

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

PRINTED: 10/06/2021
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 12/30/2020
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: 12/30/2020 Census: 163 Sample: 5 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 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 conducted according to §483.70(e) and following	F 880		1/9/21	

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

TITLE

(X6) DATE

Electronically Signed

01/06/2021

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"> (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: <ul style="list-style-type: none"> (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. <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, and review of records, it was determined that the facility failed to a.) use the required Personal Protective Equipment (PPE) for 2 of 2 staff observed for donning and doffing in a PUI unit, and b.) practice appropriate hand hygiene for 1 of 5 staff 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 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</p>	F 880	<ol style="list-style-type: none"> 1. Housekeeper was immediately in-serviced and suspended on 12/30 and counseled. 2. All residents have potential to be affected 3. Housekeeper had 1:1 training regarding proper storage of PPE, proper usage of PPE, Proper Hand washing procedure with a focus on wetting both hands before applying soap. --All housekeeping Staff were reeducated on hand hygiene in accordance with the CDC guidelines and staff competencies were completed on 1/6/21. --All staff were reeducated on proper use of N95, Training and Education completed on 12/30 Staff Educator will complete hand washing competencies on staff 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, & Proper PPE is worn. Followed by Monthly Audits X 3 months to ensure compliance. <p>-- Findings of audits will be reviewed and presented to the Administrator monthly and quarterly to the Quality Assurance Performance and Improvement Committee.</p>		

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F 880	<p>Continued From page 3 the right times."</p> <p>According to the U.S. CDC guidelines Infection Prevention and Control practices (IPC) when caring for a Patient with Suspected or Confirmed SARS-CoV-2, updated 12/14/2020 included, "Hand Hygiene: HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. PPE Training: Employers should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards. When the supply chain is restored, facilities with a respiratory protection program should return to the use of respirators for patients with suspected or confirmed SARS-CoV-2 infection. Eye protection: put on eye protection (i.e. goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area."</p> <p>According to the OSHA (Occupational Safety and Health Administration) Respiratory Protection Guidance for the Employers of those Working in Nursing Homes, Assisted Living, and other Long Term Care Facilities during the COVID-19 Pandemic indicated "Respirators (including FDA-cleared or authorized surgical N95): Healthcare providers who are in close contact with an LTCF resident with suspected or confirmed SARS-CoV-2 infection must use a NIOSH-approved N95 FFR or equivalent or higher-level respirator."</p> <p>On 12/30/2020 at 9:44 AM, the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA) and the Registered Nurse/Regional (RN/R) informed the</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>surveyors that there were 6 in-house residents and 1 staff that were tested positive for COVID-19. The DON stated that the Infection Preventionist Nurse (IPN) was off. The RN/R and the DON both stated that the [REDACTED] unit was divided into a COVID positive and Person Under Investigation (PU), and the [REDACTED] unit was an Observation 14-day unit.</p> <p>At 10:34 AM, the surveyor observed the Housekeeper (HK) in front of a resident room donned a PPE that includes an N95 with a surgical mask, gown, and gloves without performing hand hygiene. The HK took a pair of gloves from his uniform pocket and did not wear eye protection before entering the resident's room. Afterward, the HK removed his gloves and gown inside the resident's room after picking up the garbage and disposed it to his cart outside the resident's room without performing hand hygiene.</p> <p>At that time, the surveyor observed the resident room to have a PPE box outside and a stop sign outside the door that indicated a Special Droplet/Contact Precautions with instructions indicated for everyone to must clean hands when entering and leaving the room, wear a mask, wear eye protection, gown, and glove at the door.</p> <p>On that same date and time, the HK informed the surveyor that he was the covering housekeeper in the [REDACTED] and [REDACTED] units because the regular housekeeper was off. He stated that it was his responsibility to remove the medical waste from the isolation room that was why he was inside the resident room. He further stated, "I should have worn goggles when I entered the isolation room." Also, the HK had no answer when asked why he</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>stores gloves in his uniform pocket and did not perform hand hygiene before and after donning of PPE.</p> <p>Later on, the surveyor observed the HK performed handwashing for 42 seconds after the surveyor's inquiry. The HK did not wet both hands before applying soap. The HK had no answer why he did not wet his both hands before applying soap when there was an instruction posted in the sink area to wet his hands first.</p> <p>At 10:45 AM, the surveyor observed the Certified Nursing Aide (CNA) donning PPE in one of the resident rooms in the [REDACTED] unit. This room did have a Stop Sign, Special Droplet/Contact Precautions sign, and a PPE box outside the room. The CNA was observed wearing a headcover, surgical mask, goggles, gown, and gloves. The CNA stated that she will be providing care to the resident and she only needs a surgical mask when caring for an observation resident who was admitted from the hospital and tested negative for COVID-19.</p> <p>At that time, the Registered Nurse/Assistant Director of Nursing (RN/ADON) and the DON both stated that according to the facility policy, staff are only required to use a surgical mask when caring for PUI residents. The RN/ADON further stated that the resident's room where the CNA and the HK were seen were both PUI residents. The DON stated that she will get back to the surveyor for the facility's policy with regards to PPE.</p> <p>At 11:17 AM, the surveyors met with the LNHA, DON, RN/R and made them aware of the surveyors concerns.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>At 12:58 PM, the DON stated that the HK acknowledged that he should have used an eye protector in the PUI room, wash his hands properly, and not to store gloves in his uniform. Both the LNHA, DON, and the RN/R stated that the facility had no shortages with an N95 mask and other PPE.</p> <p>A review of the facility Transmission Precautions for Residents and Donning and Doffing Personal Protective Equipment (PPE) When Caring for Residents with Confirmed or Suspected COVID-19 provided by the DON with an adopted date of March 2020 indicated "Special Droplet/Contact Precautions:</p> <ol style="list-style-type: none"> Utilize Special Droplet/Contact Precautions signage at the entrance to the room. In addition to Standard Precautions, only essential personnel should enter the room. Clean hands when entering and leaving the room. Wear a mask (Fit tested N-95 or higher required when performing aerosol-generating procedures). Wear eye protection. Gown and glove at the door." <p>A review of the undated facility Handwashing/Hand Hygiene policy provided by the DON indicated "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. Procedure in Washing Hands: wet hands first with water, then apply an amount of product recommended by the</p>	F 880			

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F 880	Continued From page 7 manufacturer to hands." NJAC 8:39-19.4 (a) (1) (2) (c)	F 880		