STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315387	A. BUILDING _____ B. WING _____	06/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLAIRE REHAB & NURSING	115 DUTCH LANE ROAD FREEHOLD, NJ 07728

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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: 06/23/2020 Census: 115	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 accepted national standards;	F 880		7/3/20

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

Electronically Signed | 07/02/2020

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	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. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880		

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation the facility failed to: 1. ensure contracted staff wore the proper Personal Protective Equipment (PPE) in an isolation, new admission COVID quarantine room; and 2. appropriately disinfect multi-use medical equipment to address the risk of cross-contamination. This deficient practice was identified for 2 of 2 isolation residents reviewed for infection control practices (Resident #1 and Resident #2) and was evidenced by the following: 1. On 06/23/2020 at 12:27 PM, the surveyor observed Resident #1's door with several signs that indicated to stop and see nurse and instructions on how to don (put on) and doff (take off) a PPE gown, mask, face shield, and gloves. The surveyor observed a plastic, 3-drawer bin which contained PPE gowns and gloves, next to Resident #1's door. The surveyor observed a staff member, wearing a respirator type mask and gloves, enter Resident #1's room. The staff member did not don a gown or face shield before entering the room. During an interview with the surveyor on 06/23/2020 at 12:30 PM, the staff member was identified as a contracted [redacted]. The [redacted] stated she did not know why Resident #1 had been on isolation and that she had not donned a gown or face shield PPE because the type of PPE worn would depend on the type of infection the resident had. She further stated that nobody had told her to wear PPE into the resident's room. The [redacted] stated that she had been trained by her company and knew	F 880	" All residents are at risk to be affected by the deficient practice. " Facility Nurse and hospice aide identified as not following the facility policy and received 1:1 education regarding proper disinfecting of medical equipment and proper precautions for residents on 14-day isolation.The blood pressure machine in question was entirely disinfected as well. " All facility nursing staff as well as 3rd party nursing staff re-educated on facility policy related to deficient practices and infection control. " DON/IP RN or designee will complete daily observations for 4 weeks and then weekly ongoing. " Findings will be submitted to the monthly QAPI committee for 3 months who will determine further interventions as needed.	

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F 880	Continued From page 3	F 880		

how to identify isolation rooms by the signs on the door such as the stop see nurse sign. The hospice aide confirmed that there was a stop sign on the the resident's door and a PPE bin outside of the room door. The hospice aide stated that the PPE was for both the resident's protection and her protection.

During an interview with the surveyor on 06/23/2020 at 12:38 PM, the Licensed Practical Nurse Unit Manager (LPN/UM) stated that Resident #1 had been an admission from the hospital and that the facility policy was for Resident #1 to be quarantined on isolation for 14 days to be observed for any signs of COVID-19. The LPN/UM stated that all staff who enter the isolation room should be in full PPE - mask, gown, face shield, and gloves.

During an interview with the surveyor on 06/23/2020 at 12:42 PM, the Director of Nursing (DON) stated the [redacted] should have asked the nurse what the isolation was for and should have followed the signs on the door and worn full PPE.

During an interview with the surveyor on 06/23/2020 at 2:16 PM, the Registered Nurse (RN) Infection Preventionist (IP) stated that the [redacted] and agency staff were to report to the nurses upon arrival and would be told if a resident was on isolation and that the stop signs on the resident doors would alert all staff. The RN/IP stated that she would make rounds on the floors but that the UM would be responsible to inform the [redacted] and agency staff about isolation.

During an interview with the surveyor on 06/23/2020 at 2:49 PM, RN #1 stated she was assigned to Resident #1 and that she had

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F 880	Continued From page 4 informed the [redacted] that the resident was on isolation. RN #1 stated that the [redacted] had cared for Resident #1 multiple times since the admission. Review of Resident #1's Admission Record reflected the resident was recently admitted and had diagnoses, that included but were not limited to, [redacted]. Review of the facility's "COVID-19 Policies and Procedures," dated 06/03/20, revealed that all new and readmissions: isolation precautions should be implemented for the first 14 days following any hospitalizations. Review of the "Certificate of Completion," provided by the [redacted] agency to the facility, revealed the [redacted] had the following training: COVID-19 on 04/09/2020; Personal Protective Equipment on 03/18/2020; Infection Control Essentials on 03/05/2020. Review of the [redacted] sign-in sheet revealed that she had cared for Resident #1 on 06/10-06/12; 06/15-06/19; 06/22; and 06/23/2020. Review of the [redacted] Care Agreement, dated 08/2013, revealed 3.5 Coordination with [redacted] Regarding Plan of Care, the facility shall designate a member of the interdisciplinary team who is responsible for working with [redacted] representatives to coordinate care to the [redacted] resident provided by the facility and the [redacted]. 2. On 06/23/2020 at 11:56 AM, the surveyor in the	F 880		

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F 880	Continued From page 5	F 880		

presence of another surveyor, observed RN #1 properly don PPE which included a mask that she was already wearing, a gown and gloves. On Resident # 2's door there were several signs that indicated the resident was on transmission-based precautions (used to help prevent the spread of germs from one person to another) and indicated that a mask, a gown and gloves were required to enter the room. RN #1 then entered Resident #2's room with a multi-use blood pressure (BP) machine that was attached to a rolling pole with a basket. The BP machine included a pulse oximetry probe with wire (used to measure oxygenation in the blood), BP cuff attached to pneumatic tubing and thermometer used to obtain the residents' vital signs. The surveyor observed that the BP machine required RN #1 to touch buttons on the faceplate of the machine to turn it on and to start the action of obtaining a BP.

At 12:10 PM, the surveyor, in the presence of another surveyor, observed RN #1 exit Resident # 2's room with the BP machine. RN #1 donned a pair of gloves and removed a disinfecting wipe from the container that was in the basket. RN #1 wiped down the BP cuff and the pulse oximetry probe with the disinfecting wipe. The surveyor did not observe RN #1 use the disinfectant to wipe down the pneumatic tubing attached to the BP cuff, the pulse oximetry probe, the faceplate, or the outside of the BP machine. The surveyor interviewed RN #1 who stated that Resident #2 was on transmission-based precautions for [redacted] RN #1 further stated that the BP machine was not dedicated to Resident #2 and that she only needed to wipe down areas that came in contact with the resident.

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F 880	Continued From page 6	F 880		

The surveyor reviewed the medical record for Resident #2.

Review of the resident's Admission Record reflected that the resident was recently readmitted to the facility with diagnoses, which included but were not limited to, [redacted].

Review of the resident's June 2020 Order Summary Report reflected a physician's order dated 05/25/2020 for Isolation precautions (also known as transmission-based precautions) every shift for infection control.

On 06/23/2020 at 12:17 PM, the surveyor, in the presence of another surveyor, interviewed the LPN/UM who stated that there was not a policy for dedicated equipment use for a room with transmission-based precautions. The LPN/UM then stated that the procedure for cleaning the equipment was to wipe down the whole machine, not just the portion that comes into contact with the resident to prevent the spread of infection. The LPN/UM also stated that the nurse will press the buttons on the machine and that needs to be cleaned and that everything needs to be cleaned since it [the BP machine] was in the room.

At 12:40 PM, the surveyor, in the presence of another surveyor, interviewed the DON who stated that the entire piece of equipment needed to be wiped down, not just the parts of the equipment that touched the resident. The DON further stated they [the staff] know that.

At 2:15 PM, the surveyor in the presence of another surveyor, interviewed the RN/IP who stated that the entire piece of equipment, not just the parts that touched the resident needed to be wiped down and cleaned.

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F 880	Continued From page 7 Review of the facility's "Cleaning and Disinfection of Resident-Care Items and Equipment" policy and procedure, revised on 12/2018, indicated reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment). Review of the facility's "Isolation-Categories of Transmission-Based Precautions" policy and procedure, revised on 12/2018, indicated, "Resident-Care Equipment for each category of precautions; airborne, contact and droplet: a. When possible, dedicate the use of non-critical resident-care equipment items such as a stethoscope, sphygmomanometer [BP cuff/machine] bedside commode, or electronic rectal thermometer to a single resident (or cohort of residents) to avoid sharing between residents. b. If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident." N.J.A.C.: 8:39-19.4 (a) (1,2)	F 880		