

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:  <b>315504</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WEDGWOOD GARDENS CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3419 HIGHWAY 9 FREEHOLD, NJ 07728</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 not to be 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: 06/18/2020	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		7/10/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/06/2020
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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	<p>Continued From page 1</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism 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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to a.) appropriately monitor the screening process of visitors into the facility related to their exposure of COVID-19, and b.) monitor the disinfecting and cleaning process of multi-use equipment used by staff and visitors upon entering the facility.</p> <p>This deficient practice was identified when the surveyors entered the facility to conduct a COVID-19 focused infection control survey and was evidenced by the following:</p> <p>On 06/18/2020 at 8:35 AM, surveyor #1 and surveyor #2 approached the entrance door of the facility and observed a sign on the door that revealed the facility had one COVID-19 positive resident. Another posted sign revealed Transporters and Physicians were to have their temperature taken, complete a questionnaire, and always wear a mask while inside the building. The surveyors observed an additional sign posted on the entrance door that indicated that visitor restrictions were in place.</p> <p>The front doors were locked, and a staff member had to let the surveyors enter. Upon entrance to the facility, the surveyors observed a hand sanitizer dispenser attached to the wall frame next to the front desk. A glass partition was observed around the receptionist desk. There were two handheld computer tablets sitting on the counter with an infrared no touch thermometer between them and a container of hand wipes. The surveyors did not observe instructions at the receptionist desk on when or how to wipe down the tablets and infrared thermometer after using</p>	F 880	<p>POC F880</p> <p>1. An audit and review of facility policies and procedures designed to prevent, identify, report, investigate and control infections and communicable diseases including COVID-19, for all residents, staff, visitors and other individuals providing services was completed. Included but not limited to the screening process of visitors into the facility and related to their exposure of Covid-19.</p> <p>2. Policies and Procedures were updated to include all elements of Infection Prevention and Control per 483.80. Included in the updated procedures is upgrading of the screening process and the screening forms and devices. Screening forms and devices will be reviewed by assigned staff for completion, accuracy and for any indication of possible exposure by visitors for Covid-19. In addition screening devices will auto alert system that notifies the appropriate facility staff immediately of any information submitted within the screening tool related to signs and symptoms of COVID-19 and exposure to COVID-19 that may indicate the need for further evaluation by facility staff prior to an allowing the individual to enter the facility. Paper screening forms and tools will also be made availabl.</p> <p>All Staff, Visitors, Residents, Medical Proffes and all individuals seeking entry to the Facility be in-serviced and apprised of</p>		

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F 880	<p>Continued From page 3 them.</p> <p>The surveyors observed a sign posted above the tablet which indicated, "To sign in for visitors: 1. Tap the screen If device is offline and a message shows, press confirm to continue. (Information will still be registered) 2. Hit the 'Sign In' button on the screen. 3. Press the button that says 'Visitors'. 4. Please fill out all of the information that is asked. It will not let you continue until you have filled out every piece of information. When you are done, press the green 'Continue' button. 5. Another screen will show up advising you to social distance and other safety precautions during this time. Press the green 'Continue' button. 6. Now it is going to take a picture so we know who you are. Once you get a good picture, press the green 'Continue' button. At this time, you will be signed in."</p> <p>The surveyors observed an additional sign above the tablet that revealed staff was to 1. Tap the screen, 2. Hit the sign in button, 3. Press the button that says staff, 4. Scroll until you find your last name, 5. Press the button with your name and take your temperature and answer questions, 6. Press continue and 7. Another screen will show up advising you to social distance and other safety precautions. Press the continue button. At this time, you will be signed in and can start your shift."</p> <p>The receptionist explained that the surveyors were to sign in on the tablet and take their own temperatures by holding the infrared no touch thermometer close to, but not touching, their foreheads. The receptionist then turned her back to the surveyors as they signed-in and obtained their temperatures.</p>	F 880	<p>as to the updated screening process. Signage is posted at the reception desk with the updated policy and procedures. All residents, families and resident representatives will be notified of the updated process as well.</p> <p>3.Documentation and monitoring logs of the screening process will be maintained by reception and IP staff and will be reviewed daily by administrative staff and IP staff for completion and compliance. Administrative and IP staff will report to the QAPI committee on a monthly basis to review compliance and adherence to standards related to Infection Control and prevention and the plan of correction.</p> <p>Disinfecting Process</p> <p>1. A review of facility policies and procedures related to disinfecting and cleaning multi use equipment, in particular multi-use items was done and specifically as related to the screening tool (touch pad screen).</p> <p>2. Policies and procedures were updated to include the disinfecting of multi-use equipment used in the screening process prior to entering the facility, with alcohol-based wipes containing a minimum of 70% alcohol approved for use on non-porous surfaces in accordance with manufacturer's instructions.</p> <p>3. All staff are receiving ongoing in-service education on the updated procedures for disinfecting equipment</p>		

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F 880	<p>Continued From page 4</p> <p>Surveyor #1 observed Surveyor #2 use the tablet. Surveyor #2 entered her name and indicated that she was a visitor from the New Jersey Department of Health. The tablet prompted Surveyor #2 to take her temperature. As Surveyor #2 was taking her temperature with the infrared thermometer, Surveyor #1 observed that the tablet returned to its home screen icon. Surveyor #2 observed that the tablet did not prompt her to answer questions regarding symptoms or exposure to COVID-19.</p> <p>Surveyor #1 pressed the tablet to begin. She entered her name, took her temperature, and then entered the recorded temperature into the tablet. Surveyor #1 was then prompted to answer questions regarding symptoms of COVID-19 and exposure to the virus. The tablet then took a picture of Surveyor #1 and then returned to the home screen icon.</p> <p>The Director of Nursing (DON) and Director of Administrative Services (DOAS) arrived at the receptionist desk as Surveyor #1 had finished entering her information into the tablet. Surveyor #2 explained to the DON and the DOAS that the tablet did not prompt her to answer questions regarding symptoms or exposure to COVID-19. The DOAS stated the tablets were a new system that were put into place on Tuesday, 06/17/20, two days earlier. Surveyor #2 then re-entered her information into the visitor screen on the tablet, at which time, the tablet prompted to answer questions related to exposure and signs and symptoms of COVID-19. The tablet then took a picture of Surveyor #2 upon completion of the questionnaire. Surveyor #2 asked the DOAS how the facility was monitoring that the staff and visitors were appropriately being screened and filling out the information on the tablet in its</p>	F 880	<p>utilized in the screening process. Signage is posted at the reception desk notifying all individuals who enter the facility to disinfect the equipment after use. An updated policy and procedure will be sent to all families and resident representatives.</p> <p>4. IP staff will monitor the disinfecting of equipment utilized and will maintain logs and documentation which will be reviewed daily by administrative staff for completion and accuracy.</p> <p>4. Administrative staff will report to the QAPI committee on a monthly basis to review compliance and adherence to the plan of correction</p>		

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F 880	<p>Continued From page 5</p> <p>entirety. The DOAS stated she would monitor the visitor entries by running a report every two hours.</p> <p>The receptionist stated that she "kind of watches" visitors checking in on the tablets and can check their answers by pulling the information up on her computer. The receptionist further stated that the process to clean the tablets and infrared thermometer was that the hand wipes were available if someone wanted to wipe them down. The receptionist did not speak to monitoring the cleaning of the equipment in between usage.</p> <p>During an interview with Surveyor #2 on 06/18/2020 at 1:37 PM, the Registered Nurse/Unit Manager (RN/UM) stated that when she entered the building, she would sanitize her hands, wipe down the infrared thermometer with a purple top wipe, take her temperature, wipe down the infrared thermometer again, log-in to the tablet, and then answer a series of questions. The RN/UM stated that the questions that she had to answer were very specific such as if she was dizzy, had shortness of breath, difficulty breathing, and if she had exposure to an individual who was COVID-19 positive. Surveyor #2 asked the RN/UM what kind of wipes she used to wipe down the thermometer. The RN/UM stated that she thought that maybe they were sani-wipes but was unsure. The surveyor asked the RN/UM who monitored her responses and the RN/UM stated, " I would imagine the nurse educator." The RN/UM further stated that when she entered the facility there usually wasn't anyone there monitoring her responses, but she knew that if she had a fever or signs and symptoms of the virus, she would not enter the facility.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>During an interview with Surveyor #1 on 06/18/2020 at 1:38 PM, the Certified Nursing Aide (CNA) stated the process upon entering the building was that she would clean the thermometer, login to the tablet and answer questions. She stated she did not know who monitored the information, but the supervisor was usually there. The CNA stated the staff would use the wipes in the purple top container but could not state what the cleaner was.</p> <p>During an interview with Surveyor #1 on 06/18/2020 at 1:42 PM, the porter staff member stated that the process upon entering the building was that he would sign in on the tablet, take his temperature, enter that information, and then wipe off the tablet and thermometer with the cleaner.</p> <p>During an interview with Surveyor #2 on 06/18/2020 at 1:42 PM, the Rehab Technician (RT) stated that he entered the facility at all different times to work. He stated he would press the staff log-in button and then answer all the questions. The RT stated that he also had to take his temperature and knew that if he had a temperature over 99.0 degrees Fahrenheit or above, he wasn't allowed to enter the facility and work. The RT stated that when he arrived at the facility there was usually a staff member at the front desk, such as human resource personnel, the receptionist or the DON. The RT did not speak to cleaning of the thermometer or tablet after he was done using them.</p> <p>The DOAS provided the surveyors with the facility log of visitor sign-in from the morning of 06/18/2020. The log revealed that Surveyor #2's second entry information was included on the report, but not Surveyor #1's information. The</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>DOAS confirmed that Surveyor #1's information was not recorded on the entry form and there was no record of Surveyor #1 entering the facility.</p> <p>During an interview with the surveyors on 06/18/2020 at 2:20 PM, the Assistant Administrator stated there was a sign at the reception desk that instructed everyone to wipe off the infrared no touch thermometer. Surveyor #1, the Assistant Administrator and DOAS went to the reception desk. The Assistant Administrator and DOAS confirmed that there was no sign that instructed staff or visitors to disinfect the infrared thermometer between uses.</p> <p>During an interview with the surveyors on 06/18/2020 at 2:45 PM, the DOAS stated that she would monitor the logs every two hours for high temperature over 99 degrees, cough or symptoms of COVID. The DOAS stated it was important to monitor and capture everyone entering the facility so "we don't spread the infection."</p> <p>Review of the undated facility policy titled, "Staff &amp; Visitor Sign into the facility during COVID-19," revealed staff and visitors will take their temperatures upon arrival and will be required to answer a series of questions either on paper or electronically.</p> <p>Review of the facility policy titled, "Cleaning and Disinfecting Non-Critical Resident-Care Items," dated 06/2020, revealed reusable items are cleaned and disinfected or sterilized between residents; Manufacturers' instructions will be followed for proper use of disinfecting products.</p> <p>Review of an email provided by the Assistant Administrator by the infrared no touch</p>	F 880			



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F 880	Continued From page 8 thermometer manufacturer, not dated, revealed a general rule that 70% Ethyl or Isopropyl alcohol was best for electronic devices as the corrosive cleaners such as bleach will erode the plastic casing.  NJAC 8:39-19.4(a)(1)(l)	F 880			