

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315378</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/13/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD REHABILITATION &amp; HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 MORRIS TURNPIKE NEWTON, NJ 07860</b>
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 11/13/2020</p> <p>Census: 70</p> <p>Sample: 3</p> <p>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.</p>	F 000		
F 880 SS=F	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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</p>	F 880		12/18/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  11/26/2020
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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 880	<p>Continued From page 1</p> <p>services under a contractual arrangement based upon the facility assessment 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>	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of 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 facility documentation, it was determined that the facility failed to follow appropriate infection control practices in accordance with the Center for Disease Control (CDC) recommendations to a.) ensure staff used proper Personal Protective Equipment (PPE) when caring for residents who were under observation for signs/symptoms of COVID-19 and b.) perform hand hygiene between after doffing (removing) PPE.</p> <p>This deficient practice was identified on 3 of 3 nursing units and was evidenced by the following:</p> <p>On 11/13/2020 at 9:24 AM, the survey team conducted an entrance conference with the Assistant Director of Nursing (ADON) who was acting as the Interim Director of Nursing and the Licensed Nursing Home Administrator (LNHA). The LNHA was not present for the survey but was available via telephone for the entrance conference. The ADON stated that the residents residing on the [REDACTED] nursing unit were recently re-admitted to the facility and were considered person under investigation (PUI) which meant that the resident was under observation for fourteen days to monitor for the possible development of</p>	F 880	<p>Facility will utilize N95 masks for residents who are COVID-19 positive or are considered PUI. Staff are required to perform hand hygiene after doffing PPE. LPN #2 CNA #1 and CNA #2 to be reeducated on proper hand hygiene when doffing PPE. Staff to be educated on proper use of PPE including use of N95 for positive residents and residents who are PUI. Staff to be educated on proper hand hygiene when doffing PPE All PUI and positive resident rooms will be provided with equipment to dispose of gowns in resident room. ADON-ICP/designee will audit staff to insure they are using proper PPE. Weekly X4 Monthly X3 ADON-ICP/designee will audit staff to insure they are performing proper hand hygiene when doffing PPE. Weekly X4 Monthly X3 All Audit results will be submitted at the monthly QAPI meeting.</p>	

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F 880	<p>Continued From page 3</p> <p>signs and symptoms of COVID-19. These residents were on isolation and transmission-based precautions.</p> <p>At this time, the ADON informed the survey team that the facility had four COVID-19 positive staff members with one additional possible COVID-19 positive staff member. The ADON stated that the possible COVID positive staff member was a Licensed Practical Nurse (LPN) #1 who was assigned to the third floor. The ADON stated that the LPN was not currently working in the facility. The ADON stated that one of the positive staff members was a Certified Nursing Aide (CNA) #1 who was assigned to both the [REDACTED] and [REDACTED]-floor nursing units. The ADON stated that since both the [REDACTED] and [REDACTED] floor residents could have been exposed to Covid by the positive CNA, all the residents were currently considered PUIs. The ADON stated that staff was donning (wearing) PPE which included a surgical mask or a KN95 mask (respirator) with eye protection and a washable gown upon entering a resident's room.</p> <p>At 10:25 AM, the surveyor toured the emergency PPE supply with the Facilities Director (FD). The supply observed appeared to match the inventory list provided of the following: 600 N95 (respirator) masks; 3,800 KN95 masks; 16,000 surgical masks; 20,000 gloves in various sizes; 3,000 face shields; 2,600 disposable gowns; 375 washable gowns; 24 coveralls; and 200 eye protection.</p> <p>At 10:30 AM, the Business Office Manager (BOM) informed the surveyor that besides the emergency PPE supply, the facility also had an active daily PPE supply. The BOM stated that she reordered</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>those supplies as needed when inventory decreased. The BOM provided the surveyor with an inventory list of everyday use PPE. The BOM confirmed that the facility had no PPE supply shortage.</p> <p>At 10:42 AM, the surveyor toured the [REDACTED]-floor nursing unit and observed that all staff donned surgical masks and eye protection. Staff donned a washable gown and disposable gloves prior to entering a resident's room. The surveyor observed four large red bins in the hallway labeled for disposable gowns.</p> <p>At 11:05 AM, the surveyor interviewed LPN #2 who stated that staff donned washable gowns prior to entering the resident's room. The gowns were supposed to be disposed of in red bins in the residents' rooms, but staff were disposing of the gowns in the red bins in the hallway. The LPN stated that when staff removed the gowns they were to wash their hands with soap and water or use an alcohol-based hand rub (ABHR) to sanitize their hands. The LPN stated to enter any isolation room, staff donned an N95 mask, face shield (eye protection), washable gown, and gloves. The LPN stated that N95 masks were located at the nurse's station.</p> <p>At 11:10 AM, the surveyor observed CNA #2 walking down the hallway wearing a washable gown carrying personal grooming items, which she placed on a railing outside a resident's room. The surveyor attempted to interview CNA #2 at this time, but the CNA declined and walked away. The surveyor observed CNA #2 remove her washable gown in the hallway and place the gown into the</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>red bin in the hallway. CNA #2 performed no hand hygiene. The surveyor then observed CNA #2 immediately obtain a new washable gown located on a covered overbed table located in the hallway next to the red bin. The CNA proceeded down the hallway to speak with the LPN before entering Resident Room [REDACTED].</p> <p>At this time, the surveyor stopped CNA #2 prior to entering Resident Room [REDACTED]. The surveyor questioned the CNA if she had to perform hand hygiene after removing her PPE. The CNA confirmed she had to perform hand hygiene after removing her PPE. When the surveyor asked her why she had not performed hand hygiene her gown, the CNA stated that she had washed her hands with soap and water at the nurse's station. After the surveyor informed CNA #2 about their observation, the CNA proceeded to the tub room to wash her hands. CNA #2 left the tub room without performing hand hygiene and opened the door to the nurse's station with her unwashed hands and proceeded to the handwashing sink. CNA #2 then decided to use the bathroom located next to the handwashing sink and closed the door.</p> <p>At 11:15 AM, the surveyor observed CNA #2 exit resident room [REDACTED] wearing a washable gown and gloves. The CNA removed her gloves in the hallway and disposed of them in a trash receptacle in the hallway. CNA #2 then removed her gown in the hallway and placed it in the red bin. CNA #2 then walked down to the end of the hallway, opened the door to the dining room using her unwashed hands, and proceeded to the sink to perform hand hygiene.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>At 11:38 AM, the surveyor observed LPN #2 exit resident room [REDACTED] carrying a washable gown in her hand that she held with a paper towel. The LPN disposed of the gown in the red bin in the hallway and placed the paper towel in her hand in a trash receptacle located on her medication cart. The LPN the proceeded to open the medication drawers. The surveyor observed no hand hygiene by LPN #2</p> <p>At this time, the surveyor asked LPN #2 if she had to perform hand hygiene after disposing of her gown. The LPN stated that she had washed her hands in the resident's room prior to exiting the room. The LPN stated that her hands were clean since she carried the gown with a paper towel.</p> <p>At 11:43 AM, the surveyor observed CNA #2 and CNA #3 exit a resident's room together. The CNAs removed their gowns in the hallway and placed the gowns into the red bin. The surveyor observed no hand hygiene. The CNAs then proceeded down the hallway, opened the closed door with their hands and proceeded into the dining room to wash their hands.</p> <p>At 11:50 AM, the surveyor interviewed LPN #3 who was the Charge Nurse. The LPN stated that staff removed the PPE inside the door frame of the resident's room and placed the gown in the red bin in the hallway and the gloves in the trash bins in the hallway. LPN #3 stated that staff then used an ABHR that was located on the medication carts or at the nurse's station. LPN #3 stated that there were handwashing sinks located in the tub room, bathroom, and at the nurse's station. The LPN confirmed that the door for the nurse's station was</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>kept closed so staff would have to touch the doorknob prior to performing hand hygiene there. LPN #3 stated that usually PPE bins were kept in each individual resident's room, but the facility did not have enough bins, so staff were removing PPE in the hallway. LPN #3 stated that surgical masks were worn by all staff on this floor. LPN #3 confirmed that there were no N95 or KN95 masks available on this floor.</p> <p>At 12:29 PM, the survey team met with the ADON who confirmed that on all three resident floors, every resident was considered a PUI since the CNA who was confirmed positive could have exposed all the residents to COVID-19. The ADON stated that when taking care of residents who were considered PUIs, staff donned KN95 or N95 masks, eye protection, and washable gowns. The gowns were disposed of in the hallway. There were a total of four red bins on each floor; two located on each wing. The ADON stated that the facility did not have enough bins for each resident's room, but staff was expected to perform hand hygiene after removing the PPE. Staff were expected to proceed to the nearest sink or use an ABHR. The ADON stated that ABHR was located on the nurse's medication carts and by the elevator. Staff could also wash their hands with soap and water at the nurse's station or in the dining room. The ADON confirmed that the doors to both areas were kept closed so staff contaminated the doorknobs when they touched them. The ADON stated that hand hygiene should be performed after removing a gown, even if the nurse carried the gown out with a paper towel. The ADON stated that the hand was still contaminated from the gown. The ADON also</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>confirmed that the paper towel should not have been disposed of on the nurse's medication cart since it was considered contaminated.</p> <p>At this time the ADON acknowledged that the CDC recommended that all staff should don a N95 or KN95 mask in PUI rooms. The ADON stated that staff should have been wearing those masks currently on the floors. The ADON confirmed that there were no KN95 or N95 masks currently on the nursing units, that all the KN95 masks were in the ADON's office and in the PPE supply room located in a separate building.</p> <p>At 1:00 PM, the surveyor observed the following on the [REDACTED] floor: four PPE carts, two of the four carts contained washable gowns and gloves, and two of four carts contained washable gowns, gloves, and surgical masks. The surveyor observed three ABHR dispenser adhered to the walls (one by the elevator, one at the end of [REDACTED] unit, and one by the nurse's station), one removable bottle of ABHR located by the elevator, and two additional ABHR located on each of the two nurse's medication carts.</p> <p>At 10:25 PM the surveyor toured the [REDACTED] floor nursing unit and observed that all staff donned surgical masks and eye protection. Staff donned a washable gown and disposable gloves prior to entering a resident's room that were on transmission based precautions.</p> <p>At 10:33 AM, the surveyor interviewed the Housekeeper who stated that she always wears the surgical mask and a faceshield on the [REDACTED] floor unit. She further stated that she puts on a</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>reusable gown and gloves to enter the rooms that are on transmission based precautions.</p> <p>At 10:45 AM, the surveyor interviewed LPN #4 who stated that she wears a surgical mask and some sort of eye protection on the [REDACTED] floor unit. She further stated that she puts on a reusable gown and gloves to enter the rooms that are on transmission based precautions.</p> <p>At 12:10 PM, the surveyor, during a limited tour of the [REDACTED] floor unit, observed a staff member wearing a surgical mask and eye protection.</p> <p>At 1:23 PM, the surveyor team addressed their concerns with the ADON. The ADON at this time acknowledged all concerns addressed by the survey team.</p> <p>The surveyor reviewed the facility's undated Isolation - Categories of Transmission-Based Precautions policy which included that the CDC maintains a list of diseases, modes of transmissions, and recommended precautions. The policy also included that staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room. The policy included that gloves will be removed, and hand hygiene performed before leaving the room.</p> <p>A review of the facility's Outbreak Plan dated updated 11/15/2020 included that residents who are new admissions or residents who are COVID-19 positive or were exposed to someone who tested positive will be placed on transmission based precautions with the full use of PPE per</p>	F 880			

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