

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

PRINTED: 03/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2021
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960		
(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: 1/19/2021 Census: 239 + 1 Bedhold Sample: 5	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	F 880		5/4/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/02/2021

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>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</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</p>	F 880			

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F 880	<p>Continued From page 2 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, interview, and review of records, it was determined that the facility failed to: a.) disinfect and sanitize the equipment used in the COVID-19 screening process; and, b.) practice appropriate hand hygiene for 2 of 7 staff observed in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility, updated on 7/28/2020, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." The U.S. CDC's Preparing for COVID-19 in Nursing Homes</p>	F 880	<p>F800</p> <p>Directed Plan of Correction</p> <p>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>1: Administrative assistant and reception staff were educated that check-in responsibilities include directing individuals to perform hand hygiene before and after kiosk check-in, observing these actions, ensuring symptom and temp check, and ensuring kiosk is wiped with disinfectant between uses and allowed to dry for the required amount of time. 2: The Housekeeping Director and the C.N.A. were educated about appropriate hand hygiene procedure; competencies were performed. 3. Hand sanitizers were refilled.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected.</p>		

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F 880	<p>Continued From page 3</p> <p>updated on 11/20/2020, indicated, "Environmental Cleaning and Disinfection: develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Ensure HCP are appropriately trained on its use."</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene, which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."</p> <p>1. On 1/19/21 at 8:50 AM, the surveyors, entered the facility. Three visitors used the kiosk to answer the screening COVID-19 questions. The facility Administrator Assistant (AA), who was at the reception desk, did not disinfect the kiosk used for the screening process after each visitor's</p>	F 880	<p>What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur;</p> <p>The facility handwashing policy was updated to reflect current CDC guidance. In-service education was provided to all staff regarding correct hand hygiene procedure and correct kiosk check-in and disinfection procedure. The following education is being provided;</p> <p>Topline staff & infection preventionist - Nursing home Infection Preventionist Training Program Module 1 (Train.org 1081350) Frontline staff <input type="checkbox"/> CDC Covid <input type="checkbox"/> 19 Prevention message for frontline long term care staff: Keep Covid out!(You Tube) Frontline staff <input type="checkbox"/> CDC Covid <input type="checkbox"/> 19 Prevention message for frontline long term care staff: Clean Hands (You Tube) Frontline staff <input type="checkbox"/> CDC Covid <input type="checkbox"/> 19 Prevention message for frontline long term care staff: Sparkling Surfaces (You Tube)</p> <p>How the corrective actions(s) will be monitored to ensure deficient practice will not recur, i.e., what quality assurance program will be put into practice.</p> <p>The date for correction and the title of the person responsible for correction of deficiency</p>		

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F 880	<p>Continued From page 4 use.</p> <p>At that same time, one visitor did not perform hand hygiene after using the kiosk. The A.A. did not question the visitor for not performing hand hygiene after using the kiosk.</p> <p>Furthermore, 3 out of 6 hand sanitizer dispensers in the lobby and reception area were empty and not working.</p> <p>At 9:20 AM, the A.A. stated to the surveyor that all visitors are instructed to clean their hands before and after using the kiosk and that the kiosk is wipe down every half hour.</p> <p>At 9:45 AM, the Licensed Nursing Home Administrator (LNHA) informed the surveyors that the kiosk should be sanitized after each use. The LNHA further stated that it was the housekeeper's responsibility to make sure that all hand sanitizers are working.</p> <p>The surveyor requested the facility's policy and procedure on the screening process.</p> <p>A review of the facility Coronavirus, Prevention and Control Policy provided by the Director of Nursing (DON) with a revised date of 12/14/20 included, "Visitor/Non-essential Personnel Access: when permitted, visitation will be conducted using the following guidelines: Equipment will be disinfected between resident use, and service providers will follow facility protocols re: screening and PPE use."</p> <p>2. On 1/19/21 at 11:08 AM, the surveyor observed the Department Head of Housekeeping (DHH) perform hand hygiene. The DHH applied soap to</p>	F 880	<p>The DON or designee will audit one employee performing hand hygiene weekly for 6 weeks, then monthly for three months, to ensure that proper infection control protocols are in place. Results of the audit will be reviewed by the administrator monthly at the QAPI meeting for 3 months.</p> <p>The administrator or designee will observe one individual checking in at the reception desk per week for six weeks, then monthly for three months, to ensure that proper infection control protocols are in place. Results of the audit will be reviewed by the administrator quarterly at the QA meeting x2.</p> <p>RCA:</p> <p>"5) ROOT CAUSES: " Facility failed to provide sufficient education to all departments Infection Control. " Lack of signage on appropriate screening procedure. " Insufficient oversight by facility leadership on Infection Control."</p> <p>Date of completion May 4th 2021</p>		

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F 880	<p>Continued From page 5</p> <p>her hands without first wetting them with water. The DHH washed her hands for 25 seconds, dried her hands and using the same paper towel, turned off the faucet, and then wiped down the sink with a used paper towel. The surveyor asked the DHH why she didn't wet her hands before applying soap and why she contaminated her hands by wiping the sink after drying her hands with a clean paper towel. The DHH did not respond.</p> <p>At 12:23 PM, the surveyor observed the Certified Nursing Assistant (CNA) perform hand hygiene. The CNA wet her hands with water, applied soap, and lathered for 7 seconds under the stream of running water. The CNA stated that she should wash her hands for 15-20 seconds. She further said, "that's what I know," when asked by the surveyor why she lathered her hands under the stream of running water.</p> <p>At 12:55 PM, the surveyors met with the Infection Preventionist Nurse (IPN) and was made aware of the above concerns. The IPN stated that the CNA should have lathered her hands for 20 seconds outside the stream of running water. The IPN further noted that the DHH should have wet her hands before applying soap and should not wipe down the sink area after washing her hands because it contaminates her hands.</p> <p>At 1:32 PM, the surveyors met with the LNHA, DON, Chief Nursing Officer (CNO) and were made aware of the above concerns.</p> <p>A review of the facility's Handwashing/Hand Hygiene Policy provided by the DON with a revised date of 12/2018 included, "Procedure: vigorously lather hands with soap and rub them</p>	F 880			

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F 880	Continued From page 6 together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water, at a comfortable temperature. Rinse hands thoroughly under running water. Dry hands thoroughly with paper towels, and then turn off faucets with a clean, dry paper towel. Discard towels into trash." At 2:38 PM, the surveyors met with the LNHA, DON, IPN, and the CNO, and there was no additional information provided. NJAC 8:39-19.4 (a) (1) (2) (n)	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315303	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/4/2021	Y3
NAME OF FACILITY MORRIS VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960		

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	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	05/04/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/19/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		