STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315134	A. BUILDING _____ B. WING _____	01/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT GREEN KNOLL	875 ROUTE 202-206 NORTH BRIDGEWATER, NJ 08807

(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: 1/13/2021 Census: 111 Sample: 7 (1 staff member and 6 residents) 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 under a contractual arrangement based upon the facility assessment	F 880		3/8/21

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

Electronically Signed | 01/19/2021

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F 880	Continued From page 1	F 880		

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.
Personnel must handle, store, process, and transport linens so as to prevent the spread of

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F 880	Continued From page 2 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 other pertinent facility documentation, it was determined that the facility failed to adhere to infection prevention and control practices by not wearing appropriate PPE (personal protective equipment) in 3 resident rooms on the 1st floor that were designated as PUI (persons under investigation for Covid-19) rooms. This deficient practice was identified during tour of 1 PUI unit where residents were on transmission-based precautions and was evidenced by the following: According to the facility Administrator and Assistant Director of Nursing Infection Preventionist (ADON/IP), the facility followed the facility's undated policy titled, "Emergent Infectious Diseases Covid-19 Outbreak Plan (OP)" for cohorting residents. Cohorting means any group of individuals affected by common diseases, environmental or temporal influences, treatments, or other traits whose progress is assessed in a research study should be house together. The OP plan described following cohorting plan: a.) Cohort 1-(Covid-19 positive) consist of individuals who are showing symptoms of Covid-19 or who have tested positive for Covid-19.	F 880	F 880 Complete Care at Green Knoll Affected Residents/Staff: Residents in rooms # [redacted] and [redacted] on the first floor Pending Under Investigation unit did not manifest negative outcomes. The nursing staff who entered rooms [redacted] and [redacted] have been counseled as well as re-educated on proper use of Personal Protective Equipment and the importance of Donning and Doffing. Other Residents affected by deficient practice: All residents on the first floor Pending Under Investigation unit have the potential to be affected. Systemic changes made to ensure the practice will not recur: Certified Nursing Aide #1, Certified Nursing Aide #2 and agency nurse were educated regarding use of eye protection for Pending under Investigation and COVID rooms. The Director of Nursing and or designee will provide education to all of the nursing staff on use of complete Personal Protective Equipment before entering a Pending	

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F 880	Continued From page 3 b.) Cohort 2-(PUI) consist of individuals who have been exposed to someone who has tested positive for Covid-19 or has shown symptoms of Covid-19 (i.e., individuals who are not themselves symptomatic, but may potentially be incubating the virus). c.) Cohort 3-(non-ill, Covid-19 negative) consist of individuals who are not ill and have not been exposed to Covid-19. d.) Cohort 4- (PUI) consist of new admissions and re-admissions. This cohort consist of all persons from the community or other healthcare facilities whose Covid-19 status is unknown. This cohort serves as on observation area where persons remain 14 days to monitor for symptoms that may be compatible with Covid-19. On 1/13/2021 at 10:10 AM, the ADON/IP stated that the part of the 1st floor contained a PUI cohort that consisted of residents that were new admissions, re-admissions or had potential exposure to Covid-19. According to the ADON/IP the residents on that unit were on droplet precautions and staff were required to wear full PPE such as N95 mask (surgical mask covering the N95), disposable isolation gowns, gloves and a face shield or goggles when entering rooms. She explained that when exiting a resident's room on the PUI unit that the staff were to dispose of the isolation gown, surgical mask covering the N95 mask and gloves into the waste bin located inside the door of the resident's room. On 1/13/2021 at 12:35 PM, during a tour of the [redacted] PUI cohort, the surveyor observed a staff member donning (applying) PPE to enter room	F 880	Under Investigation rooms/COVID rooms The Director of Nursing or designee will conduct a minimum of one Personal Protective Equipment competency on the first floor Pending Under Investigation unit area weekly for 4 weeks, then monthly times two. Corrective action to monitor: The Assistant Director of Nursing will monitor weekly compliance for this deficient practice and report quality performance results to the Director of Nursing and or designee for three months. A quarterly Quality Assurance Performance Improvement report on this deficient practice will be submitted by the Director of Nursing and or designee to the Quality Assurance Performance Improvement Committee as well as the Infection Control Committee for discussion of compliance and measure of success. Facility performed thorough root cause analysis and identified that non use of face shield was due to ill fitting over the head wraps of the employees. Therefore, facility added googles to supplement eye protection gear to achieve compliance with PPE use. The frontline staff viewed the in-services of a three part video series on the following: Keep COVID-19 Out, Use of PPE and Sparkling Surfaces as	

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F 880	Continued From page 4 [redacted] on the PUI unit. The staff member applied a disposable isolation gown, covered the N95 mask with a surgical mask, and applied gloves. The surveyor approached the room and there were signs posted on room [redacted] door that indicated the residents in that room were on droplet precautions, Droplet precautions are used to prevent contact with mucus and other secretions from the nose and sinuses, throat, airways, and lungs. When a person talks, sneezes, or coughs, droplets that contain germs can travel. The signage posted on the room door described what type of PPE was required to enter the room. The signs revealed that a gown, N95 mask, goggles or face shield and gloves were required to enter room #[redacted] The surveyor observed the the staff member was not wearing goggles or a face shield while in room #[redacted]. On 1/13/2021 at 12:40 PM, the surveyor interviewed the staff member who identified himself as a agency Licensed Practical Nurse (LPN). The LPN stated that room [redacted] was a PUI room and that both residents in that room were on droplet precautions. He admitted that he was supposed to wear goggles before entering the room but forgot and stated that by not wearing the goggles in a PUI room, he could potentially spread the Covid-19 virus. On 1/13/2021 at 12:43 PM, the surveyor observed a staff member in room [redacted] on the PUI unit feeding a resident. The staff member was observed wearing an isolation gown, N95 mask covered by a surgical mask, and gloves. The sign on the door of room [redacted] indicated that the residents in that room were on droplet	F 880	mandated by Directed Plan of Correction. Professional staff viewed and completed certificates on the Module ! entitled, Infection Prevention and Control Program	

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F 880	Continued From page 5	F 880		

precautions and that the appropriate PPE to be worn in that room was a gown, N95 mask, goggles or face shield and gloves. The surveyor did not observe the staff member wearing a face shield or goggles as instructed on the door of room #125.

The surveyor interviewed the staff member at this time who identified herself as a Certified Nursing Assistant (CNA#1). CNA#1 admitted that she should be wearing a face shield but explained that she did not like to wear it because it kept sliding down. CNA#1 showed the surveyor that there were face shields available for her use in the isolation cart that was located in front of the room, however she did not apply it as instructed on the signage of the door.

On 1/13/2021 at 12:47 PM, the surveyor observed CNA #2 enter room [redacted] on the PUI unit wearing only an isolation gown, N95 mask covered by a surgical mask, (with surgical mask covering) and gloves. The signage on room #105 door stated that the residents in that room were on droplet precautions and that the appropriate PPE to wear when entering that room were N95 mask, isolation gown, faces shield or goggles and gloves. CNA #2 was observed not wearing a face shield or goggles as instructed on the door of room #105. CNA #2 was interviewed at this time and admitted that she should have put on the face shield as instructed on the door but had forgot to apply. The surveyor observed an isolation cart in front of room [redacted] that had face shields available for use.

On 1/13/2021 at 12:50 PM, the surveyor interviewed the Licensed Practical Nurse covering for Unit Manager (LPM/UM) who stated

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F 880	Continued From page 6	F 880		

that staff on the PUI unit were required to wear goggles or face shields when in the resident's rooms and that she was not sure why they were not wearing them when they were available for use in the isolation carts that are located in front of each residents room on the PUI unit. She also indicated that there were signs posted on each door on what PPE staff were supposed to wear.

On 1/13/2021 at 3:20 PM, the surveyor interviewed the Regional Clinical Director (RCD) who stated that staff were educated on proper PPE usage in residents rooms on the PUI unit and that there were signs posted on each door that specifies what PPE should be worn so there was no excuse for not wearing protective eye wear (goggles or face shields) in residents rooms designated as PUI. The RCD confirmed that staff are to wear a face shield or goggles when entering a residents room's room designated as PUI.

The surveyor reviewed a form dated [redacted] and titled, "Staff Development and Education". This form contained an in-service conducted by the IP on Infection Control, N95 mask use, PPE donning and doffing (removal), hand hygiene and Covid-19 signs and symptoms. The in-service had CNA #1 and CNA #2 signatures indicating that both had been educated on the application and removal of PPE.

The surveyor reviewed the facility orientation dated [redacted], with the agency LPN's signature which indicated he was educated on the facilities infection prevention and control policies and procedures.

On each residents door of the PUI unit there were

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F 880	Continued From page 7 signs from the CDC (Center for Disease Control) that indicated "Stop" "Droplet Precautions" everyone must clean their hands including entering and when leaving and make sure their eyes, nose, mouth are fully covered before room entry. The facility policy with reviewed/revised date of 1/2021 and titled, "Isolation-Categories of Transmission-Based Precautions" indicated that Standard Precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status and droplet precautions are implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large particles larger than 5 microns in size) that can be generated by the individual coughing, sneezing, talking, or performance procedures such as suctioning. NJAC 8:39-19.4	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
315134 Y1	A. Building B. Wing Y2	3/18/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT GREEN KNOLL	875 ROUTE 202-206 NORTH BRIDGEWATER, NJ 08807

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 03/18/2021	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
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
1/13/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO