STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315199	A. BUILDING _____ B. WING _____	11/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL CARE CENTER	**919 GREEN GROVE ROAD NEPTUNE, NJ 07753**

(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: 11/25/2020 Census: 81 Sample: 3 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	F 880		12/18/20

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

Electronically Signed | 11/26/2020

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F 880	Continued From page 1 under a contractual arrangement based upon the 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.	F 880		

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F 880	Continued From page 2 §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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to implement proper infection control practices for a.) performing hand hygiene and b.) donning (putting on) the appropriate Personal Protective Equipment (PPE) prior to entering a PUI (Person Under Investigation) resident room to prevent the transmission of infection. This deficient practice was identified on 1 of 2 nursing units in the facility and identified for 1 of 3 residents reviewed (Resident [redacted]) during a COVID-19 Focused Infection Control Survey and was evidenced by the following: According to the Admission Record, Resident [redacted] was admitted to the facility in [redacted]. Review of Resident [redacted] Physician's Orders dated [redacted] included an order for "[redacted]." Review of Resident [redacted] included a result of [redacted]" for [redacted]	F 880	Resident [redacted] has not been affected by the deficient practice noted. All residents on isolation precautions are at risk for the deficient practice. In servicing and education on proper donning of PPE and handwashing was immediately conducted for the C.N.A observed having the deficient practice to ensure the deficient practice would not recur. Additionally, ongoing in-servicing on donning PPE and hand hygiene will be conducted as well and competencies for all staff. DON or designee will conduct weekly audits to ensure proper infection control measures are being performed for 1 month and then monthly for 3 months then quarterly. The Quality Assurance committee will meet quarterly for a year to review its performance and ensure the solutions are sustained. DON will report findings to the Administrator.	

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F 880	Continued From page 3 On 11/25/20 at 9:20 AM, upon entrance into facility, the DON stated that staff are required to wear N95 masks and eye protection throughout the building and if entering an isolation room. In addition, the staff must add additional PPE according to the signage on the resident's door. On 11/25/20 at 9:30 AM, the surveyor entered the Executive wing and observed Resident Executive Order room from the doorway. Inside the room there were two beds, one near the door and one near the window. The bed near the door had a sink across from it about one third of the way into the room. Resident Executive was the only resident in the room and was Executive Order 26, 4.b. next to the bed closest to the window about two thirds of the way into the room. The room had a sign posted on the door which included the following: "14-DAY QUARANTINE FOR ADMISSION/READMISSION STAFF PLEASE USE PPE: N95, EYE SHIELD, GOWN, AND GLOVES" On 11/25/20 at 9:40 AM, the surveyor observed the Certified Nursing Assistant (CNA) wearing an N95 mask and eye shield enter Resident Executive room without donning a gown or gloves. The CNA stopped at the sink and turned on the faucet. She then wet her hands with water and lathered her hands with soap. She applied friction rubbing the soap into her hands for 10 seconds before rinsing her hands under the water. She dried her hands with a paper towel, turned off the faucet with another paper towel and exited the room. When interviewed at that time, the CNA stated that full PPE (N95, eye shield, gown, and gloves)	F 880		

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F 880	Continued From page 4 were required to be worn prior to entering a resident's room on the PUI wing. The CNA further stated that staff must wear full PPE when entering a PUI resident room no matter what task was being performed, even if no resident contact was made. When asked about the hand washing process, the CNA stated that staff must lather hands with soap and apply friction for 20 seconds before rinsing hands under water. The CNA stated that wearing the proper PPE and performing proper hand washing was important to prevent the spread of infection to other residents and staff. During an interview on 11/25/20 at 9:55 AM, the Registered Nurse/Unit Manager (RN/UM) stated staff must wear full PPE prior to entering a resident's room on the PUI wing for any reason. She also stated that the proper hand washing process included applying friction with soapy hands for 20 seconds before rinsing. The RN/UM further stated that these practices were important to prevent the transmission of infection to the next resident. During an interview on 11/25/20 at 11:45 AM, the surveyor made the Director of Nursing (DON) aware of the observation of the CNA. The DON stated that staff must wear full PPE when entering a resident's room on the PUI wing and must wash hands for 20 seconds in order to stop the spread of infection. The DON further stated that the CNA should have donned full PPE prior to entering Resident [redacted] room and should have washed her hands for 20 seconds. Review of the facility's "COVID 19 Outbreak Management" policy, revised 5/2020, included	F 880		

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F 880	Continued From page 5 "New admissions and readmission will be monitored for signs of COVID 19 for 14 days and will be cared for by staff using COVID-19 PPE (N95, eye protection, gloves and gown)." Review of the facility's "Infection Control" policy, revised 5/13/20, included a section for "Handwashing Procedure" which contained "Apply hand washing agent and distribute over hands. Vigorously rub hands together for at least 20 seconds, generating friction on all surfaces of hands and fingers." NJAC 8:39-19.4(a)(1-2); 27.1(a)	F 880		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315199 Y1	A. Building B. Wing Y2	12/18/2020 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL CARE CENTER	919 GREEN GROVE ROAD NEPTUNE, NJ 07753

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 12/18/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 11/25/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			