STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315492	A. BUILDING _____ B. WING _____	07/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOONTON CARE CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

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F 000	INITIAL COMMENTS Citation Text for Tag 0000, Regulation FF11 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: 07/9/2020 Census: 54	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	F 880		7/24/20

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

Electronically Signed | 07/13/2020

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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providing services under a contractual arrangement based upon the facility assessment 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 pertinent facility documentation, it was determined that the facility failed to ensure that infection control practices were followed in accordance with the Center for Disease Control Guidance, the Center for Medicaid and Medicare Services, and facility policy to refrain from communal dining and group activities during an outbreak of COVID-19. This deficient practice was identified in 1 of 2 nursing units ([redacted]) and 1 of 1 rehabilitation gyms and was evidenced by the following: On 7/9/2020 at 8:56 AM the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA), Assistant Administrator (Assist Admin) and the survey team, stated that the facility allowed residents who were at a high risk for falls to gather in the dayroom. The DON stated that the residents were socially distanced, and if the resident was able to tolerate a mask, a mask was worn. At 9:58 AM, the Activities Concierge informed the surveyor that residents who were considered falls risks were placed in the day room during the day for activities and meals. The residents were socially distanced with one resident per table with the maximum amount of residents permitted was five to six. The Concierge stated that the maximum was set by the Local Health Department (LHD).	F 880	I. 1. All residents in the Dayroom were immediately removed from the Dayroom. 2. All residents in the Rehab gym were immediately removed from the Rehab gym. II. All residents have the potential to be affected by this deficient practice of have group activities and group therapy. III. 1. Nursing, Activity, and Rehab staff was inserviced on Infection Prevention in particular not have any group sessions in the middle of a Outbreak. 2. Infection Preventionist/Designee will do random checks of the dayroom and Rehab gym twice daily for the 1st week, daily for the 2nd week, twice weekly for the 3rd and 4th week, once a week for the 2nd month to ensure no group activities and group therapy is taking place. IV. Administrator/Designee will do random checks of the dayroom and rehab gym daily for the 1st week, twice a week for 2nd week, weekly for the 3rd and 4th week and the 2nd month to ensure no group activities and group therapy is taking place. All finding will be reviewed at the next QA meeting.	

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At 10:00 AM, the Registered Nurse/Unit Manager (RN/UM) stated that residents who were at a high risk for falls attended activities and meals in the day room. One resident per table was permitted with a maximum of ten residents.

At 10:07 AM, the surveyor observed eleven residents in the day room. The residents were socially distanced with one resident per table plus two residents not placed at a table. The surveyor observed three staff members present with activities occurring and all staff were wearing N95 masks.

At 10:10 AM, the Licensed Practical Nurse (LPN) stated that the facility started allowing fall risk residents in the day room for activities and meals approximately two to three weeks ago. The residents had to be socially distanced.

At 10:17 AM, the Activity Aide stated that group activity started in the day room for fall risk residents "maybe one month ago" and added that the residents had to be socially distanced, with one resident per table.

At 10:30 AM, the Infection Preventionist (IP) stated that the facility did limited group activities. Residents who were at high risk for falls were placed in the day room for safety and supervision. The IP stated that the facility was COVID-19 negative so this was permitted. The IP stated that all new or re-admission or person under investigation who could possibly have COVID-19 were isolated for fourteen days to monitor for signs and symptoms. Residents who tested positive for COVID-19 were also placed on isolation. Residents who were COVID-19 positive were taken off of isolation after ten days symptom free with and no symptoms without symptom

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controlling medications for three days.

At 10:40 AM, the surveyor observed three residents located on opposite ends of the rehabilitation gym receiving treatments with the therapists. All therapists present in the gym and rendering treatment were wearing N95 masks.

At 10:42 AM, the Physical Therapist (PT) stated that the rehabilitation director was no longer at the facility and that he was "covering." The PT stated that he had been at the facility for only three weeks. The PT stated that during the COVID-19 outbreak, therapy had stopped in the gym, but started again last week when all the residents' COVID-19 tests were negative. The PT stated that the residents were socially distanced and four residents maximum were permitted at a time.

At 10:45 AM, the Occupational Therapist (OT) stated that during the COVID-19 outbreak, therapy occurred only in residents rooms with residents being treated from well to ill. The OT stated that since the residents were negative, treatment began again in the rehabilitation gym. All of the equipment was sanitized after each use with Environmental Protection Agency (EPA) certified sanitizing wipes.

At 11:20 AM, the surveyor attempted to call the LHD via telephone.

At 11:24 AM, the LNHA stated that communal dining and activities was only for residents who were at high risks for falls and could not be left in their rooms. The LNHA stated that the facility had discussed this with the LHD. During the peak of the outbreak, the rehabilitation gym was also closed. Since the residents were all negative, the

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F 880	Continued From page 5 facility was following social distancing. At this time, the DON stated that residents were falling while left alone in their rooms and they could not stay in their rooms without one-to-one interaction with staff. The facility chose to bring the residents into the day room for supervision. At 11:54 AM, the surveyor observed seventeen residents in the day room eating lunch. There were nine four-foot by four-foot square dining tables with ten residents in total sitting at the tables. One table had two residents sitting across from each other. There were six residents in wheelchairs with tray tables eating lunch, and one resident sitting in a geriatric chair (medical recliner). At 12:18 PM, the LPN stated that all seventeen residents in the day room were fall risks and needed to be monitored. The LPN stated again that this started approximately two to three weeks ago since all the residents were COVID-19 negative. In the beginning of the outbreak, staff stayed in the hallway to monitor these residents. At 12:30 PM, the LNHA informed the surveyor that the facility had not considered the residents eating in the day room to be communal dining since everyone was at a separate table and socially distanced. At this time, the DON stated that there was no maximum capacity for the number of residents to be in the day room, as long as the residents were six feet apart. The DON re-iterated that if the residents were in their rooms, then they would fall. The DON accompanied the surveyor to the day room and confirmed that the two residents eating at the table together should not be.	F 880		

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F 880	Continued From page 6 At 1:07 PM, the LNHA in the presence of the DON, Assist Admin, and the survey team stated that the facility started testing all residents and staff for COVID-19 on 5/18/2020. The last positive case the facility had was on 6/23/2020. Since the residents were all negative, the fall risks were allowed to be in the day room as long as they were six feet apart. The LNHA could not provide the survey team with any documentation from the LHD at this time to confirm that the LHD had offered guidance and approval of this. The surveyor reviewed the Resident and Staff Outbreak Line List, that confirmed the last positive COVID-19 test was on 6/23/2020. A review of the facility's Outbreak Investigation and Management policy dated revised 3/10/2020 included the suspension of all group activities. NJAC 8:39 19.4; 27.1(a)	F 880		