

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

PRINTED: 05/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
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NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034
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F 000	INITIAL COMMENTS	F 000		
F 880 SS=D	<p>CENSUS: 158</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p> <p>§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;</p>	F 880		5/1/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/18/2020
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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>(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 by: Based on observation, interviews, and review of pertinent facility documentation on 4/30/2020, it was determined that the facility staff failed to follow appropriate infection control guidelines for Personal Protective Equipment (PPE) and the handling of clean linen to prevent infection and</p>	F 880	<p>1. All bagged linen from the floor were sent back to rewash immediately. New cart with clean linen was delivered to the unit at once. Laundry and nursing staff were</p>		

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F 880	<p>Continued From page 2</p> <p>cross contamination. This deficient practice was evidenced by the following:</p> <p>1. During a tour on 4/30/2020 at 9:24 a.m., of the [REDACTED] unit, (a dedicated wing to Covid 19 positive residents), 2 bags of clean linen were observed on the floor near room [REDACTED], which was directly across the hall from the clean linen cart. The clean linen was single bagged.</p> <p>During an interview on 4/30/2020 at 9:40 a.m., the Unit Manager reported, the clean linen bags are on the floor because they just dropped off the linen and the staff have not had a chance to put it on the cart. She further stated, it should not be on the floor.</p> <p>2. During a tour of the [REDACTED] Unit on 4/30/2020 at 11:15 a.m., the Licensed Practical Nurse (LPN) was observed wearing a N95 mask under a surgical mask. The LPN reported; that the Infection Control Nurse (ICN) had instructed her to spray the isolation gowns, and the N95 masks with "Pledge" Antibacterial Multisurface Cleaner to prolong the life of of the PPE, since supplies were low.</p> <p>During an interview on 4/30/2020 at 1:09 p.m., the Administrator (Admin) and the Director of Nursing (DON) reported the facility was running out of PPE, so the Admin purchased the disinfectant at the store to disinfect the masks and gowns to prolong the life of each, since there was a shortage.</p> <p>During an interview on 4/30/2020 at 2:40 p.m., the ICN reported she never instructed the staff to spray gowns or masks with disinfectant and it was not appropriate to do so.</p>	F 880	<p>in-serviced on proper linen handling at once.</p> <p>Atrium nursing staff were re-in-serviced on proper use of N-95 mask.</p> <p>LPN was provided with new N-95 mask.</p> <p>2.</p> <p>All residents have the potential to be affected by the same deficient practice .</p> <p>3.</p> <p>Environmental Services Director/Laundry Supervisor will monitor packaging and delivery of the clean linen to the Covid-19 Isolated Unit based on infection control Policies and procedures daily.</p> <p>All laundry staff will be routinely in-serviced on proper linen handling in Covid-19 Isolated Unit based on facility policies and procedures and CDC guidelines.</p> <p>Infection Control Preventionist will conduct in-service to all staff on proper usage of N-95 mask.</p> <p>4. Environmental Services</p> <p>Director/Administrator will conduct random audits of the laundry department for proper linen handling through daily rounds.</p> <p>Infection Control Preventionist/Assistant Director of Nursing will conduct spot audits on proper use/handling of PPE's, including N-95 mask.</p> <p>Audits will be conducted weekly X 4 weeks, then bi-weekly X 4 weeks, then monthly.</p> <p>Results of the audits will be presented to the monthly QAPI meetings for review</p>		

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F 880	Continued From page 3 According to the manufacturer label on the "Pledge" Antibacterial Multisurface Cleaner, it "cleans and sanitizes most hard surfaces" it can be used on "Sealed Wood, Wood Laminate, Glass, Mirrors, Stainless Steel, Plastics, Sealed Granite, Sealed Marble, Electronics, Chrome, and Quartz." In addition, under directions for use: "It's a violation of Federal law to use this product in a manner inconsistent with its labeling." According to the product description on the manufacturer's website, the N95 masks are made of a porous non-woven polypropylene fabric. The Administration was unable to provide a policy or Center for Disease Control and Prevention (CDC) recommendation/guidelines for disinfectant spray usage to extend the use of the N95 masks or isolation gowns. Review of the CDC article "Decontamination and Reuse of Filtering Facepiece Respirators," (FFRs), dated April 29, 2020, revealed the following: At present, FFRs are considered one time use products and there are no manufacturer authorized methods for FFRs decontamination before reuse.... Decontamination might cause poorer fit, filtration efficiency, and breathability of disposable FFRs as a result of changes to the filtering material, straps, nose bridge material, or strap attachments of the FFRs. Under "Crisis Standards of Care Decontamination Recommendations," No current data exist to support the effectiveness of the decontamination methods specifically against SARS-CoV-2 on an FFRs.	F 880	and revision as deemed appropriate.		

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