

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

PRINTED: 07/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315455	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2020
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NAME OF PROVIDER OR SUPPLIER ROYAL HEALTH GATE NRSR REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 BRUNSWICK AVENUE TRENTON, NJ 08638
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(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
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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 had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 06/27/2020	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		6/29/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/08/2020
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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: Based on staff interviews, observation and record review, it was determined that the facility failed to adequately monitor residents, staff and visitors for signs and symptoms of COVID-19. This affected 113 of 113 residents in the facility during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>On arrival to the facility on 06/27/2020 at 12:45 PM, the surveyor's temperature was taken, but was not asked any screening questions by the Assistant Administrator. At 1:05 PM, a mobile x-ray vendor entered the facility. A temperature check of the vendor was completed, but no screening questions were asked by the front desk clerk.</p> <p>An interview was completed with the front desk clerk on 06/27/2020 at 1:05 PM. She stated that she checks temperatures on anyone who enters the building, but she does not ask any screening questions.</p> <p>At 1:45 PM on 06/28/2020, an interview was completed with Nurse Supervisor #1. Nurse Supervisor #1 stated when staff report to work, or go outside and come back in, they have a temperature check, but they are never asked screening questions. Nurse Supervisor #1 was questioned about residents' screening for COVID-19 symptoms. She stated, "Residents temperatures are done three times a day if you are a suspected case. If they are negative and have no signs and symptoms, we aren't checking temperatures as often. It would be routine vital signs. There isn't any screening questions for any of the residents."</p>	F 880	<p>F-880</p> <ol style="list-style-type: none"> 1. On 6/28/2020 the Administrator did individual counseling with the receptionist staff and The Nursing Supervisor #1 in regards to the policy and procedure for COVID-19 screening. The ADON received individual counseling and in-service by the Administrator on 6/28/2020 in regards to the policy and procedure for COVID-19 screening and the questionnaire. The Infection control policy was updated to reflect all CDC requirements to actively to monitor all residents upon admission at least daily for fever and symptoms consistent with COVID-19. The resident screening tool includes temperature twice a day, and questions about whether they are experiencing any sore throat, shortness of breath, loss of taste or smell and body aches. 2. All residents have the potential to be affected by this deficient practice when proper screening is not done according to CDC requirements. 3. The nursing staff, front desk staff and Admission staff was in-serviced on 6/29/2020, by the Administrator and ADON in regards to the proper screening of all residents, visitors and staff members to comply with CDC requirements. The policy for screening requirements was printed and distributed to each employee. 4. The Administrator, and Director of Nurses will check daily x 14 days that the screening tool and questionnaire is being 		

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F 880	<p>Continued From page 3</p> <p>On 06/28/2020 at 3:00 PM, an interview was completed with the Assistant Director of Nurses (ADON). The ADON was asked about the procedure for screening the staff and visitors. "Initially, we did a questionnaire and asked about fever, travel and respiratory issues. We did that in March." She said that they do temperature checks, but, "We don't do the questionnaire part anymore." The ADON was asked about screening residents for COVID-19 symptoms. "There is no screening for residents who test and are negative." "We used to do a screening for residents every day, twice a day before we had testing. Since testing, we aren't doing the screening. When the nurse gives meds [medications], they would ask how they [residents] are feeling." She reported that the nurses wouldn't document asking residents how they were feeling.</p> <p>Review of the facility's Infection Control Policy and the Outbreak Policy noted no guidance on screening of residents, staff or visitors for COVID-19 symptoms.</p> <p>A review of the Centers for Disease Control's (CDC) guidelines titled, "Preparing for COVID-19 in Nursing Homes," last updated 6/25/2020, indicated, "Actively monitor all residents upon admission and at least daily for fever (Temperature greater than 100.0 degrees Fahrenheit) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry."</p> <p>According to the CDC, symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore</p>	F 880	<p>used for each resident, visitor and staff member. The Director of Nurses and ADON will monitor twice a month the screening tools for COVID-19 monitoring until such time the CDC lifts the requirement for screening. All findings will be reviewed at the Quality Assurance Meeting x 2 quarters.</p>		

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F 880	Continued From page 4 throat, congestion or runny nose, nausea or vomiting and diarrhea.	F 880			
F 885 SS=F	<p>NJAC: 8:39-13.1 (c) Reporting-Residents, Representatives & Families CFR(s): 483.80(g)(3)(i)-(iii)</p> <p>§483.80(g) COVID-19 reporting. The facility must—</p> <p>§483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—</p> <p>(i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, it was determined that the facility failed to develop a process for notifying residents, their representatives and families by 5 PM the next calendar day each time a confirmed COVID-19 test result is identified, or whenever three or more</p>	F 885	<p>F-885</p> <p>1. The Administrator and Unit Managers immediately started on 6/29/2020, by telephone all family members of residents at the facility to inform them of any new</p>	6/29/20	

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F 885	<p>Continued From page 5</p> <p>residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. The deficiency occurred during the COVID-19 pandemic and affected 113 of 113 residents.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 06/27/2020 at 3:00 PM, an interview was completed with the Assistant Director of Nurses (ADON). The ADON said, "We gave letters to residents that are alert and oriented. We sent the letter to the RP [responsible party] if the resident is not alert and oriented. It was done with the first case in April." The ADON said there had been no updates sent with new positive cases and there was no process to do letters if there were any more cases.</p> <p>No policies were presented during the survey that indicated a requirement to notify residents or families of new positive COVID-19 cases or newly symptomatic staff or residents.</p> <p>The facility Administrator and the Director of Nurses were unavailable during the survey.</p> <p>NJAC: 8:39-13.1 (c)</p>	F 885	<p>confirmed cases of COVID-19 or three or more residents or staff with new on-set of respiratory symptoms occurring within 72 hours of each other. All residents with no responsible party received letters. Residents who are alert and oriented were verbally told by the Administrator, Unit Managers and Activity Director. The last confirmed case of COVID-19 for residents was 6/2/2020 and for staff 6/5/2020. There has been no new onset of respiratory symptoms since this time of 6/5/2020.</p> <p>2. All residents have the potential to be affected by this deficient practice when a system is not followed for notifying families and residents and resident representatives of new on-set of confirmed COVID-19 test results or respiratory systems of new on-set within 72 hours of each other.</p> <p>3. An in-service was done by the Administrator and ADON on 6/29/2020 with the nursing staff members on the policy and requirements to notify families, residents and resident responsible parties of new on-set of COVID-19 confirmed cases and new on-set of respiratory symptoms whenever three or more residents or staff members with new on-set of respiratory symptoms occur within 72 hours of each other by telephone or letters.</p> <p>4. The Administrator and ADON will monitor daily x 30 days and ongoing all residents and/or staff members that test are confirmed for COVID-19 testing. All</p>		

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F 885	Continued From page 6	F 885	family and residents and resident representative will receive notification as required by the CDC. All information will be reviewed at the Quality Assurance meeting x 2 quarters.		