STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315127	A. BUILDING _____ B. WING _____	06/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LAWRENCE REHAB CENTER	2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted at this facility. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 06/27/2020 Census: 63	F 000		
F 880 SS=F	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; §483.80(a)(2) Written standards, policies, and	F 880		7/12/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/13/2020

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F 880	Continued From page 1	F 880		

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.

§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

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F 880	Continued From page 2 by: Based on staff interviews and record review, it was determined that the facility failed to adequately monitor residents for signs and symptoms of COVID-19. This affected 63 of 63 residents in the facility during the COVID-19 pandemic. This deficient practice was evidenced by the following: Review of the facility's Infection Control Policy and the Outbreak Policy noted no guidance on screening of residents for COVID-19 symptoms. An interview was completed with the Infection Preventionist (IP) on 06/27/2020 at 9:10 AM. The IP said, "We do vital signs twice a day. The staff watch residents for symptoms, and they would notify the physician and document what they found. The nurses would ask how they (residents) are feeling. There isn't any kind of daily form for asking about symptoms." On 06/27/2020 at 9:25 AM, an interview was completed with the facility's Administrator and the Chief Nursing Officer (CNO). The CNO was discussing screening of residents for COVID-19 symptoms. "The nurse would watch for any symptoms and report it to the doctor and write it on the 24-hour report." "There isn't a formal process of screening like a form. The nurse would document the vital signs or if they see signs (symptoms of COVID-19)." The CNO acknowledged there were no COVID-19 screening questions routinely asked to the residents, such as if they were experiencing a sore throat, cough, body aches, loss of taste/smell, etc.	F 880	1. Root cause determined that an active screening system for all residents for symptoms consistent with COVID-19 was not developed despite that our nursing staff monitors all patients closely for vital signs and COVID-19 symptoms, and reported to physicians what they found. 2. How the facility will identify other residents, who could be affected by the deficient practice. All residents have the potential to be affected by the same deficient practices. 3. How the corrective action will be accomplished? a. A COVID-19 Screening Kardex was developed. The Screening Kardex requires the nurses to ask and assess each patient for the following COVID -19 symptoms twice daily (BID): Fever or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or running nose; Nausea or vomiting; Diarrhea. If patients report any of these symptoms, the nurses will notify their physicians. The nurse also performs vital signs daily or more often as needed, including oxygen saturation via pulse oximetry, documents in EMR, and reports to the patient's physician for the abnormal finding. b. On July 7th, 2020, the COVID-19 Screening Kardex was implemented.	

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F 880	Continued From page 3 On 06/27/2020 at 10:24 AM, an interview was completed with Nurse #1. Nurse #1 said that vital signs were completed for residents "once or twice a day" but there was no routine questioning of residents about symptoms. A review of the Centers for Disease Control's (CDC) guidelines titled, "Preparing for COVID-19 in Nursing Homes," last updated 06/25/20, indicated, "Actively monitor all residents upon admission and at least daily for fever (Temp above 100.0 degrees Fahrenheit) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry." According to the CDC, symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. NJAC: 8:39-13.1 (c)	F 880	Before implementation, all nurses had been educated on the importance of actively monitoring the COVID-19 symptoms, documenting on the Screening Kardex, and reporting to the patient's physician for abnormal findings. 4. What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur. a. The Nursing Leadership Quality Assessment (QA) was revised to include an audit of the COVID-19 Screening system to ensure the nursing staff□s compliance with assessing each patient for the COVID symptoms twice daily. b. The Administrative Nursing Supervisors or designees will audit 30 charts quarterly x 12 months to ensure the nursing staff□s compliance with the COVID-19 Screening. c. The Administrative Nursing Supervisors document compliance on the QA sheet and also provide on-the-spot education or corrective action to the nurses for non-compliance. 5. Monitoring the continued effectiveness of the systemic change The compliance data for the COVID-19 Screening system will be reported to the Chief Nursing Officer (CNO) and the Director of Nursing (DON) monthly x 12 months by the Administrative Supervisors	

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F 880	Continued From page 4	F 880	or designees. The CNO and DON monitor the QA process with a goal of 95-100% compliance and report the results quarterly x12 months to the Administrative Council, which serves as our Quality Committee.	
F 885 SS=F	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 72 hours of each other. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, it was determined that the facility failed to develop a process for notifying residents, their representatives and families by 5 PM the next	F 885	1. Root cause determined that we did not inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following	7/12/20

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F 885	Continued From page 5 calendar day each time a confirmed COVID-19 test result is identified, 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 and affected 63 of 63 residents. This deficient practice was evidenced by the following: A document titled, MEMO, dated 05/19/2020 written by the Chief Nursing Officer (CNO) was reviewed. The subject line noted, "Notification of Positive COVID-19 Patients and Staff Members." The body of the memo revealed, "Eight staff from all departments" had tested positive for COVID-19. A second MEMO dated 05/27/2020 noted no number of active COVID-19 cases. The CNO wrote, "Most of the results we received so far revealed all 'negative' for all nursing staff." On 06/27/2020 at 9:25 AM, an interview was completed with the CNO and the facility's Administrator. The CNO reported that a weekly memo was given to every resident, updating them on the numbers of COVID-19 cases, testing statistics and any changes, but they would not report staff or residents with new symptoms. She noted that families were called. The CNO reported the last positive staff test was received 05/20/2020. She stated an update on COVID-19 cases was written and distributed on 05/19/2020 and not again until 05/27/2020. "We have a lot of interaction with the families and we would tell them at the time (that there is a conversation with a family member)." NJAC: 8:39-13.1 (c)	F 885	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. 2. How the corrective action will be accomplished? a. A daily notification system was established on 6/29/20 to notify the residents and their families by 5 pm daily 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. The physicians, nurses, and social workers have also communicated with families following the occurrence of COVID -19 infection related the patients and staff. All residents receive the notification daily. The same information is emailed to all departments and posted by time clocks daily to alert all staff. b. A telephone system was established to enable families to call and obtain current patient and staff COVID- 19 data at St. Lawrence Rehabilitation Center. 3. Monitoring the continued effectiveness of the systemic change The CNO and DON are responsible for ensuring patient and staff COVID -19 data be reported to all residents and their families. The Director of Security will ensure that the patients' families can call and receive the COVID-19 most current data from the phone system. The CNO	

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F 885	Continued From page 6	F 885	and DON will monitor this process and report the compliance quarterly to the Administrative Council, which serves as our Quality Committee.	