STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315307	A. BUILDING _____ B. WING _____	11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORAGE (THE)	7600 RIVER ROAD NORTH BERGEN, NJ 07047

(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: 11/5/2020 Census: 175 Sample size: 1	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	F 880		12/8/20

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

Electronically Signed | 11/17/2020

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F 880	Continued From page 1 facility assessment conducted according to §483.70(e) and following accepted national standards; §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.	F 880		

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F 880	Continued From page 2 Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 practice hand hygiene in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19 for 2 of 7 staff. This deficient practice was evidenced as follows: On 11/5/2020 at 9:15 AM, the surveyors met with the (Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The LNHA and the DON both informed the surveyors that the 2nd-floor unit had no positive COVID-19 residents and all staff must wear an N95 mask and a face shield or goggles when in the unit. They both further stated that staff must observe Enhanced Precaution which means that staff must wear full personal protective equipment (PPE) that includes gloves, N95 mask, gown, face shield, and or goggles when providing direct care to the resident and hand hygiene according to the Local Health Department's advise because of COVID-19 outbreak in the facility. On 11/5/2020 at 10:08 AM, the surveyor observed the 2nd floor Certified Nursing Aide (CNA) performs hand hygiene for 20 seconds, dried hands with a paper towel, and wiped the sink area immediately after drying her hands.	F 880	1.No residents identified. Staff identified was reeducated immediately on hand hygiene in accordance with the CDC guidelines. 2.All residents could potentially be affected by deficient practice 3. Systematic Changes a. All Staff will reeducated on hand hygiene in accordance with the CDC guidelines and staff competencies will be assessed by 11/30/20 b. Staff Educator will complete hand washing competencies on staff upon hire, annually and as needed. 4.Monitoring of Corrective Actions a. Infection Control preventionist and/or designee will randomly audit 5 to 10 staff members weekly to ensure compliance with hand hygiene. Audits will be completed by Infection Control preventionist and/or designee weekly for a month and quarterly thereafter. b. Findings of audits will be reviewed and presented to the Administrator monthly and quarterly to the Quality Assurance Performance and Improvement	

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F 880	Continued From page 3 The Registered Nurse/Unit Manager (RN/UM) who was present at that time instructed the CNA to "wash your hands again." On that same date and time, the CNA stated that she should not wipe the sink area after washing her hands because she contaminated her hands again. At that time, the CNA performed hand hygiene again for 5 seconds. The CNA answered "I'm not sure because I wasn't counting," when asked by the RN/UM "did you wash your hands for 20 seconds?" On that same date and time, the RN/UM stated that hand hygiene should be done for at least 20 seconds. She further stated that the CNA was aware of the facility's hand hygiene policy and should have washed her hands for 20 seconds. At 10:13 AM, the surveyor observed the Occupational Therapist (OT) from the second floor perform hand hygiene for 11 seconds, then with wet hands turned the paper towel knob to release a paper towel, apply soap again to her hands, immediately placed them under the water stream, scrubbed and lathered her hands for 6 seconds, washed hands with water and dried hands with a paper towel. During the interview, the OT stated that hand washing should be for at least 20 seconds. At 11:30 AM, surveyors met with the Infection Preventionist Nurse (IPN). The IPN informed the surveyors that staff must perform hand hygiene for at least 20 seconds. She stated that staff	F 880	Committee	

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F 880	Continued From page 4 should not wipe the sink area after hand hygiene because "you're contaminating your hands again." She further stated that during hand hygiene, if you touched surfaces like the knob of the paper towel dispenser, staff must re-start the whole hand hygiene process due to contamination. At 12:25 PM, the surveyors met with the LNHA and DON and were made aware of the concerns. There was no additional information provided by the facility. A review of the U.S. CDC guidelines, Hand Hygiene Recommendations Guidance for Healthcare Providers about Hand Hygiene and COVID-19 updated 5/17/2020 included when to perform hand hygiene: "After touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal." NJAC 8:39-19.4 (a)	F 880		