STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315185	A. BUILDING _____ B. WING _____	06/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT LINWOOD, LLC	201 NEW ROAD AND CENTRAL AVE LINWOOD, NJ 08221

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F 000	INITIAL COMMENTS 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 and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 06/22/2020 Census: 114	F 000		
F 880 SS=E	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 conducted according to §483.70(e) and following accepted national standards;	F 880		7/17/20

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/01/2020

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	Continued From page 1 §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 infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880		

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident who tested positive for COVID-19 while hospitalized was properly cohorted on the facility's designated COVID-19 Unit in order to contain the spread of COVID-19 according to facility policy and CDC Guidance but instead was placed in a semi-private room on a Dementia Care Unit for five days (6/18/20 through 6/22/20) upon return from the hospital. This deficient practice was identified on 1 of 4 nursing units (South Unit/Dementia Unit), and was evidenced by the following: On 06/22/20 at 10:08 AM, during the Entrance Conference, the Licensed Nursing Home Administrator (LNHA) stated that the facility had two residents who recently tested positive for COVID-19 who resided in single rooms on the COVID Unit located at the far end of North Unit. This section was partitioned off from the rest of the unit. He further stated that there were nine residents on [redacted] Unit who were considered Persons Under Investigation (PUI) that were recently admitted to the facility from the hospital and were placed on quarantine for 14 days in order to rule out a diagnosis of COVID-19. The Director of Nursing (DON) stated that the COVID-19 Unit was a four bed unit that was staffed by one nurse that provided primary care (without assistance) to two residents who currently occupied the unit. At 11:53 AM, during the initial tour of the facility the surveyor toured [redacted] Unit/[redacted] Unit and	F 880	1. On 6/22/20 Resident #1 had roommate moved, to allow Resident #1 to be in a private room for COVID isolation. Resident #1 roommate was placed under investigation for 14 days and had a COVID test on 6/24/20 with negative results. 2. All residents have the potential to be effected by this deficient practice. A review of all residents who were COVID positive and under investigation (PUI) was done, and all residents were in appropriate rooms. 3. Facility Director of Nursing (DON) or designee will in-service all nurses on proper cohorting practices per CDC and NJDOH regulations. 4. All new admissions and readmissions will be reviewed by our daily clinical meeting to ensure proper room management and placement. Facility Infection Preventionist will keep a running list of all residents who are suspected and COVID positive. This list will be reviewed weekly by the Administrator, Director of Nursing and Assistant Director of Nursing. Weekly lists will be reviewed at our quarterly QA meeting x2 quarters.	

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F 880	Continued From page 3	F 880		

noted a plastic three drawer cart that contained Personal Protective Equipment (PPE) (protective equipment such as gowns, gloves, face shield and masks) outside of a private resident room. There was signage on the wall above the cart that provided instruction for the proper sequence for PPE application for Standard, Contact, Droplet or Airborne Infection. The surveyor observed Resident #1 seated on a chair inside of this room accompanied by Certified Nursing Assistant (CNA) #1. The resident wore a mask and CNA #1 wore a face shield, mask, gown and gloves to care for the resident.

The surveyor interviewed Licensed Practical Nurse (LPN) #1, who stated that Resident #1 had tested positive for COVID-19 and was later cleared from Droplet Precautions after the resident tested negative on [redacted]. She stated that the resident was hospitalized on [redacted] for a [redacted]. She further stated that the resident returned to the facility on [redacted] and was placed on droplet precautions.

At 12:10 PM the surveyor interviewed the LNHA. He stated that Resident #1 was placed on the [redacted] Unit, a locked unit, after hospitalization instead of the COVID Unit as the resident had a tendency to wander. He further stated that he forgot to inform the surveyor that there was a resident with COVID-19 on the [redacted] Unit during the Entrance Conference.

At 1:48 PM, the surveyor interviewed the DON, who stated that Resident #1 tested positive for COVID-19 and later tested negative after he/she recovered. She stated that the resident fell and was hospitalized for a [redacted] She stated Resident #1 had what she considered to be a

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F 880	Continued From page 4	F 880		

"rebound" positive COVID-19 test result at the hospital. She stated that the resident was very confused and non-ambulatory. She stated that he/she was not safe to be placed on the COVID-19 Unit upon return to the facility. Instead a clinical decision was made for the resident to return to the [redacted] Unit ([redacted] Unit) as the resident preferred familiar surroundings.

In a later interview at 2:45 PM, the DON stated that when Resident #1 first tested positive for COVID-19 on [redacted] and was placed in an area designated for COVID-19 residents on the right side of the [redacted] Unit that was partitioned off with designated staff. She stated that she now considered Resident #1 to be a PUI due to "rebound" positive COVID-19 testing. She further stated that when the resident returned to the the facility from the hospital on [redacted] he/she was placed in a room with Resident #2 who previously recovered from COVID-19.

The surveyor reviewed the electronic health record (EHR) of Resident #1 which revealed that the resident was tested for COVID-19 on [redacted] while hospitalized and tested positive. The surveyor reviewed the EHR of Resident #2 which revealed that the resident was tested for COVID-19 on [redacted] and tested positive and was re-tested on [redacted] and tested negative. A review of the facility Midnight Census Report dated 06/22/20 at 9:22 AM, revealed that Resident #1 and Resident #2 were cohorted together within the same room.

The surveyor reviewed a Progress Note contained within Resident #1's EHR that was written by LPN #2 on 06/22/20 at 1:01 PM, which revealed that Resident #1 was moved into his/her original private room after a discussion with

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F 880	Continued From page 5	F 880		

Social Work. Resident #1's family agreed to the move and the resident was moved into the same room as before hospitalization.

At 3:02 PM, the surveyor interviewed LPN #1, who stated that Resident #1 had become very anxious since he/she returned from the hospital and was placed in unfamiliar surroundings. A clinical decision was made to move the resident back to his/her original room today, 6/22/20, and the resident was noticeably calmer.

At 3:34 PM, the surveyor interviewed the Infection Preventionist Nurse (IPN), who stated that she was not aware that Resident #1 had been cohorted with Resident #2 until today. She stated that she informed the Unit Manager (UM) that she would have to arrange for Resident #1 to be placed in a private room upon return to the facility from the hospital as the resident tested positive for COVID-19 and required isolation precautions and monitoring. The IPN stated that there was room on the unit for a room change to be made that would have allowed Resident #1 to be placed on isolation precautions in his/her own room upon return to the facility. The UM was not available for interview.

At 4:00 PM, the surveyor interviewed the Regional Nurse (RN), who stated that she would expect that a resident who tested positive for COVID-19 while hospitalized would be admitted to the COVID-19 Unit or placed in a private room on the [redacted] Unit. She stated that the facility required a 14-day quarantine clearance for all new admissions an readmissions. She further stated that in order to cohort residents together, they must both be readmitted to the facility on the same day with the same status or should not be cohorted together.

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F 880	Continued From page 6	F 880		

At 4:10 PM, the surveyor interviewed Certified Nursing Assistant (CNA) #1, who stated that she was informed that Resident #1 tested positive for COVID-19 at the hospital and was placed in Resident #2's room and not his/her original room upon return from the hospital. CNA #1 stated that she was required to wear full PPE (K N-95 Mask, gown, face shield, and gloves) when she cared for Resident #1 in the room but did not have to wear full PPE when she provided care to Resident #2 who was in the same room. She further stated that Resident #1 had become agitated and was moved back to his/her original room and familiar surroundings in a private room today.

The surveyor reviewed the facility policy, "Policy for Emergent Infectious Diseases (COVID-19)" (updated: May 14, 2020) which revealed the following:

Cohort 1-Covid-19 Positive:

This cohort consists of both symptomatic and asymptomatic patients/residents who tested positive for COVID-19, including any new or re-admissions. If feasible, care for COVID-19 positive patients/residents on a separate closed unit. Patients/residents who test positive for COVID-19 are known to shed virus, regardless of symptoms; therefore, all positive patients/residents would be placed in this positive cohort.

The CDC Bulletin "Responding to Coronavirus (COVID-19) in Nursing Homes issued 4/30/20 under the section Resident with new-onset suspected or confirmed COVID-19 notes "if the resident is confirmed to have COVID-19,

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F 880	Continued From page 7 regardless of symptoms, they should be transferred to the designated COVID-19 care unit." NJAC 8:39-19.4	F 880		