STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315426	A. BUILDING _____ B. WING _____	11/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT RIDGEWOOD AVENUE	W-90 RIDGEWOOD AVE PARAMUS, NJ 07652

(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: 11/17/2020 Census: 29	F 000		
F 880 SS=E	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		12/5/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/30/2020

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F 880	Continued From page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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, and review of pertinent facility documents, it was determined that the facility failed to: a) practice appropriate hand hygiene for 2 of 6 staff; b) ensure proper use of personal protective equipment (PPE) for 2 of 4 staff; and, c) sanitize the table used for staff testing in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19. This deficient practice was evidenced by the following: According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene, which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at	F 880	F880: 1. Housekeeping member was retrained on proper handwashing. Housekeeping staff have been inserviced on proper handwashing technique with return demonstration. Infection Control surveillance rounds on handwashing will be completed 1 per day x 3 weeks. Completed audits will be reviewed weekly and forwarded to the Quality Assurance Committee for one quarter for tracking, trending and ongoing intervention. 2.	

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F 880	Continued From page 3 the right times." According to the U.S. CDC's "Interim Infection Prevention and Control Recommendations for HCP During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated 11/4/20 included guidelines to "Collection of Diagnostic Respiratory Specimens" It specified that, "Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control ....Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly." 1. On 11/17/20 at 9:15 AM, surveyors met with the Licensed Nursing Home Administrator (LNHA), who informed the surveyors that there were no positive COVID-19 residents or staff in the facility. The LNHA stated that the positive resident on [redacted] was transferred to another facility. She further noted that four units in the facility were a Yellow Zone, which meant that all residents were treated as persons under investigation (PUI). At that same time, the LNHA stated that all staff was mandated to wear an N95 mask and a face shield or goggles when on the units and must wear full PPE, which includes an N95 mask, gown, gloves, and eye protector or a face shield when inside resident rooms. At 9:36 AM, the surveyor observed the Housekeeper (HK) on the [redacted] floor [redacted] unit perform hand hygiene. The HK applied soap without wetting her hands with water and dried her hands with the same paper towel that she first used to turn off the faucet.	F 880	The physician will be inserviced on handwashing and gown protocols. Each physician will be inserviced on proper handwashing and gown usage. Director of Nursing/designee will observe physicians 3x per week x 3 weeks while in facility for proper handwashing and gown protocols. Completed audits will be reviewed weekly and forwarded to the Quality Assurance Committee for one quarter for tracking, trending and ongoing intervention. Therapist was inserviced on proper gown protocol. Rehabiltative staff were inserviced on gown usage. Director of Nursing/designee will observe rehabilitative department 3x for 3 weeks for gown usage. Completed audits will be reviewed weekly and forwarded to the Quality Assurance Committee for one quarter for tracking, trending and ongoing intervention. 3.	

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F 880	Continued From page 4 On that same date and time, the HK, in the presence of the Licensed Practical Nurse (LPN), stated, "I should have wet my hands before applying soap." She further said that she should not have used the same paper towel that she used to turn off the faucet "because I contaminated my hands again." On that same day at 11:35 AM, the surveyor observed the Medical Doctor exit the [redacted] floor [redacted] yellow unit and washed her hands using the sink in the front reception area. The surveyor observed the MD turn on the faucet and she rinsed her hands under running water for 5 seconds without applying soap or lathering her hands outside of running water. The surveyor asked the MD why she washed her hands for only 5 seconds without using soap. The MD replied, that she should have washed her hands properly using soap and friction. 2. On 11/17/20 at 9:55 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) informed the surveyor that the [redacted] floor [redacted] unit staff must wear an N95 mask and a face shield or an eye protector while on the unit and must wear full PPE when inside the resident ' s room. The LPN/UM stated that the gown and gloves must be removed before leaving the resident's room. She further noted that a gown should not be worn in the hallway. At 10:07 AM, the surveyor observed the Occupational Therapist (OT) came out of the resident room with an N95 mask, an eye protector, and a gown and approached the [redacted] [redacted] nursing unit and talked to the LPN/UM. The OT did not remove her gown when she was in the hallway.	F 880	The nurse performing the task was inserviced on protocols. Nursing personnel performing swabbing of patients will be inserviced on protocols. Infection Control Surveillance rounds for swabbing will be performed by Director of Nursing/designee for each swabbing date x 3 weeks. Completed audits will be reviewed weekly and forwarded to the Quality Assurtance Committee for one quarter for tracking, trending and ongoing intervention.	

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F 880	Continued From page 5 On that same date at 10:13 AM, the surveyor asked the LPN/UM why the OT was wearing a gown in the hallway. The LPN/UM stated, "that's why I spoke to her because she should not be going out of the resident's room with a gown. She should have removed her gown before leaving the resident's room." She further stated that the OT should not be wearing a gown in the hallway. At 10:43 AM, the OT informed the surveyors that the [redacted] floor [redacted] unit was a Yellow Zone, which means that the residents were PUI and staff must wear a complete PPE when inside the resident's room and should remove gown and gloves before leaving the resident's room for infection control. On that same date and time, the OT stated to the surveyors that, "It was something new to us," the changing of a gown in each resident and "I should not have gone outside the resident's room with a gown." She further stated, "It was an honest mistake." On 11/17/20 at 11:20 AM, the surveyor observed the MD wearing an N95 mask, entered the [redacted] yellow PUI unit, donned a gown, and proceed to the nurse's station. The MD spoke with the LPN and then entered room [redacted]. The surveyor observed the unit's signage, which instructed that "no gowns were to be worn in the hallway." On 11/17/20 at 11:28 AM, the surveyor observed the MD exit room [redacted] still wearing the same gown. The MD went to the nurse's station and talked with the LPN. The surveyor asked the LPN what the facility policy was for donning and doffing gowns. The LPN replied that all staff don	F 880		

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F 880	Continued From page 6	F 880		

gowns before entering the rooms and remove the gowns and place them in the bins located in each bathroom.

On that same day, at that same time, the surveyor interviewed the MD, who acknowledged that she should have removed her gown inside the resident's room but that she was not aware that was the protocol. The surveyor and MD observed the unit's signage that clearly instructed that no gowns were to be worn in the hallway.

3. On 11/17/20 at 10:03 AM, the surveyor observed the Registered Nurse (RN) perform Covid -19 nasal swab testing for the Assistant Director Of Nursing (ADON). The RN donned his gown, washed his hands, gathered his supplies atop the table without first cleansing/disinfecting it, performed the nasal swab, and placed the container which contained the specimen on the table. The RN removed his gloves and gown and washed his hands. The next staff member (CNA) came into the room and sat down at the table. The RN donned his gown and gloves and again placed the supplies on the table without disinfecting it. The surveyor stopped the RN and asked him to step out of the room. The surveyor asked the RN if and when he disinfected the work table. The RN replied that he had not disinfected it but further stated that he, "should have been doing it after every test." He left the room and obtained the Microkill disinfectant bleach wipes, and disinfected the table.

At that time, the ADON stated that the RN, "should be disinfecting the table before each test." The surveyor asked the ADON for the facility P&P for testing.

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F 880	Continued From page 7	F 880		

At 11:40 AM, the surveyors met with the LNHA, Director of Nursing (DON), and Assistant Director of Nursing (ADON) and were made aware of the concerns.

At 12:08 PM, the LNHA, in the OT's presence, acknowledged to the surveyors that the staff should not be wearing a gown in the hallway according to the Yellow Zone PPE use Single use of Gowns Protocol that was provided by the DON and the Regional Nurse.

At 1:34 PM, the survey team met with the LNHA, ADON, and Regional Nurse. The ADON again stated that the RN should have disinfected the table between staff testing. The surveyor asked the Administrator who trained the staff on the proper procedure for Covid-19 testing. The Administrator stated that she was unsure as the educator was out with Covid. The Administrator further stated the facility did not have a policy for the step by step testing of staff or residents. The facility provided no further information.

A review of the facility's Handwashing/Hand Hygiene Procedure with a reviewed date of 2/28/2020 that was provided by the DON included, "Wet hands first with water, apply soap and vigorously rub hands together creating friction to all surfaces for a minimum of 20 seconds. Dry hands thoroughly with paper towels, and then turn off faucets with a clean, dry paper towel. Discard towels into trash."

A review of the facility's Yellow Zone PPE Use guidelines dated 10/26/20 that was provided by the DON indicated, "No gowns are to be worn in the hallway."

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F 880	Continued From page 8 NJAC 8:39-19.4 (a) NJAC 8:39-27.1	F 880		