

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OR SUPPLIER NEW VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BROADWAY NEWARK, NJ 07104		
(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	<p>INITIAL COMMENTS</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 and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Survey date: 04/20/2020 and 04/28/2020</p> <p>Census: 215</p> <p>During a focused Covid-19 infection control survey on 04/20/2020, an immediate jeopardy (IJ) was identified at 11:45 PM regarding the failure to follow infection control guidelines for the use of personal protective equipment (PPE) and cohorting of Covid-19 positive, people under investigation (PUI) for symptoms/exposure and asymptomatic residents. The removal plan was accepted on 04/24/2020 at 3 PM and implementation was verified on-site on 04/28/2020. (F880).</p> <p>COVID-19 (Coronavirus Disease 2019), is a disease caused by the Coronavirus SARS -CoV-2. COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes.</p>	F 000			
F 880 SS=K	<p>Infection Prevention & 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</p>	F 880		5/11/20	

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

TITLE

(X6) DATE

Electronically Signed

05/09/2020

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	<p>Continued From page 1</p> <p>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 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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism 	F 880			

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F 880	<p>Continued From page 2 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> <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 record review, it was determined that the facility failed to ensure a.) an effective system of cohorting Covid-19 positive, persons under investigation (PUI) and residents not exhibiting symptoms (non-ill or asymptomatic) of the virus; b.) Personal Protective Equipment (PPE) was available outside of the Covid-19 resident rooms and that staff follow proper PPE use between COVID-19 positive residents and residents not exhibiting symptoms (non-ill or asymptomatic) to control the spread of infection in a facility</p>	F 880	<p>#1 and #2</p> <p>Cohorting On 4/21/2020 a COVID designated unit was created at the facility. A wall was built with a door to enter the unit. A designated staff member is stationed directly outside the unit at all times to distribute proper PPE before entry. Residents who were COVID positive and PUIs have been removed from the general population and isolated within the COVID Unit, leaving all</p>		

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F 880	<p>Continued From page 3</p> <p>experiencing a COVID-19 outbreak. This deficient practice was identified during tour on 3 of 3 nursing floors (3rd-5th floor) conducted on 04/20/2020.</p> <p>On 04/20/2020, the surveyor reviewed the facility's COVID-19 outbreak response measures to include the resident and staff line list, infection data tracking/surveillance sheets, and other pertinent documents the facility provided as they related to COVID-19. The documents revealed that there was no system in place to identify or track the resident cohort group who were non-ill to prevent their exposure to the virus.</p> <p>Upon observation and interview, it was identified that there was no designation of staff to care solely for the Covid-19, PUI and non-ill residents on all nursing units throughout the facility. The Covid-19 and PUI residents were located throughout the units on each floor and were not cohorted to one area to minimize the exposure risk to non-ill, non-exposed residents. The surveyor identified, on the 4th floor (West), a Covid-19 positive resident (Resident #1) readmitted to the facility during the survey and placed in a room with a non-ill/non PUI resident (Resident #2). The facility staff were aware of Resident #1's readmission and that he/she was Covid-19 positive. There was no signage on the door to indicate it was a Covid-positive room nor was there PPE outside of the room. Staff were unaware that there was a non-ill, non-PUI resident (Resident #2) that was already residing in the room that Resident #1 was admitted to. The facility took action to move Resident #2 after surveyor inquiry. The surveyor observed a Registered Nurse (RN #1) on the 5th floor (East)</p>	F 880	<p>non-ill residents on the other units. Residents on the COVID unit are cohorted with like residents: COVID-positive residents are located only with other COVID-positive residents and PUI residents are located with only other PUI residents.</p> <p>In addition, the Administrator has assessed all resident room assignments to ensure that residents were properly cohorted to prevent the spread of infection. Non-ill residents are encouraged daily by nursing staff to stay in their rooms on their specific unit and to wear masks whenever they leave their room. Daily assessments are being completed on all residents as well as monitoring temperatures of every resident on every shift. The supervised smoking area was temporarily closed to promote social distancing and avoid congregating of residents.</p> <p>Signage Additionally, the Infection Control policy from June 2019 has been updated to require identification and proper room setup for other transmission-based precautions not related to COVID.</p> <p>On 4/20/2020 Administrator educated all staff in all departments on the P&P titled "IC-R/A of Cohorting Residents and Placing the Correct Signage on Isolation rooms. Infection control team and nursing administration provided education, in-services and competencies to all</p>		

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F 880	<p>Continued From page 4</p> <p>at the medication cart. RN #1 then entered a Covid-19 positive room and exited without doffing PPE. There was no PPE available outside of the Covid-19 positive room. RN #1 returned to the medication cart where she performed hand hygiene, prepared medication and then entered a non-ill/non-PUI resident room, wearing the same PPE.</p> <p>In accordance with facility provided documents as of 04/20/2020 and interview, the surveyor discovered that the facility had a census of 215 with 47 confirmed Covid-19-positive; 33 PUI deaths with 22 deaths confirmed Covid-19 positive (55 total); and 17 PUIs between 03/23/2020-04/20/2020 with the latest onset of symptoms on 04/17/2020.</p> <p>The facility's failure to adequately conduct surveillance to identify and track the non-ill resident cohort group, effectively isolate Covid-19 positive from a non-ill/non-PUI resident, and use PPE appropriately to address the risk of cross-contamination posed a serious and immediate threat to the safety and wellbeing of all non-ill residents residing in the facility.</p> <p>This resulted in an Immediate Jeopardy (IJ) situation that began on 04/20/2020 at 11:45 PM. The facility provided an acceptable Removal Plan on 04/24/2020 at 3:00 PM. The Removal Plan implementation was verified by the surveyor during an on-site visit on 04/28/2020.</p> <p>The deficient practice was further evidenced by the following:</p> <p>During the entrance conference with the acting</p>	F 880	<p>departments including PPE policies for COVID unit as well as non-COVID units.</p> <p>With respect to COVID negative Resident #2, who was initially in room 418 with COVID positive Resident #1 upon Resident #1's readmission, Resident #2 was moved immediately to an isolation room and the correct isolation signage was placed on both residents' rooms. The Unit Manager notified the physician for Resident #2. Physician for Resident #2 gave an order to test for COVID due to possible exposure. Resident #2 was monitored, tested negative, and remained in isolation for 14 days.</p> <p>CNA #2 was immediately educated on P&P IC-R/A. On 4/21/2020, the Administrator educated the Admissions Director regarding how to verify that a room is ready for resident isolation as described in P&P IC-R/S. This includes but not limited to: correct signage on room doors, and the presence of an isolation cart outside resident room with PPE readily available. Additionally, the Administrator educated the Admissions Director regarding the requirement that a name plate be placed on a resident room's door immediately upon admission. Additionally, when a resident is discharged or transferred housekeeping is responsible for immediately removing the name plate when cleaning the room.</p> <p>Staffing Staff members working on the COVID unit</p>		

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F 880	<p>Continued From page 5</p> <p>Director of Nursing (DON), Administrator and Owner on 04/20/2020 at 7:00 PM, the Owner explained that today was the Administrator's first day. The former Administrator had to leave to attend to family business. The DON stated that she was appointed recently to be the acting DON and she was also the Infection Control Coordinator as well as the Minimum Data Set (MDS) Coordinator for the facility. She stated the facility had a census of 215 with 47 confirmed cases of Covid-19 with 17 PUIs and no pending test results. The DON stated each nursing floor has two units (East and West) and that the Covid-19 positive and PUI residents were not separated into one area and were on every floor and unit. The DON stated that staffing has been a challenge and that staff were not designated to care for a specific cohort group. In reference to PPE, the DON stated that PPE was provided at the start of the shift and if extra PPE was needed it would be available. The Owner stated that the facility has been in contact with the Local Health Department.</p> <p>a.) On 04/20/2020 at 8:30 PM, during a tour of the 4th floor, the surveyor interviewed the Certified Nursing Assistant (CNA #2) regarding infection control protocols for Covid-19 residents. CNA #2 was wearing a gown and respirator mask. CNA #2 stated she is given a respirator mask when she arrives and disposes of it at the end of her shift. She stated she does not change her respirator or wear a mask over the respirator when caring for Covid-19 positive residents. She explained that she tries to go into the Covid-19 rooms last. CNA #2 stated she wears a gown, gloves and respirator into the Covid rooms and when she comes out she would remove her</p>	F 880	<p>are dedicated to that unit for the entirety of each of their shifts and for the foreseeable future. As previously stated, Residents on the COVID unit are cohorted with like residents. COVID positive residents only cohort with other COVID positive residents and PUI residents only cohort with other PUI residents.</p> <p>In particular, on 4/21/2020, the facility's management and Administrator contacted additional staffing agencies to secured several more nursing contracts to address the staffing concerns. New Vista Nursing and Rehab has an ongoing recruitment program, which has resulted in the hiring of a significant number of additional nursing staff. Nursing administration has educated and in-serviced all agency and new hires on the relevant COVID policies and procedures ("P&P"). All agency and new hires have completed competencies and signed corresponding in-service records.</p> <p>On 4/28/2020 Administrator reeducated all staff on proper handwashing, competencies completed, and corresponding in-service record signed. Staff educator was in-serviced and educated by Administrator on thorough documentation and record keeping of all in-services</p> <p>PPE - Donning and Doffing On 4/20/2020 Administrator educated all staff regarding the adequate supply of</p>		

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F 880	<p>Continued From page 6</p> <p>gown and gloves. When asked where she would place the used PPE, she pointed to the trash can attached to the treatment cart and said, "I put it there." The treatment cart was stationed in the hallway outside of a glass-windowed room near the nurses' station, and across from occupied resident rooms. The surveyor noted that the treatment cart trash receptacle had a clear trash bag, had no containment lid and contained a yellow gown. CNA #2 stated she could not remember if that was a gown that was used in an isolation room or not. CNA #2 added that after she disposed of the gown, she would ask the nurse for a new one because they don't keep them outside of the rooms.</p> <p>On 04/20/2020 at 8:40 AM, the surveyor interviewed CNA #4 regarding infection control practices when caring for Covid-19 residents. CNA #4 stated she entered the Covid-19 rooms wearing a gown, mask and double gloves. She stated she removes the gown and gloves, places the PPE in a receptacle within the room, washes hands and exits the room. She stated she then would ask the nurse for a new gown. CNA #4 pointed to the glass-windowed area near the nurses' station and stated that sometimes, they keep the PPE in there.</p> <p>During the above interview with CNA #2 on 04/20/2020 at 8:40 PM, she stated that a Covid-19 resident (Resident #1) just came (from the hospital) into room 418. Together, the surveyor and CNA #2 observed room 418 with no isolation signage on the door, no PPE outside of the room, and two resident occupants. In addition, there were three residents listed on the room's name plate, located on the wall outside</p>	F 880	<p>PPE that was readily available, including an adequate supply of gloves in each resident room. The Administrator also educated all staff regarding the proper donning and doffing of PPE, as well as the locations of the donning and doffing stations, biohazard receptacles, and hand sanitizing stations located within close proximity to resident rooms throughout the COVID unit.</p> <p>Additionally, on 4/20/2020 RN #1 identified in the Statement of Deficiencies was immediately educated by unit manager on proper donning and doffing procedures as well as hand hygiene. Nursing administration has placed visual reminders with demonstration of proper PPE use and hand hygiene throughout the COVID unit. A pocket-sized visual demonstration card for proper PPE use was also given to all staff. Designated COVID Unit staff members have been trained on proper fitting of N95 masks, and all staff required to wear N95s masks have been fit tested and provided an appropriate mask.</p> <p>CNA #2 identified in the Statement of Deficiencies was immediately educated by nursing administration on new COVID P&P IC-PPE which includes donning and doffing of PPE, hand hygiene, and disposing of used PPE in proper designated biohazard receptacle, consistent with the IC-PPE Policy that has been submitted and reviewed by Department of Health. To ensure on</p>		

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F 880	<p>Continued From page 7</p> <p>the room door. CNA #2 confirmed the observation and stated she did not know why there were three names listed as one bed was unoccupied. CNA #2 confirmed that the second occupant was Resident #2 and that she did not think he/she was Covid-19 positive. CNA #2 stated she thought that the returning resident (Resident #1) was Covid-19 positive but would need to check with the nurse. The surveyor inquired about the nurse in-charge of the unit and was informed that the nurse assigned to the unit was the acting DON, who was not available on the floor at the time.</p> <p>Review of the 04/20/2020 Daily Staffing Schedule reflected that the acting DON was assigned to the 4th floor West Unit along with CNAs #2 and #4 for 36 residents on 04/20/2020 for the 3 PM-11 PM shift.</p> <p>On 04/20/2020 at 8:50 PM, the surveyor interviewed Licensed Practical Nurse (LPN #1) on the 4th floor East Unit, who was seated at the nurses' station. LPN #1 stated that the gowns were kept in the bottom of the medication cart. He pulled open the bottom drawer of the medication cart, that was within the nurses' station, and revealed yellow gowns. He stated that this was where the gowns were kept and if staff needed one, they would just ask. LPN #1 stated they were trying to preserve the gowns.</p> <p>Review of Resident #1's medical record revealed a NJ Universal Transfer Form, dated 04/20/2020, which indicated that the resident was transferred from the hospital to the nursing home at 3:30 PM. The form revealed that the resident had a diagnoses of SIRS (systemic inflammatory</p>	F 880	<p>going compliance visual reminder boards have been placed inside the COVID unit, as well as continuous in-services, education and return demonstrations by all staff. On 4/20/2020, the [INSERT] instructed unit managers to observe and reinforce the ICP protocols on their units by all staff.</p> <p>The Unit Manager immediately provided an in-service to RN #1 identified in the Statement of Deficiencies on infection control policies including proper donning and doffing of PPE and hand hygiene.</p> <p>Line Listing On 4/20/2020, it was discovered resident #1, #2 and #4 were not listed on the line listing. On 4/20/2020 the Administrator educated DON and unit managers that the line listing must be updated at a minimum of once daily and double checked for accuracy of resident names and test results. Line listing will be submitted to the Administrator for approval daily and once approved line listing must be submitted by acting DON or designee to the DOH by 2pm daily.</p> <p>#3</p> <p>In addition to the ongoing daily monitoring of all ill and non-ill residents with temperature monitoring every shift a COVID questionnaire/audit will be performed weekly by unit managers on all non-ill residents. Physician will be notified by unit manager of any residents</p>		

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F 880	<p>Continued From page 8 response syndrome) and Covid, and was on droplet and contact precautions for confirmed Covid-19.</p> <p>Review of Resident #2's physician order sheets, progress notes, and medication administration records revealed the resident was asymptomatic for Covid-19 and that there were no physician ordered tests or treatments for Covid-19 prior to 04/20/20.</p> <p>Review of the resident Line Listing and Symptom Monitoring log used to document Covid-19 positive and PUI residents, provided by the DON on 04/20/2020, revealed that Resident #1 and #2 were not listed on either documents.</p> <p>On 04/20/2020 at 10:00 PM, the surveyor interviewed the acting DON who stated that on readmission, Resident #1 was placed in room 418, which was unoccupied. The surveyor informed the acting DON that room 418 was occupied by Resident #2. The acting DON placed a call to the 4th floor and confirmed that both Resident #1 and #2 were in room 418 and that stated that shouldn't have occurred. The acting DON then placed a call to the Admissions Staff who stated that the room was empty. The acting DON explained to the Admissions Staff that the room was already occupied by Resident #2. The acting DON stated to the surveyor and Admissions Staff that Resident #2 was not Covid-19 positive, was not a PUI, and had no Covid symptoms. She stated that typically residents were readmitted to their same rooms when they return from the hospital. After survey inquiry, the staff moved Resident #2 to another room.</p>	F 880	<p>reporting positive signs or symptoms as well as any other change in condition. Nursing administration educated unit managers to perform audit weekly x4. Audits will be reviewed weekly by infection preventionist and will be discussed by Interdisciplinary Team at quarterly QA meeting. Every resident room was checked by Administrator for proper cohorting to be compliant with P&P IC-R/A (i.e., ensure accuracy of proper isolation signage, available isolation cart with PPE and current and correct name plates).</p> <p>In addition to the audits to be completed by the Nursing Administration and Unit Managers, the facility's Administrator will check 5 rooms on each unit daily for four weeks to verify compliance. The 5th floor Unit Manager will also conduct audits by observing 1 CNA and 1 RN/LPN on each shift daily x4 week to ensure they are proper donning and doffing of PPE, following hand hygiene protocols, and properly disposing of PPE.</p> <p>With respect to the requirement relating to room signage, to ensure compliance and accuracy, the Administrator will check the rooms of all current residents to verify all signage and name plates are in place and correct.</p> <p>#4</p> <p>The facility's Administrator and DON or designee will ensure the audits are</p>		

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F 880	<p>Continued From page 9</p> <p>On 04/20/2020 at 11:08 PM, during a subsequent interview, the acting DON confirmed that neither Resident #1 and #2 were on the Line Listing and stated that the list needed to be updated.</p> <p>Review of the facility's Outbreak of 2019 Novel Coronavirus (2019-nCoV) policy dated 03/05/2020, provided by the Administrator on 04/20/2020, reflected that upon identification of a Coronavirus outbreak the facility will immediately isolate the patient. The policy does not address the separation and cohorting of Covid-19 positive, PUI and non-ill resident groups.</p> <p>Review of the facility's Infection Control policy dated, 06/2019, that was provided by the Administrator on 04/21/2020 by email, reflected that clear double bags should be used for disposal of contaminated materials (gowns, masks, etc.).</p> <p>Review of the facility's Infection Control Policy, dated 06/2019, provided by the Administrator by email on 04/21/2020, revealed that there was no guidance regarding the facility's isolation process for identifying rooms on isolation precautions and the provision of the PPE necessary to enter an isolation room. The consultant DON was notified of this on 05/06/2020 and provided an "Isolation Room Set-up Positive Covid-19" policy, dated 04/29/2020 and revised 05/06/2020, by email on 05/06/2020. The policy indicated that an Isolation Caddy with PPE should be placed outside room that will include gowns, gloves and procedure masks. The Covid-19 room would be indicated by red tape and the PUI room indicate by yellow tape. Neither policy provided information</p>	F 880	<p>completed weekly. Results of the audits will be presented to the QAPI team monthly. Audits will continue for the duration of 4 weeks and then ongoing randomly until 100% compliance has been achieved for three consecutive months. Compliance date of 5/11/2020</p>		

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER NEW VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BROADWAY NEWARK, NJ 07104		
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F 880	<p>Continued From page 10 regarding how to identify a room on transmission-based precautions not related to Covid-19.</p> <p>Review of the In-Service Attendance Records, provided by the Owner by email on 05/05/2020, revealed that CNA #1 attended the "CDC Coronavirus Info/Infection Prevention & Handwashing" in-service dated 01/25/2020 and the "Common Human Coronaviruses" in-service dated 03/05/2020. According to an email received from the consultant DON on 05/06/2020, competencies were done at the time of the in-service. LPN #1 had a handwashing competency dated 03/09/2020 with no corresponding in-service record. CNA #2 had a handwashing competency dated 03/04/2020 with no corresponding in-service record. CNA #4 had handwashing competency dated 03/04/2020 with no corresponding in-service record. The surveyor noted that CNAs #2 and #4 did not follow the correct process during the competency and needed to be "corrected" by the evaluator.</p> <p>b.) During the entrance conference on 04/20/2020 at 7:04 PM, the acting DON stated PPE was provided to all staff at the start of the shift and was available if staff needed extra. The acting DON stated that PPE was worn in the isolation room but clean PPE was needed after being in a COVID-19 positive room.</p> <p>On 04/20/2020 at 7:38 PM, the surveyor observed the 5th floor East unit. Upon entering the unit, the surveyor observed room 531 with a "Stop Contact and Droplet" precaution sign on the door. There was a gray cloth four-pocket hanging organizer on the door which was empty,</p>	F 880			

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F 880	<p>Continued From page 11 with no PPE readily available for staff. The door was closed and had two resident names listed as occupants.</p> <p>On 04/20/2020 at 7:41 PM, the surveyor observed the 5th floor East unit with a staff member standing at the medication cart in the common area. The staff member was identified as the only Registered Nurse (RN #1) working on unit. RN #1 wore the following PPE: a gown, face mask and a face shield as she administered the medications.</p> <p>On 04/20/2020 at 7:51 PM, the surveyor observed RN #1 walk across the entire unit to room 531. RN #1 knocked on the door and completely entered the room, wearing the same PPE observed earlier, to speak to Resident #3. RN #1 exited the room, walked across the entire unit past the medication room, and back to the medication cart wearing the same PPE. Without changing PPE, RN #1 sanitized her hands at the medication cart, prepared medications and entered room 542. RN #1, still wearing the same PPE, administered medications to Resident #4 by the window. There was no signage on the door of room 542.</p> <p>During an interview with the surveyor on 04/20/2020 at 8:15 PM, the 5th floor East Unit CNA #3 stated there was additional PPE in the unit medication room available for the staff. CNA #3 pointed out the unit medication room which was located at the nurses' station. Room 531 was across from the nurses' station.</p> <p>During an interview with the surveyor on 04/20/2020 at 8:19 PM, RN #1 stated that room</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>531 was a COVID-19 positive room. RN #1 stated that the correct process was to enter the COVID-19 positive room wearing gloves, mask and gown and upon exit, she should have performed hand hygiene and changed her PPE in order to "contain the infection." RN #1 stated that she had not changed her gown because that was the only one she had. She added that additional PPE was available upon request.</p> <p>Review of Resident #3's medical record revealed a laboratory report, dated collected 04/09/2020 and first reported on 04/11/2020. The lab report revealed that SARS-CoV-2 (Coronavirus Covid-19) was detected (positive for Covid-19).</p> <p>Review of Resident #4's physician order sheets, progress notes, and medication administration records revealed the resident was asymptomatic for Covid-19 and that there were no physician ordered tests or treatments for Covid-19 prior to 04/20/20.</p> <p>Review of the resident Line Listing and Symptom Monitoring log used to document Covid-19 positive and PUI residents, provided by the DON on 04/20/2020, revealed that Resident #3 was positive for Covid-19. Resident #4 was not listed on the Line Listing or Symptom Monitoring Log as a PUI or Covid-19 positive resident.</p> <p>Review of the In-Service Attendance Records, provided by the Owner on 05/05/2020, revealed that RN #1 and CNA #3 attended the "CDC Coronavirus Info/Infection Prevention & Handwashing" in-service dated 01/25/2020 and the "Common Human Coronaviruses" in-service</p>	F 880			

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F 880	<p>Continued From page 13 dated 03/05/2020.</p> <p>Review of the Centers for Disease Control and Prevention (CDC), "The COVID-19 Long-Term Care Facility Guidance," dated 04/02/2020, revealed "Healthcare personnel should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection."</p> <p>Review of the CDC, "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings," dated 04/13/2020, linked "Guidelines for Isolation Precautions" which revealed, Standard Precautions that "health care workers should remove and discard PPE before leaving the patient's room."</p> <p>Review of the facility, "Infection Control P&P," dated 06/2019, revealed the purpose was to control the spread of infection and included wear a gown when entering the room and remove the gown before exiting the room.</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS), "LTC Infection Control Worksheet, Facility Self-Assessment Tool," referenced the 2019 Nursing Home Infection Control Worksheet (ICWS). The ICWS revealed, section H. Transmission-Based Precautions, H.10. "gloves and gowns are removed and properly discarded, and hand hygiene is performed before leaving the resident care environment."</p> <p>On 04/20/2020 at 11:45 PM, the surveyors met</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>with the acting DON, Administrator and Owner who were advised at that time of the failure to appropriately identify and track residents who were asymptomatic and PUI, and cohort Covid-19 positive residents; and appropriately cohort staff assignments to reduce the transmission of COVID-19 while ensuring PPE was immediately available and used appropriately. In addition, the administrative staff was advised that the improper infection control protocols placed the non Covid-19 positive residents in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 04/20/2020 at 11:45 PM and the immediacy was removed on 04/24/2020 at 3:00 PM based on an acceptable Removal Plan which included the following:</p> <p>Cohorting all Covid-19 positive and PUI residents on the 5th floor East Unit and using colored indicators ton the doors to differentiate the PUI from the Covid-19 positive resident rooms. A temporary separation wall was erected to limit access to and from the Covid-19 unit. Dedicated staff have been assigned to the Covid-19 unit with PPE available and accessible prior to entering the unit and at various locations within the unit. All staff were educated on the Covid-19 unit and reeducated, with return demonstration, on hand hygiene and donning/doffing of PPE.</p> <p>The implementation of the removal plan was verified on-site on 04/28/2020.</p> <p>On 04/28/2020 at 10:38 AM, the surveyor toured the Covid-19 unit and verified though observation, interviews with facility staff, and review of in-service education and revised facility</p>	F 880			

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F 880	Continued From page 15 documents that the Removal Plan had been implemented. NJAC 8:39-19.4; 27.1 (a)	F 880			