

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

PRINTED: 06/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/25/2020
NAME OF PROVIDER OR SUPPLIER OAKLAND REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 20 BREAKNECK ROAD OAKLAND, NJ 07436		
(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 Survey Date: 11/25/20 : Census: 156 Sample: 2 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=D	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	F 880		12/8/20	

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

TITLE

(X6) DATE

Electronically Signed

12/03/2020

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>conducted according to §483.70(e) and following 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> <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</p>	F 880			

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F 880	<p>Continued From page 2 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 by: Based on observation, interview, and record review, it was determined that the facility failed to practice a.) appropriate hand hygiene noted for 2 of 4 staff, b.) proper use of personal protective equipment (PPE) noted for 2 of 2 staff, and c.) failed to ensure linen cart kept by methods that ensure cleanliness in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>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</p>	F 880	<p>1: Staff noted with deficient practice were counseled and Educated</p> <p>2: All residents have potential to be affected</p> <p>3: Facility wide Staff were reeducated on hand hygiene in accordance with the CDC guidelines together with staff competencies on 12/2 & 12/3 Facility wide staff were reeducated on proper use of PPE together with staff competencies on 12/2 & 12/3 Staff Educator will complete hand washing competencies on staff upon hire, annually and as needed. Staff educator will complete PPE competencies on staff upon hire, annually and as needed. Staff educator will re-educate staff on ensuring linen carts are covered at all times when not in use.</p> <p>4: The DON, IPN or designated other will conduct Weekly audits X 4 weeks to a minimum of 10 staff members to ensure compliance with hand washing, Glove use and Linen carts. Followed by Monthly Audits X 3 months to ensure compliance. Findings of audits will be reviewed and presented to the Administrator monthly and quarterly to the Quality Assurance</p>		

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F 880	<p>Continued From page 3 around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."</p> <p>According to the U.S. CDC guidelines Hand Hygiene in Healthcare Settings, Glove Use: When and How to Wear Gloves, reviewed 1/31/2020 included, "Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Gloves are not a substitute for hand hygiene. Perform hand hygiene immediately after removing gloves. Change gloves and perform hand hygiene during patient care, if gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs. Never wear the same pair of gloves in the care of more than one patient. Carefully remove gloves to prevent hand contamination."</p> <p>According to the U.S. CDC Guidelines for Environmental Infection Control in Health-Care Facilities, page last reviewed: November 5, 2015, included, "placing clean linen in a properly cleaned cart and covering the cart with disposable material or a properly cleaned reusable textile material that can be secured to the cart."</p> <p>1. On 11/25/2020 at 8:07 AM, the surveyor met with the Director of Nursing (DON) who informed the surveyor that three staff tested positive during weekly COVID-19 testing. The DON stated that the latest positive staff was on 11/20/2020.</p>	F 880	Performance and Improvement Committee.		

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F 880	<p>Continued From page 4</p> <p>She further stated that all staff that tested positive were at home on self-isolation according to CDC guidelines. She indicated that were no positive residents.</p> <p>At 8:35 AM, the DON informed the surveyors there were four units in the facility. The DON stated that the 1st floor units A and B were for the Subacute (SAR), Persons Under Investigation (PUI) residents and the positive COVID-19 residents. The 1st floor unit C was the SAR unit where the residents that already completed the 14 days of observation and had no positive COVID-19 residents were housed. The 2nd floor was the Long Term Care unit and was considered a clean unit which meant there were no COVID positive residents.</p> <p>At 8:51 AM, the surveyor observed the Certified Nursing Aide (CNA#1) perform hand washing on the 2nd floor E wing for 25 seconds and immediately wiped the sink area after drying her hands with a paper towel. The surveyor asked CNA #1 why she wiped the sink after washing her hands. The CNA replied, "I'm sorry, it's a way of habit, I should not do that, let me wash my hands again." CNA#1 then performed hand washing for 8 seconds. When the surveyor asked CNA#1 why she did not wash her hands for 20 seconds, the CNA replied that she had just washed her hands so she thought she just needed to rinse them the second time.</p> <p>2..At 9:05 AM, the surveyor observed CNA#2 on the 2nd floor D wing assisting a resident who was seated in a wheel chair. CNA #2 was wearing gloves and wheeled the resident into the hallway in front of the nurses station. CNA #2 fastened</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>the resident's seatbelt, then removed gloves, and walked towards the nursing station. Immediately afterward, the surveyor observed CNA#2 perform hand hygiene inside the room of the same resident for 13 seconds. CNA#2 stated that she should wash her hands for 20 seconds according to the facility policy that was provided by the Infection Preventionist Nurse (IPN). She further stated that she should have removed her gloves before leaving the resident's room and performed hand hygiene.</p> <p>At 9:16 AM, the Registered Nurse/Unit Manager#1 (RN/UM#1) from the 2nd floor D wing informed the surveyor that staff should not wear gloves in the hallway and hand washing should be done for at least 20 seconds according to Infection Control guidance. She further stated that the D wing was a clean unit which means no PUI and COVID positive residents.</p> <p>At 9:39 AM, The RN/UM#2 informed the surveyor that she was the covering manager for the 1st floor C unit. She stated that staff should not wear gloves while in the hallway and hand washing should be done for at least 20 seconds. She indicated that the C unit had no PUI and COVID positive residents.</p> <p>At 9:44 AM, the surveyor in the company of the IPN observed CNA#3 in the 1st floor C unit exit the resident's room wearing gloves and walked 5 rooms away towards the Soiled Utility Room to dispose of a plastic bag of dirty gowns and linens. The IPN stated that CNA #3 should not be wearing gloves in the hallway.</p> <p>3. On 11/25/20 at 9:45 AM, there was a cart of</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>clean linens, towels, gowns, pads, a box of gloves, and cloth wipes that was uncovered in front of a resident's room where CNA#3 exited. The IPN stated that CNA#3 should have covered the linen cart before putting the resident's dirty linen in the Soiled utility room and not left unattended and uncovered as per infection control guidelines.</p> <p>At 9:50 AM, CNA#3 stated "It was my mistake, I was moving so fast that I didn't remove my gloves when I was in the hallway." CNA#3 further stated that "I should have removed my gloves before I left the resident's room and performed hand washing and covered my cart because that's the proper way."</p> <p>At 11:16 AM, the IPN informed the surveyors that the facility did not have a policy that addressed covering the CNAs linen carts, but further stated "there should be one."</p> <p>At 11:22 AM, the surveyors discussed the above concerns with the LNHA, DON, Regional Nurse and Regional Director No further information was provided by the facility.</p> <p>A review of the facility's Handwashing/Hand Hygiene Policy with a revised date of October 2016 that was provided by the IPN included, "Hand hygiene is the final step after removing and disposing of personal protective equipment. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Single-use disposable gloves should be used when in contact with a resident, or the equipment or</p>	F 880			

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F 880	Continued From page 7 environment of a resident, who is on contact precautions. Washing hands vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds." A review of the facility's Laundry and Bedding Policy with a revised date of May 2019 that was provided by the DON indicated, "Clean linens are protected from dust and soiling during transport and storage to ensure cleanliness." NJAC 8:39-19.4 (a) NJAC 8:39-27.1	F 880			