

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

PRINTED: 07/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315452	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OR SUPPLIER PEACE CARE ST JOSEPH'S			STREET ADDRESS, CITY, STATE, ZIP CODE 537 PAVONIA AVENUE JERSEY CITY, NJ 07306	
(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 at this facility. The facility was found to be out of compliance with 42 CFR §483.80, and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey Date: 06/25/2020	F 000		
F 885 SS=E	Census: 82 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		6/30/20

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

TITLE

(X6) DATE

Electronically Signed

07/02/2020

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 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 staff and resident interviews, the facility failed to develop a process for notifying residents, their representatives and families by 5 PM the next calendar day following the occurrence of either a single confirmed COVID-19 test result, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. The deficiency occurred during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>During an interview on 06/25/2020 at 3:50 PM, the Administrator said, "I do a newsletter 5 days a week that goes over cases and testing, recovery etc. We print it for residents and email it to families and staff." "If there is a case on the weekend, we would update the newsletter on Monday." There was no facility policy or process in place to ensure residents, their representatives and families were notified by 5 PM the next calendar day.</p> <p>On 06/25/2020 at 6:16 PM, an interview was completed with Resident #1. Resident #1 was asked about getting updates on new positive COVID-19 tests, and staff and/or residents with positive symptoms. The resident stated, "We get a newsletter during the week that updates us. On Monday, we would get an update for over the weekend."</p>	F 885	<p>There were no residents, representatives or families affected by this practice. A Policy & Procedure has been implemented to insure that residents, their representatives and families are informed by 5:00pm 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.</p> <p>All Facility residents, their representatives and families have the potential to be affected by this practice.</p> <p>Management staff were inserviced by the Administrator on June 29, 2020 regarding the Facility Policy & Procedure for COVID-19 Reporting Requirements. Upon 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, the Director of Nursing/designee will audit the Facility communication with residents, their representatives and families to confirm that notification occurred as required. The Director of Nursing will complete audit reports of findings with corrective action if necessary weekly for six (6) months.</p> <p>The Administrator/designee will review the notification audit reports along with any corrective actions taken as necessary</p>		

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F 885	Continued From page 2	F 885	weekly; results will be reported to the Facility Quality Assurance Performance Improvement Committee quarterly for six (6) months.		