STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315252	A. BUILDING _____ B. WING _____	05/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSHORE HEALTH CARE CENTER	715 NORTH BEERS STREET HOLMDEL, NJ 07733

(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	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: 05/28/2020 Census: 144	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		6/1/20

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

Electronically Signed | 06/21/2020

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	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. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880		

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to prevent the potential spread of infection by assuring that infection control practices were followed in accordance with Centers for Disease Control Guidance and facility policy to refrain from group dining and activities during an outbreak of COVID-19 to prevent the potential spread of infection. This deficient practice was identified on 1 of 5 nursing units ([redacted]-Wing), as was evidenced by the following: On 05/27/20 at 10:55 AM, during the initial tour of the facility, the surveyor observed multiple residents seated together at tables within close proximity of one another in the day room. The surveyor interviewed Licensed Practical Nurse (LPN) #1, who stated that [redacted]-Wing was a [redacted], and social distancing was practiced in the day room. At 10:59 AM, the surveyor interviewed LPN #2, who stated that the residents on the unit had recovered from COVID-19 and were brought to this unit approximately two weeks prior. She noted that the residents in the dayroom were engaged in activities and were there for observation purposes so that staff could keep an eye on them. She stated that both the day room and the sensory room was used daily for both group activities and meals since the unit reopened. The surveyor observed 14 residents seated in the day room. One resident was seated alone, did not	F 880	1. It was identified that multiple residents were in the day room and not properly wearing masks on [redacted] wing [redacted] unit. The day room was closed to all residents on May 28, 2020 under the direction of the local health department. All residents that were in the day room were relocated to their respective rooms. Staff was in serviced on importance of only allowing one patient at a time in the day room to prevent possible transmission of virus. 2. All residents on [redacted] wing have the potential to be affected by a potential spread of infection. 3. Root cause analysis was used to identify the cause of this deficient practice. Staff acknowledged the challenges involved with keeping these residents in their rooms due to wandering, increased restlessness, anxiety and fearfulness related to a disruption in their daily routine. The facility assumed that since all residents were recovered or negative that they could be in the day room while maintaining social distance and masking in order to promote quality of life. Additional staff will be scheduled for the unit when possible to assist with redirecting residents back to their rooms. Support provided by recreation and therapy staff to continue to keep day room closed. All staff has been in services on proper use of masks for residents and importance of residents staying in their rooms. We will continue to be in contact regularly with local Department of Health	

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F 880	Continued From page 3 have a mask on. Two residents were sitting at separate tables accompanied by another resident, and their masks were maintained beneath their chins with both their nose and mouths exposed. At 11:15 AM, the Infection Control Nurse (ICN) introduced herself to the surveyor in front of the dayroom. She stated that [redacted]-Wing was used as an [redacted] Unit, and the residents needed to be kept within the day room due to their high potential for falls. She stated that they tried to ensure that the residents were seated six feet apart. The surveyor observed three residents seated at one small table. The ICN acknowledged that the residents were sitting at the table and were less than six feet apart. She stated that some of the residents must have become anxious and removed their masks or moved to another table. The ICN stated that the facility policy specified that group activities were not permitted, and she believed that the unit had just begun to utilize the day room for activities that day. She stated that the purpose of group activities and dining was for safety precautions. She further noted that staff was instructed to watch the residents closely and ensure that they washed their hands before and after activities and when meals were served. At 11:38 AM, the surveyor interviewed the Housekeeper assigned to [redacted]-Wing, who stated both she and the activity aides were responsible for cleaning the tables in the day room both before and after meals were served ever since the unit reopened approximately two weeks prior. At 11:48 AM, the surveyor observed twelve residents seated in the day room as staff passed	F 880	and will follow their recommendations. 4. This will be monitored by the facility Infection Control Nurse. The Infection Control Nurse or designee will audit the day room to ensure compliance daily for 2 weeks. Bi Weekly for 2 weeks and then as needed. The Infection Control Nurse or designee will also do an audit on proper use of masking by residents daily for 2 weeks, biweekly for 2 weeks, and then as needed. Results of audit will be reported to QAPI committee monthly and QA committee quarterly.	

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F 880	Continued From page 4	F 880		

out lunch trays. Two tables had two residents seated together within close proximity of one another.

At 11:52 AM, the surveyor observed three residents seated in the sensory room. Two residents were sitting close to one another, and a third resident was sitting apart from the other residents. The surveyor interviewed LPN #2, who explained that she seated the resident who was sneezing apart from the other two residents during lunch. She stated that the residents on the unit were well, but she was unsure when they would be cleared.

At 11:55 AM, the surveyor interviewed Certified Nursing Assistant (CNA) #1, who stated that she floated between units at the facility, and it was the first time that she was assigned to [redacted]-Wing. She stated that the residents on [redacted]-Wing were at risk for falls and were required to be masked while they were in the dayroom. She said that she observed residents in the day room for both breakfast and lunch. She further stated that residents on most of the other units at the facility were required to remain in their rooms, except for one or two residents who were permitted to be in the day room if they remained spaced apart.

At 12:04 AM, the surveyor interviewed the Assistant Director of Nursing (ADON), who stated that [redacted]-Wing was used before the COVID-19 outbreak as a locked [redacted] unit. He stated that it was the only unit in the facility that utilized the day room for group meals as the residents had [redacted] and were at risk for falls. He stated that the residents displayed risky behaviors and tried to get up without assistance. He further said that residents were required to be masked if they couldn't stay in their rooms.

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F 880	Continued From page 5 The ADON stated that the residents were required to be seated six feet apart but weren't sure of the tables' dimensions in the day room. He said that if more than two residents were sitting at a table, staff would be required to redirect them to another location. At 12:59 PM, in a later interview with the ICN, she stated that she was in regular contact with the Local Health Department (LHD) but was unsure if the LHD was aware that [redacted]-Wing had reopened and resumed both group activities and dining. She stated that the residents on [redacted]-Wing were supposed to be low risk as they were thought to be COVID free. She further noted that both masks and social distancing were encouraged. At 1:47 PM, the surveyor interviewed the Administrator who stated that residents on [redacted]-Wing were already positive for COVID-19 and wouldn't be at risk. He stated that the facility encouraged the use of masks and social distancing. The Administrator provided the surveyor with documentation that indicated that the facility stopped both communal dining and group activities on 3/11/20. He further stated that the facility did not have a policy related to communal dining and activities during an outbreak. At 2:30 PM, the surveyor spoke with the LHD Official, who stated that he was informed by the facility that [redacted]-Wing reopened today. He further noted that the facility was required to continue to practice infection control measures and specified that group activities and group dining were not recommended as residents should remain within their rooms.	F 880		

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F 880	Continued From page 6 On 05/28/20 at 9:38 AM, the surveyor interviewed Recreation Assistant, who stated that she was assigned to [redacted]-Wing on 05/27/20 and provided activities to both residents in the dayroom and 1:1 in resident rooms which included puzzles and coloring. She explained that she tried to provide activities to two residents seated at one table. She stated that she tried to ensure that the residents kept their masks on, but it was a challenge because of dementia. At 9:52 AM, the surveyor observed seven residents seated at separate tables engaged in activities in the day room. The surveyor interviewed the Unit Manager (UM) of [redacted]-Wing, who stated that the unit was closed and reopened two weeks ago as dementia/recovery unit. She further stated that since the unit reopened the day room was used to provide a distraction with activities and meals for residents that tended to wander. The surveyor observed an eighth resident enter the day room. The surveyor noted that two residents wore masks appropriately with both their mouth and nose covered, three residents did not wear masks, two residents wore masks below their chins with both their mouth and nose exposed, and one resident's mask was pulled down beneath their nose. The UM explained that some of the residents refused to wear a mask or removed it despite encouragement. The UM stated that when the unit first opened, staff, kept the residents in their rooms out of habit due to COVID-19. She said that she encourages the staff to get the residents out of their rooms. She further stated that staff was required to adhere to contact precautions (gown/gloves/mask) when personal care was delivered to a resident. Still, universal precautions were required for residents	F 880		

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F 880	Continued From page 7 on the unit, which entailed that all staff and residents were required to be masked. At 10:20 AM, the surveyor was approached by the Administrator, who stated that he was contacted by the LHD and was advised that they did not recommend group activities or group meals in the dayroom regardless of social distancing as it was not yet known whether individuals could become re-infected with COVID-19. He further stated that residents should be maintained in their rooms as directed. At 10:36 AM, the surveyor observed the ICN who assisted residents from the day room back to their rooms. She stated that she didn't know how this one slipped by her or how this happened on [redacted]-Wing. The surveyor reviewed the facility policy, "Post-Acute COVID 19 - Pandemic Preparedness Infection Control Plan (dated May 17, 2020) which revealed the following: No group activities as of 03/16/2020. NJAC 8:39 19.4 and 27.1(a)	F 880		