

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

PRINTED: 07/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
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NAME OF PROVIDER OR SUPPLIER IMPERIAL CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 919 GREEN GROVE ROAD NEPTUNE, NJ 07753
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted at this facility. The facility was found to be not 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: 07/10/2020 Census: 74	F 000		
F 885 SS=F	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must— (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within	F 885		7/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/24/2020
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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 885	<p>Continued From page 1</p> <p>72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, it was determined that the facility failed to develop a process for notifying the facility residents, resident representatives and families by 5 PM the next calendar day with each COVID-19 test that was positive or whenever three or more residents or staff with new onset of respiratory symptoms occurred within 72 hours of each other. This affected 3 of 4 residents sampled for notifications (Residents #1, #2 and #3). The deficiency occurred during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 07/09/2020 at 8:48 AM, an interview was completed with the facility's Director of Nursing (DON). The DON stated the facility had been sending out weekly update letters to residents and resident representatives since 04/14/2020. The DON specified that additionally, when a resident would test positive for COVID-19, both the resident who tested positive and that resident's representative would be notified immediately or the same day the test results were received. The DON did not indicate that any other residents or representatives were notified by 5 PM the next calendar day with each newly identified COVID-19 positive case. The DON said, "Now that we have had no COVID positive for over a month, we would have to notify everyone [all facility residents and family] if we have a positive case."</p> <p>On 07/09/2020 at 10:35 AM, an interview was conducted with the facility's Administrator regarding notification. The Administrator said,</p>	F 885	<p>The submission of this response to the statement of deficiencies by the undersigned does not constitute an admission that the deficiency existed and/or required correction. This response is prepared, executed and submitted solely as a requirement of the provisions of federal and state law.</p> <p>I. CORRECTIVE ACTION:</p> <p>¿ Residents #1, #2 and Resident #3 and their families/representatives were notified of the residents' positive COVID results on the same day that the test results were received by the facility [REDACTED] All facility residents and their families were notified of the number of positive COVID cases in the facility on 5/12/2020 via the facility's newsletter, weekly letter updates and email correspondences. The updated weekly information included the cases of Residents #1, #2 and #3. Prior to 5/12/2020, all residents and families were notified of the facility cases on 5/5/2020.</p> <p>II. IDENTIFICATION OF RESIDENTS AT RISK:</p> <p>¿ All residents are at risk for the same deficient practice.</p> <p>III. SYSTEMIC CHANGES:</p> <p>¿ The facility will inform all residents, their representatives, and the families of those residing in facility at least weekly or by 5 p.m. the next calendar day following</p>		

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F 885	<p>Continued From page 2</p> <p>"We immediately notified the resident that tested positive and the family as well." The Administrator said facility residents and family members were notified by a weekly letter which was emailed. He stated the emailed letter was also broadcast on the facility's TV channel for the residents.</p> <p>The DON provided copies of the weekly letters that went out to all residents and representatives. The letters were dated: 04/14/2020, 04/28/2020, 05/05/2020, 05/12/2020, 05/18/2020, 05/26/2020, 06/02/2020, 06/10/2020, 06/16/2020, and 06/23/2020. The letter dated 05/05/2020, stated that as of 05/03/2020, there had been 30 confirmed COVID-19 positive cases among the facility residents.</p> <p>Review of facility documentation revealed the record of all residents and staff who tested positive for COVID-19. Four of these records were reviewed for timely notifications. The facility was unable to provide evidence that all residents and resident representatives had been notified by 5 PM on [REDACTED], when Resident #1 was confirmed to be COVID-19 positive on [REDACTED].</p> <p>Resident #2 and Resident #3 were confirmed to be COVID-19 positive on [REDACTED]. The facility was unable to provide evidence that all residents and resident representatives had been notified by 5 PM on [REDACTED].</p> <p>The next weekly letter emailed to all residents and resident representative was dated 05/12/2020.</p> <p>One of the social workers responsible for notifying residents was interviewed on 07/09/2020 at 2:56 PM. When asked if all residents were</p>	F 885	<p>the subsequent occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Notification will be done via newsletter, email or phone correspondence.</p> <p>¿ All staff members were in-serviced regarding the Notification Process as indicated above.</p> <p>IV. MONITORING OF CORRECTIVE ACTIONS:</p> <p>¿ Administrator and/or designee will conduct an audit on a weekly basis x 2 months to ensure that Prompt Notification is made to residents, residents' representatives and families following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other, if applicable. Quality Assurance committee will meet quarterly to review its performance and ensure the solutions are sustained</p>		

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F 885	Continued From page 3 notified by 5 PM the next calendar day with each new COVID-19 positive case, Social Worker #1 stated, "The residents got notification with the newsletter. They were made aware, but I can't say they were notified by 5 PM the next day." On 07/09/2020 at 3:13 PM, the Administrator stated, "We did the best communication we could, and the families were appreciative of the communication that we did. We also encouraged family members to call us." NJAC: 8:39-13.1 (c)	F 885			