seconds, the individual was to rinse their hands with water, use one to two paper towels to dry their hands and then take a clean paper towel to turn off the faucet of the sink.</p> <p>A review of the facility's Handwashing/Hand Hygiene Policy and Procedure dated revised 7/18/18 included that this facility considers hand hygiene the primary means to prevent the spread of infections. The policy further included for the procedure for washing hands to 1. Turn the faucet on. Avoid splashing your uniform. If you touch any surface after turning the water on, including the sink or the faucets, you must begin again. Adjust water to acceptable warm temperature. 2. Angle your arms down, holding your hands lower than your elbows. Wet your hands and wrists. 3. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of twenty seconds (or longer) away from the stream of water. 4. Rinse hands thoroughly under running water. Hold hands lower than wrists. Do not touch fingertips to inside of sink. 5. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel. 6. Discard towels into trash.</p>	F 880			

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

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F 880	Continued From page 14 NJAC 8:39-19.4 (a)(b)(c)(d)	F 880			