

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

PRINTED: 06/09/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315370</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/22/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM POST ACUTE CARE OF PRINCETON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5000 WINDROW DRIVE PRINCETON, NJ 08540</b>
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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: 05/22/2020	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 conducted according to §483.70(e) and following accepted national standards;	F 880		6/22/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  06/03/2020
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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	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.	F 880			

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F 880	<p>Continued From page 2</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:</p> <p>Based on observation, interview, record review and review of other facility documentation, it was determined that the facility failed to ensure that staff follow proper infection control protocol for PPE (personal protective equipment) use for a resident on droplet isolation precautions.</p> <p>This deficient practice was identified for Resident #1, 1 of 1 residents reviewed on droplet isolation for elevated temperature in a facility experiencing a COVID-19 outbreak and was evidenced by the following:</p> <p>During a tour of the [REDACTED] floor (non-COVID), on 05/22/2020 at 09:19 AM, the surveyor observed a "stop see nurse" sign on Resident #1's door and a clear and white three-draw plastic isolation bin inside the room close to the door. The bottom draw of the isolation bin contained a roll of red biohazard bags and the top draw contained a box with a picture of a stethoscope on it. There was no PPE observed in any of the draws of the plastic isolation bin. The surveyor observed a Certified Nursing Assistant (CNA #1) inside of Resident #1's room. CNA #1 was observed wearing a mask and gloves while seated next to the resident and feeding the resident the breakfast meal.</p> <p>On 05/22/2020 at 09:21 AM, the surveyor observed CNA #1 pick up the breakfast tray, exit Resident #1's room and place it on the food cart in the hall. CNA #1 removed her gloves, used hand sanitizer and approached the surveyor.</p>	F 880	<p>I. What corrective action was accomplished for Residents affected by the deficient practice?</p> <p>The identified Resident #1 had isolation status reviewed and clarified immediately. Staff was updated on Resident #1 isolation status, isolation storage bin was immediately restocked and staff was immediately in-serviced on the proper PPE to use for the specific type of isolation.</p> <p>Staff were in-serviced on the infection control protocols related to droplet isolation precautions (proper use of PPE for specific types of isolation, donning and doffing of PPE, hand washing procedures, assurance of adequate supplies of PPE available in the respective isolation storage bins and notifying the Nursing Unit Manager/Supervisor/Designee if there is not enough PPE supplies).</p> <p>Nursing staff were in-serviced on the procedure for conducting a comprehensive daily shift to shift report identifying Residents that are on isolation precautions.</p> <p>Nursing Supervisors and Central Supply Coordinator were in-serviced on the process of restocking the isolation storage bins for all of the identified Residents on</p>		

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F 880	<p>Continued From page 3</p> <p>During an interview with the surveyor on 05/22/20 at 09:21 AM, CNA #1 stated she worked on the floor regularly and that Resident #1 was not on isolation anymore and that the "stop see nurse" sign just had not been taken down yet. CNA #1 stated if Resident #1 was on isolation, CNA #1 would have put on a PPE gown and another mask going into Resident #1's room and take the contaminated PPE gown and mask off before leaving the room. CNA #1 stated the nurses would give report in the morning about isolation rooms but that the nurse working was a float nurse and not Resident #1's regular nurse so the nurse would not know about the isolation. CNA #1 could not recall if she had received the information regarding Resident #1's isolation on morning report. CNA #1 stated that the PPE gown, mask and gloves were important to stop the spread of infection.</p> <p>On 05/22/2020 at 09:24 AM, the surveyor observed a Registered Nurse (RN #1) at the nurse's desk wearing a hair protector, PPE gown, gloves, shoe protector and a white respirator type mask. RN #1 stated there were no COVID-19 residents on the 3rd floor. In the presence of the surveyor, RN #1 went to Resident #1's room. RN #1 stated Resident #1 had tested negative for COVID-19 but was still being monitored until a second COVID-19 test could be administered. RN #1 acknowledged the isolation sign and isolation bin and stated the staff should put on new gown, gloves and mask when they entered Resident #1's room and take the PPE off and wash hands when they exited the room. RN #1 could not recall if she had given CNA #1 report regarding Resident #1's isolation that morning.</p>	F 880	<p>isolation.</p> <p>II. How will the facility identify other Residents having the potential to be affected by the same deficient practice?</p> <p>In order to identify other Residents having the potential to be affected by the same deficient practice, all Residents on isolation were audited. Their isolation status was verified, their isolation storage bins checked for supplies and restocked, if indicated, and their isolation status was reviewed with assigned staff.</p> <p>III. What measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur?</p> <p>The Center will establish a schedule for restocking the required PPE for each Resident on the isolation precaution list, with daily stocking of the required PPE in the isolation storage bins designated for each isolation Resident room. Will audit all Residents on isolation precautions to make sure that isolation storage bins are in place.</p> <p>The DON/Infection Control Preventionist/Designee will provide on-going Infection Control updates for staff following the prescribed guidance and recommendations from the State DOH and CDC.</p> <p>The Daily Nursing Shift to Shift Report will include all new and current Residents on isolation precautions.</p>		

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F 880	<p>Continued From page 4</p> <p>On 05/22/2020 at 09:55 AM, the Director of Nursing (DON) entered the ■ floor and approached the surveyor who was in the hall outside of Resident #1's room. The DON confirmed there were no PPE gowns in the isolation bin in Resident #1's room. The DON stated the isolation bins should have been stocked. The DON stated the staff should have put on a new gown, gloves and mask when they entered Resident #1's room and remove the contaminated PPE when they exited the room. The DON stated the staff was given report every morning and a resident list was printed each morning to show which residents were on isolation.</p> <p>During an interview with the surveyor on 05/22/2020 at 10:17 AM, the Licensed Practical Nurse (LPN #1) on the ■ floor stated the nurses gave report to the CNAs every shift and the report included residents on isolation. LPN #1 was not Resident #1's nurse that day.</p> <p>During an interview with the surveyor on 05/22/2020 at 01:05 PM, the RN Infection Control Nurse (RN/IC) stated the staff should enter an isolation room with a new gown, mask and gloves and remove that contaminated gown, mask and gloves when they exit the room. The RN/IC stated the unit managers should have ensured there was enough PPE in the isolation bins and that the ■ floor unit manager was not in today. The RN/IC stated that the night supervisor had access to the PPE to restock the isolation bins as well. The RN/IC stated the purpose was to prevent the spread of infection.</p> <p>Review of Resident #1's Admission Record revealed the resident was admitted to the facility</p>	F 880	<p>IV. How will the Facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not reoccur?</p> <p>The DON/Infection Control Preventionist/Designee will conduct visual audits of staff utilizing the proper use of PPE according to the required isolation precaution 3x weekly for one month, and then, 2x weekly for two months. Audit trends and findings will be reported at the Quarterly QAPI Meeting.</p> <p>The DON/Infection Control Preventionist/Designee will conduct visual checks of the isolation storage bins 5x weekly, and then, 2x weekly for two months to monitor that there is an adequate supply of the required PPE according to the restocking schedule. Audit trends and findings will be reported at the Quarterly QAPI Meeting.</p> <p>The DON/Infection Control Preventionist/Designee will attend the Nursing staff shift to shift report 3x weekly for one month, and then, 1x weekly for two months. Audit trends and findings will be reported at the Quarterly QAPI Meeting.</p>		

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F 880	<p>Continued From page 5</p> <p>in [REDACTED] with diagnoses that included, but were not limited to, [REDACTED]</p> <p>[REDACTED]</p> <p>Review of Resident #1's Care Plan (CP) revealed an entry dated [REDACTED], which indicated an increase in temp (temperature)/isolation in progress; maintain droplet precautions when providing resident care (PPE as per CDC [Centers for Disease Control and Prevention] and Center guidelines).</p> <p>Review of the Progress Note, dated 05/21/2020, revealed "resident continues on isolation for droplet precaution."</p> <p>Review of Resident #1's "Order Summary Report," revealed an entry dated 05/18/2020 for droplet isolation secondary to elevation in temperature.</p> <p>Review of Resident #1's SARS-CoV-2, NAA (Coronavirus SARS-CoV-2 [COVID-19] by nucleic acid amplification test), dated 05/11/2020, revealed unable to reliably determine a result.</p> <p>Review of CNA #1's education and in-services revealed the following:</p> <p>Coronavirus Prevention Precaution course, dated 03/02/2020; Handwashing Competency dated 03/05/2020 and indicated CNA #1 met the requirements; PPE In Coronavirus/Proper Use, dated 03/08/2020, and revealed "when caring for a resident who are on droplet precaution, you must</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>wear the proper PPE- Gloves, Gown, Mask;" COVID-19 Infection Control course, dated 03/15/2020; Competency Validation: PPE, dated 04/22/2020 and indicated CNA #1 met the criteria.</p> <p>Review of the facility's "Isolation-Initiating Transmission-Based Precautions" document, dated 01/2012, revealed the Infection Preventionist (or designee) shall ensure that protective equipment (i.e. gloves, gowns, masks, etc.) was maintained near the resident's room so that everyone entering the room can access what they need.</p> <p>Review of the facility's "Isolation-Categories of Transmission-Based Precautions" document, dated 01/2012, revealed transmission-based precautions will be used whenever measures more stringent than standard precautions were needed to prevent or control the spread of infection. Gloves and Handwashing: wear gloves when entering the room; while caring for a resident, change gloves after, remove gloves before leaving the room, and perform hand hygiene. Gown: wear a disposable gown upon entering the room, after removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces. Masks: put on a mask when entering the room.</p> <p>Review of the facility's "Guidelines (S)G) for caring for COVID-19 residents" document, dated 04/14/2020, revealed "the decision to discontinue transmission-based precautions by excluding the diagnosis of COVID-19 resident can be made based upon having negative results from at least one Food and Drug Administration (FDA) authorized COVID-19 molecular assay for</p>	F 880			

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F 880	Continued From page 7 detection of SARS-CoV-2. Adhere to Standard and Transmission-Based Precautions - Personal Protective Equipment: Health Care Professionals (HCP) must receive training on and understanding of when to use PPE and what PPE is necessary. Gloves: put on clean, non-sterile gloves upon entry into the resident room; remove and discard gloves when leaving the resident room. Gowns: put on a clean isolation gown upon entry into the resident room; remove and discard the gown before leaving the resident room.  NJAC 8:39-19.4(a)(2); 27.1(a)	F 880			