

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

PRINTED: 06/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S HEALTHCARE AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LINDSLEY ROAD CEDAR GROVE, NJ 07009
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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 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: 06/02/2020	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		6/30/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/11/2020
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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	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.	F 880			

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F 880	<p>Continued From page 2</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:</p> <p>Based on observation, interview and review of other facility documentation, it was determined that the facility failed to use disposable kitchen products on the COVID isolation unit.</p> <p>This deficient practice was identified for 1 of 2 COVID isolation units (██████████), in a facility experiencing a COVID-19 outbreak and was evidenced by the following:</p> <p>During a tour of the ██████████ unit (COVID positive), on 06/02/2020 at 11:24 AM, the surveyor observed a food cart in the hallway between rooms ██████ and ██████. The cart had one washable hard-plastic tray, hard-plastic plate liner, plate, a dome lid, a hard-plastic bowl, hard-plastic coffee cup, and silverware.</p> <p>On 06/02/2020 at 12:30 PM, the surveyor observed the following on the ██████████ unit (COVID positive):</p> <p>A food cart outside of room ██████ which contained two washable hard-plastic trays, two hard-plastic plate liner, two plates, two dome lids, one hard-plastic coffee cup and silverware on both trays.</p> <p>Visible inside room ██████ on the overbed table, there was a washable hard-plastic tray, plate, hard-plastic plate liner, dome, hard plastic cup, and silverware.</p> <p>Visible inside room ██████ on the overbed table,</p>	F 880	<p>What corrective action will be accomplished for those residents affected by the deficient practice?</p> <p>-Weekly communication audits will be conducted by FSD on resident with infectious diseases and discussed with DON or designee ,FSD will receive a copy of the 24hr report.</p> <p>-Daily tray audits for residents with infectious diseases will be done by FSD or designee to ensure resident identified as infectious receive paper products used for their meals.</p> <p>-In-service of Dietary staff on policies regarding the requirements of isolation trays and the spread of infectious diseases.</p> <p>-Training of Dietary supervisors in the EMR system in order to be able to cross-reference resident's infectious status.</p> <p>How will you identify those residents having the potential to be affected by the same deficient practice and corrective action taken?</p> <p>-All residents have the potential to be affected</p> <p>What measures will be put in place or what systemic changes you will make to ensure the deficient practice will not recur?</p>		

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F 880	<p>Continued From page 3</p> <p>there was a washable hard-plastic tray, plate, hard-plastic plate liner, dome, hard plastic cup, and silverware.</p> <p>During an interview with the surveyor on 06/02/2020 at 11:29 AM, the Registered Nurse (RN #1) on the [REDACTED] unit stated both halls on the [REDACTED] were for the COVID positive residents only. RN #1 stated all meals came on disposable products and were thrown out on the unit after the resident had finished eating.</p> <p>During an interview with the surveyor on 06/02/2020 at 12:23 PM, the Food Service Director (FSD) stated COVID positive residents received disposable paper products. The FSD stated he was not aware of a COVID unit on the [REDACTED].</p> <p>RN #1 and the surveyor walked the [REDACTED] floor [REDACTED] unit and RN #1 confirmed a total of five resident lunches were served on non-disposable trays, plates, plate liners, dome lids, cups, and silverware.</p> <p>During an interview with the surveyor on 06/02/2020 at 12:30 PM, RN #1 stated the meals should not have been served on non-disposable products. RN #1 stated disposable products were used so they could be thrown out on the COVID unit and prevent the spread of infection.</p> <p>During an interview with the surveyor on 06/02/2020 at 12:38 PM, the Certified Nursing Assistant (CNA #1) stated that the meals should have been on disposable kitchen products but that some meals came up on non-disposable, washable kitchen products. CNA #1 stated she</p>	F 880	<p>-A weekly audit of communication with the DON or designee will be tracked regarding infectious residents.</p> <p>-Daily audits will be performed by FSD or designee of resident meal tickets verifying "PAPER PRODUCTS" appear on tickets of residents with infectious diseases.</p> <p>-All new hirer Dietary Staff will be in-serviced as part of facility orientation on spread on infectious diseases and use of isolation trays.</p> <p>How corrective actions will be monitored to ensure the deficient practice will not recur?</p> <p>-Any findings during weekly audits will be addressed immediately by FSD and Nursing designee.</p> <p>-The FSD and/or designee will monitor weekly reporting on weekly audits for 3 months then quarterly to ensure 100% compliance is met for duration of two quarters of the facilities QAPI reporting.</p> <p>-FSD and DON or designee will monitor attendance of Foodservice workers to ensure 100% compliance of staff are in-serviced as well as new hirers.</p>		

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F 880	<p>Continued From page 4</p> <p>had reported this to RN #1. CNA #1 stated disposable kitchen products were important to prevent the spread of infection outside the COVID unit.</p> <p>During an interview with the surveyor on 06/02/2020 at 12:40 PM, the [REDACTED] floor [REDACTED] RN unit manager (RN/UM) stated she had reported the non-disposable kitchen products to the FSD and that the FSD told her he was unaware the [REDACTED] floor [REDACTED] unit was a COVID positive unit.</p> <p>During an interview with the surveyor on 06/02/2020 at 12:46 PM, the Director of Nursing (DON) stated COVID positive residents were communicated to the dietary department by email with the resident name and room number so the kitchen may supply disposable kitchen products. The DON stated the facility used disposable kitchen products because they don't know if even after a resident was 14 days without any symptoms, how the COVID disease may spread. The DON stated that all COVID positive residents were made known to the dietary department by email and the dietary department also would know from the weekly department head meetings.</p> <p>During an interview with the surveyor on 06/02/2020 at 12:48 PM, the FSD stated when he received an e-mail, he would note on the dietary slip "paper products" and that the facility had a sufficient amount of disposable kitchen products available.</p> <p>During an interview with the surveyor on 06/02/2020 at 1:10 PM, the cook stated that the COVID positive resident's meal tickets will display "paper products" on them so the staff know to</p>	F 880			

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F 880	<p>Continued From page 5 use disposable kitchen products.</p> <p>During an interview with the surveyor on 06/02/2020 at 1:16 PM, the kitchen supervisor stated there were two COVID positive units. The kitchen supervisor stated she would be responsible for checking the trays before they left the kitchen but if the resident's meal ticket did not indicate "paper products," she would follow the ticket instructions.</p> <p>During an interview with the surveyor on 06/02/2020 at 1:35 PM, the Dietary Aide (DA #1) stated that nursing informed the kitchen of any special instructions. DA #1 stated she was aware of two COVID positive units in the facility and that those units should have had all disposable kitchen products. DA #1 stated she would not know if any non-disposable meal trays that returned to the kitchen were from the COVID positive unit and that she wouldn't know of anything different that would need to be done for those trays.</p> <p>During an interview with the surveyor on 06/02/2020 at 1:39 PM, DA #2 stated that there were two COVID units in the facility. DA #2 stated that paper disposable kitchen products were used on the units because they can be thrown out and stop the spread of infection from leaving the COVID units. DA #2 stated that if any non-disposable meal trays returned to the kitchen from the COVID positive unit, she would not know of anything different to do to those meal trays and that she was unaware of any policy to do anything different for those meal trays.</p> <p>During an interview with the surveyor on 06/02/2020 at 1:52 PM, the RN Infection Control</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>and Employee Education nurse stated both COVID positive units opened in March 2020. She stated she had been in-servicing the staff on Personal Protective Equipment (PPE) and hand hygiene but had not specifically in-serviced the dietary staff on the use of the disposable kitchen products because it was part of the facility policy and procedure for isolation.</p> <p>During an interview with the surveyor on 06/02/2020 at 2:35 PM, the Administrator stated the dietary department should have known about the two COVID positive units within the time from when they opened in March 2020.</p> <p>Review of the facility, "Generalized Cleaning and Sanitizing of Foodservice Trays" policy and procedure, dated April 2020, revealed residents that were identified by nursing to be COVID positive would receive isolation trays. Foodservice will deliver meals to the identified residents on paper good to be discarded on the nursing units after the meal was complete.</p> <p>Review of the facility, "Use of Disposable trays for COVID Residents" policy and procedure, dated 05/14/2020, revealed that the facility would ensure that all meals would be served on disposable kitchen products until a resident who was COVID positive was no longer considered infectious; when a resident tested positive for COVID-19, nursing shall notify the kitchen staff to advise the resident needed disposable trays.</p> <p>Review of the facility, "Transmission based precautions procedures," dated 10/09, revealed "Nutrition Services: All meals will be served using disposable kitchen products until the resident is no longer considered infectious."</p>	F 880			

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F 880	Continued From page 7 NJAC 8:39-19.4(a)(2); 19.4(l)	F 880			