

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

PRINTED: 07/29/2020
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315519 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/26/2020 |
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| NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF HAMILTON | STREET ADDRESS, CITY, STATE, ZIP CODE 3 HAMILTON HEALTH PLACE HAMILTON, NJ 08690 |
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| 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: 6/26/2020</p> <p>Census: 36</p> <p>During a focused COVID-19 infection control survey conducted on 6/22/20, an immediate jeopardy (IJ) was identified regarding the failure to follow infection control guidelines for the use of personal protective equipment (PPE), cohorting of staff for COVID-19 positive and persons under investigation (PUI), and adequate infection surveillance (F880).</p> <p>The Director of Nursing (DON), Administrator, and Chief Operating Officer were made aware that Immediate Jeopardy existed on June 22, 2020 at 5:45 PM.</p> <p>Immediate Jeopardy was identified at: CFR 483.80 at tag F880 at a scope and severity of "K." The Immediate Jeopardy situation began on June 22, 2020 and was removed on June 26, 2020 after onsite verification of the Removal Plan.</p> <p>COVID-19 (Coronavirus Disease 2019) is a deadly 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</p> | F 000 | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 07/16/2020 |
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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 000 | Continued From page 1 | 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 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> <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</p> | F 880 | | 6/27/20 | |

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| F 880 | <p>Continued From page 2</p> <p>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. This REQUIREMENT is not met as evidenced by: PART A:</p> <p>Based on observation, interview, a review of records and other pertinent facility documents, it was determined that the facility failed to ensure:</p> <p>a.) the implementation of their outbreak response plan by implementing and maintaining an infection prevention and control surveillance system and a cohort tracking system for residents that were under investigation for COVID-19; b.) staff assignments were cohorted appropriately to</p> | F 880 | <p>What corrective action was accomplished for Residents affected by the deficient practice?</p> <p>LPN who traveled from COVID-19 to PUI/negative resident room was immediately educated on doffing full PPE before leaving a COVID-19 room to attend to a PUI/negative patient and donning of a new gown per facility practice. Eco-barrier installed separating the</p> | | |

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| F 880 | <p>Continued From page 3</p> <p>prevent the spread of COVID-19; c.) used gowns were not continuously worn during a staff assignment between caring for residents that were confirmed positive for COVID-19 and a resident who had no known history of COVID-19; and, d.) gowns were not worn between caring for residents in the same PUI cohort group. This deficient practice was identified during the tour of 2 of 2 nursing units (Unit █ and Unit █) conducted on 6/22/2020.</p> <p>On 6/22/2020, the surveyor reviewed the facility's COVID-19 outbreak response plan, the resident and staff line list, infection data reporting 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 appropriately track the cohort group of residents who were under investigation for COVID-19, and there was no method of an effective infection surveillance system.</p> <p>Upon observation and interview, it was identified that facility staff was provided with a reusable face mask and gloves and a weekly allotment of two disposable gowns, one N-95 mask, three pairs of shoe coverings, and hairnets. During the tour, it was identified that the nursing, therapy, and social work staff continuously wore their gowns when caring for residents who were under investigation for COVID-19 when additional gowns and personal protective equipment (PPE) were available in storage bins on 2 of 2 units. During tour of the COVID-19 wing located on Unit 1, it was identified that a Licensed Practical Nurse (LPN #4) shared a Certified Nursing Aide (CNA) assignment covering the entire unit which consisted of residents who were in four different cohort groups (including residents who were confirmed positive for COVID-19, recovered from</p> | F 880 | <p>COVID unit from PUI unit to ensure the elimination of reusing gowns from positive COVID patients to PUI.</p> <p>Room changes to cohort all PUI's in a separate observation area in order to effectively monitor for evidence of COVID-19. COVID patients were moved to the back rooms of Unit █ and separated with an eco-barrier from the PUI rooms. All PUI's from Unit █ were moved to the designated PUI rooms on Unit █. Each PUI room was provided an isolation cart with stocked PPE and a list of required PPE placed on each door. Dedicated staff will be assigned to the different co-hort groups to the extent possible.</p> <p>Staging rooms were eliminated on both units.</p> <p>Nursing Staff on both units, all Rehab staff members, all Dietary staff members, and all Administrative staff members (receptionist, social workers, medical records coordinator, human resources manager, admissions director and coordinator, and dietitian) were immediately in-serviced on the infection control protocols related to: the use of PPE for specific types of isolation, donning and doffing of PPE when traveling between COVID-19 and PUI/negative patient rooms, tying gown straps, disinfecting face shields before storage, hand washing and use of ABHR as per CDC guidelines during meal service for staff and patients with return demonstration.</p> <p>Disinfectant wipes will be stocked in each</p> | | |

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| F 880 | <p>Continued From page 4</p> <p>COVID-19, potentially exposed and under investigation for COVID-19, and residents who had tested negative for COVID-19). The LPN was observed wearing an improperly donned gown coming out of the room of two residents who were identified as confirmed positive for COVID-19, then entered a room and closed the door of a resident who was a person under investigation (PUI) for COVID-19 without removing the contaminated PPE. The interviews revealed that LPN #4 had been continuously wearing the same single-use gown provided between the two resident cohort groups.</p> <p>In accordance with facility provided documents as of 6/22/20, the surveyor learned that 15 of 51 COVID-19 positive residents had expired between 4/10/20 to 5/25/20, with the outbreak ongoing as late as 6/20/20.</p> <p>The facility's failure to appropriately track the residents under investigation for COVID-19 cohort group, implement an effective surveillance program, appropriately follow the US Centers for Disease Control and Prevention (CDC) guidelines for extending the use of PPE, and failure to cohort staff to the designated cohort groups to the extent possible, posed a serious and immediate threat to the safety and wellbeing of all non-ill residents.</p> <p>This resulted in an Immediate Jeopardy (IJ) situation that began on 6/22/2020 at 5:45 PM. The immediacy was removed on 6/24/20 at 5:15 PM based on an acceptable Removal Plan implemented by the facility and verified by the surveyor during an onsite visit conducted on 6/26/2020.</p> <p>The evidence was as follows:</p> | F 880 | <p>medication cart by the DON or LNHA Additional disinfectant wipes will be stocked behind the Nurses Station Disinfectant wipes will be stocked in the DON and LNHA's office Additional stock of disinfectant wipes will be provided to the Nursing Supervisor on the off shifts (nights and weekends)</p> <p>Completion Date: 6/27/20</p> <p>How will the facility identify other Residents having the potential to be affected by the same deficient practice?</p> <p>All patients have the potential to be affected by this deficient practice.</p> <p>Completion Date: 6/27/20</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur?</p> <p>Competency validation of donning and doffing of PPE included return demonstration for the following employees: Nursing Staff on both units, all Rehab staff members, all Dietary staff members, and all Administrative staff members (receptionist, social workers, medical records coordinator, human resources manager, admissions director and coordinator, and dietitian).</p> <p>Staff were in-serviced on not wearing the same gown between patients who were PUI. New hired staff will be educated on the same.</p> | | |

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| F 880 | Continued From page 5 On 6/22/2020 from 9:58 AM to 11:05 AM, the surveyor interviewed with the Director of Nursing/Infection Preventionist (DON/IP) and the newly hired Corporate Registered Nurse (CRN). The DON/IP stated that the Licensed Nursing Home Administrator (LNHA) would not be at the facility today. The DON/IP noted that the facility utilized the U.S. Centers for Disease Control and Prevention (CDC) as the facility's nationally accepted guidelines for infection prevention and control for COVID-19. She further stated that the facility had implemented a method to extend PPE use, specifically the use of a face shield, and N-95 respirator masks. The DON/IP stated that staff used, "gowns throughout the day" on both units and that gowns were also continuously worn by staff on the COVID-19 wing cohorted (treating as a group) on Unit █. The DON/IP continued that the facility was cohorting nursing and housekeeping staff by only keeping them assigned to residents that had tested positive for COVID-19, but that staff knew to use a "well-to-ill" rounding strategy, and that PPE could not be reused from a COVID-19 positive room to a COVID-19 negative or PUI room. The DON/IP added that the facility was also testing all residents for a baseline COVID-19 result on admission. If negative for COVID-19, they would be retested every week, and as needed. She continued that for those residents that tested positive for COVID-19, the facility would re-test them after their recovery period. The facility utilizes a test-based strategy to determine recovery by retesting the residents to ensure two lab-confirmed negative results within a few days apart. The DON/IP noted that the facility currently had residents in-house that had acquired the infection in the facility and tested positive for COVID-19, as late as 6/20/20. The surveyor | F 880 | On-going staff education/in-servicing on proper PPE use inclusive of the donning/doffing and how to properly wear PPE including new hired staff. On-going staff education/in-servicing of proper PPE use when entering and exiting rooms of PUI and COVID positive patients including new hired staff. On-going staff education/in-servicing of proper cleaning and storage of reusable PPE i.e. face shield with return demonstration including new hired staff. Staff education/in-servicing to ensure proper hand hygiene before, during, and after a meal pass for both staff and patients, in between rooms and between resident contact and contact with potentially contaminated surfaces. New hired staff will be educated on the same. Staff education/in-servicing on the inappropriate usage of PPE in the hallway and nursing station of the non-COVID unit and between PUI patients per the CDC guidelines. New hired staff will be educated on the same. Preservation of PPE for COVID -19 positive: The facility is extending the use of PPE by providing an individual washable labeled gown and labeled face shield/eye protector to each staff member assigned. The staff will use those PPE throughout their shift in the COVID area. When the staff leave the unit, they will doff their washable labeled gown and hang on a clothing rack located inside the | | |

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| F 880 | <p>Continued From page 6</p> <p>asked how many residents were confirmed positive for COVID-19, and the DON/IP stated that she thought there were eight (8) residents on the COVID-19 wing from resident rooms [REDACTED].</p> <p>The surveyor asked for the facility's data tracking and surveillance related to their COVID-19 outbreak and any further documents or tools the facility was utilizing during the outbreak, including a PPE utilization/ "burn rate" (average calculation of daily consumption rate of each PPE used to estimate current PPE inventory with the burn rate to ensure adequate supplies are available). The DON/IP indicated that their primary tracking method was the resident outbreak line list, but that she also had a copy of her tracking of residents and staff who were tested for COVID-19. The DON/IP confirmed a Facility Outbreak Reporting Daily Survey was sent daily to the New Jersey Department of Health (NJDOH), which included cumulative numerical data. The surveyor also asked about the facility's PPE utilization/ "burn rate," and the DON/IP stated she wasn't sure about that, but that she would check. The DON/IP acknowledged that she didn't maintain a current in-house data surveillance system, but that she could indicate the residents who were new admissions in the last 14 days and which residents had recovered from COVID-19 using the alphabetized resident census list.</p> <p>The DON/IP explained that Unit [REDACTED], rooms [REDACTED] were rooms designated for COVID-19 positive residents. The hallway running perpendicular to the COVID-19 unit was Unit [REDACTED] rooms [REDACTED], and was designated for new hospital admissions in the last 14 days and were under investigation for COVID-19. She added that Unit [REDACTED] rooms [REDACTED], were all negative for</p> | F 880 | <p>COVID-19 area. If the staff are not returning to the unit, they will place their gown in a soiled linen bin located inside the COVID area. Housekeeping will wash and return the reusable gowns. The staff will sanitize their labeled face shield/eye protector using a Lysol, Clorox or PDI Sani-cloth wipe, allow for dry time and store in a personal labeled items bag which will be drawn closed, and stored on the clothing rack within the eco-barrier limits.</p> <p>Preservation of PUI Cohort Group: The facility is extending the use of PPE by providing a disposable gown for each staff member for each PUI patient. Disposable gowns, face shields, KN95 and surgical masks will be stored in the isolation cart outside of the room. The staff member will label their individual gown with their name, if their intention is to have more than one contact with the patient that day. After use of each gown the staff member if preserving the gown will hang on a hook located in the patient's room. At the end of each shift the staff member will dispose of their disposable gown in the patient's room. If the staff member does not intend to have more than one contact with the patient, the gown will be disposed of immediately after use in the patient's room. Each staff member will be provided a face shield/eye protector for extended use for each patient. Extra face shields/eye protector are stored in the isolation cart. The staff will label their face shield and store in a labeled personal items bag which is drawn closed, hung on a hook in the resident room after each</p> | | |

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| F 880 | <p>Continued From page 7</p> <p>COVID-19. She said that the facility would put two Persons Under Investigation (PUI) for COVID-19 residents together in the same room if they were admitted the same day or one day apart, and quarantine them for 14 days with droplet precautions (a method of transmission-based precautions in which a gown, gloves, mask, and face shield are worn by staff when in close proximity or contact with the resident or the resident's environment to prevent the spread of infection).</p> <p>The surveyor asked the DON/IP how many COVID-19 positive residents the facility had on the census, and the DON/IP stated she believed there were either seven or eight residents. The surveyor then asked how many residents on the census were identified as PUI, and the DON/IP stated there was "one," and it was an exposed roommate of a resident who had tested positive for COVID-19 (Resident #5). The surveyor asked the DON/IP how the facility identified residents who are PUI. The DON/IP stated that a PUI would be a resident who had symptoms of COVID-19 and has a test result pending and an exposed resident who had a roommate or staff that tested positive for COVID-19. She stated that none of the residents in the building currently had symptoms of COVID-19, so it was only one resident on the census that was a PUI (Resident #5). The surveyor asked if there were any other situations in which a resident would be considered a PUI, and the DON/IP stated that the facility tested all the residents for COVID-19, so she wasn't sure beyond that.</p> <p>The surveyor asked how the facility handled new admissions, and the DON/IP indicated that the facility placed the residents on a 14 day quarantine period and on droplet precautions.</p> | F 880 | <p>use. This face shield/eye protector will be disposed of after the patient is discharged and or moved for any reason.</p> <p>DON and Admissions will facilitate room assignments to ensure all new admissions are admitting to the PUI unit only as beds become available, in order to effectively monitor for evidence of COVID-19 and keep these patients co-horted per the CDC Guidelines.</p> <p>DON or designee will track and monitor the surveillance of the PUI cohort group, COVID-19 positive unit and asymptomatic unit.</p> <p>PPE burn rate tracker has been implemented to ensure adequate PPE.</p> <p>The DON revised the date on the 6/20 daily outbreak report and resubmitted to the NJDOH. LNHA will audit the daily outbreak report submission to ensure accurate completion.</p> <p>Monday through Friday, the Director of Admissions will conduct daily rounds to monitor the supply of disinfectant wipes and ensure they are available to all staff. On the off shifts, the Nursing Supervisor will monitor the supply of disinfectant wipes and have access to additional stock.</p> <p>Completion Date: 6/27/20</p> <p>How will the facility monitor its corrective actions to ensure that the deficient</p> | | |

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| F 880 | <p>Continued From page 8</p> <p>The DON/IP stated that the facility would also consider this cohort group under the PUI cohort because they were placing the residents newly admitted on droplet precautions because of an unknown exposure to COVID-19 in the hospital or community. The surveyor asked about residents who went out to dialysis or other specialized appointments outside the facility, and if they would be placed on droplet precautions. The DON/IP replied that the facility currently had no residents that go to a dialysis center or other specialized treatment centers for appointments. Still, if the facility did, they too would be placed on droplet precautions for the 14 days from their last appointment date. The DON/IP confirmed this would meet the facility's PUI definition due to an unknown exposure.</p> <p>Further, the surveyor reviewed the undated "My In-House Tracker" for testing of residents in the presence of the DON/IP. The surveyor identified that there was one (1) resident who had tested negative for COVID-19 on 5/29/19, and had refused subsequent weekly COVID-19 tests and resided on Unit █. The DON/IP acknowledged this resident was also on droplet precautions and a PUI. The surveyor then asked how many residents of the current census were PUI? The DON/IP put a checkmark next to all the residents that were new admissions in the last 14 days. There were 15 residents, but she also added that 4 of the newly admitted residents had either had COVID-19 or recovered from COVID-19, so, therefore, 11 residents were PUI. She confirmed that the resident who refused subsequent testing and the resident that had a roommate that tested positive would put the facility total at 13 PUI. The surveyor reviewed the list more closely and noticed that the DON/IP identified a resident who was a PUI for being a new admission in the same</p> | F 880 | <p>practice is being corrected and will not reoccur?</p> <ol style="list-style-type: none"> 1). The DON and/or Nursing Designee will conduct twice a week audits for four (4) weeks, then monthly for three (3) months of 5 staff who care for patients with PUI status to ensure staff compliance with donning/doffing and appropriate wear of PPE. 2). The DON and/or Nursing Designee will conduct twice a week audits for four (4) weeks, then monthly for three (3) months of 5 staff members donning/doffing prior to entering and exiting the COVID unit to ensure appropriate procedure. 3). The DON and/or Nursing Designee will conduct twice a week audits for four (4) weeks, then monthly for three (3) months of staff and patient to ensure proper hand hygiene before, during, and after a meal pass. 4). The DON and/or Nursing Designee will observe 5 staff members twice weekly for four (4) weeks, then monthly for three months (3) to ensure proper cleaning and storage of reusable PPE i.e. face shield. 5). The DON and/or Nursing Designee will observe Non-COVID unit for inappropriate usage of PPE in the hallway and nursing station twice weekly for (4) weeks then monthly for (3) months. 6). PPE burn rate tracker will be forwarded to the QA committee monthly for 3 months for review and action plans | | |

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| F 880 | <p>Continued From page 9</p> <p>room as a resident not identified as a PUI on the census list. The DON/IP indicated that the roommate completed their 14-day quarantine today, and the other roommate completes their 14-day quarantine tomorrow.</p> <p>The DON/IP acknowledged she did not have numerical calculations for the data for the three cohort groups to track the progress of the outbreak. At that time, the surveyor reviewed the rooms of the residents that were PUI with the floor plan, which revealed that the PUI's were spread throughout 2 of 2 units on various sides of the hallway and not cohorted to a single area or ensure they were separated from the residents who were non-ill, non-exposed. The DON/IP also acknowledged that the PUI cohort group of residents were placed in rooms throughout the 2 of 2 units. She admitted that she didn't have a surveillance tracker to identify where each PUI, COVID-19 positive, COVID-19 recovered, and COVID-19 negative resided within the building.</p> <p>On 6/22/2020 at 11:10 AM, the surveyor toured Unit █ (PUI/negative and not exposed/negative) with the CRN and observed the following:</p> <p>1. The surveyor toured the Unit █ hallway and observed that the PUI residents were not in a designated cohort area of the unit, but spread throughout the unit in various rooms throughout, and with a single PPE storage bin located outside the room of Resident #5. The storage bin was stocked with several long-sleeve gowns and gloves, a disposable thermometer, and a disposable stethoscope. On top of the bin was a bottle of alcohol-based hand gel (ABHG).</p> <p>A review of the staff assignment sheet for 6/22/20 revealed that nursing assignments were not</p> | F 880 | <p>as necessary.</p> <p>7). The DON and or Designee will report and forward the tracking, monitoring and surveillance of the cohort groups to the QA Committee monthly for three (3) months for actions plans as necessary.</p> <p>8). Results of the audits will be forward to the QA committee monthly for 3 months for tracking, trending, and implementation of action plans as necessary.</p> <p>9). The daily outbreak report submissions will be audited by the LNHA on a daily basis. Results of the audits will be forwarded to the QA committee monthly for 3 months for review and action plans as necessary.</p> <p>10). The Director of Admissions will audit the supply of disinfectant wipes twice a week. Results of the audits will be forwarded to the QA committee monthly for 3 months for review and action plans as necessary.</p> <p>Completion Date: 6/27/20</p> | | |

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| F 880 | <p>Continued From page 10</p> <p>cohorted to the extent possible when LPN #1 had an assignment with five residents that were PUI and three residents non-exposed and negative for COVID-19. The other nursing assignment consisted of five residents that were PUI and seven residents that were non-exposed and negative for COVID-19.</p> <p>At 11:15 AM, the surveyor observed an Occupational Therapist (OT) wearing a long sleeve disposable gown, N-95 respirator mask, a face shield exit the room of a resident who was identified as non-ill and non-exposed. At that time, the surveyor interviewed the OT and asked about her use of PPE while in the resident's room. The OT confirmed that the resident was not on droplet precautions, but stated she wore full PPE because COVID-19 was "highly contagious and it's everywhere, so we have to wear PPE." The OT continued that she removed her PPE only when exiting the unit, and before lunch. She further stated, "we re-use it." She noted the only time it would not be reused, was if she had to go to a COVID-19 positive resident. She confirmed she would wear the same gown between residents of the various cohort groups, which was okay as long as the resident didn't have COVID-19.</p> <p>At 11:29 AM, the surveyor observed a Physical Therapist (PT) exit the resident's room identified to be a PUI located near the end of the hallway on Unit █. There was a stop sign to see the nurse before entering and a sign that indicated droplet precautions were required. The surveyor observed the PT exit the room while wearing a long-sleeve single-use gown, a face mask, face shield, and a hair net. She continued to walk down the hallway to a room behind the nurses' station wearing the contaminated PPE. The PT</p> | F 880 | | | |

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| F 880 | <p>Continued From page 11</p> <p>doffed her gown in the "staging room" and discarded it. The surveyor interviewed the PT, who stated that she only sees residents on Unit █. She just completed an initial evaluation on that resident because he/she was just admitted from the hospital and was on droplet precautions for 14 days. The surveyor asked about the extended use of PPE, and the OT confirmed that gowns were reused between residents but "only when going from droplet to droplet room." She added that she could not go from a resident room that was on droplet precautions while wearing the full PPE then go to a resident room that was not on droplet precautions, adding that the reason was that this could potentially cause cross-contamination.</p> <p>At 11:41 AM, the surveyor observed LPN #3 in the hallway wearing a long-sleeve isolation gown and a mask. LPN #3 stated that she was not functioning as a nurse but instead had a Certified Nursing Aide (CNA) assignment today, which included residents that were PUI and residents that were non-ill, non-exposed to COVID-19 and had tested negative for the virus. LPN #3 further stated that she wears the gown everywhere because "the gown is a general gown to be worn for general care." She also said that if it got dirty, she would get a new one. She stated that while there were no COVID-19 residents on the unit, she would need to change her gowns if she had to go between two isolation rooms because of how COVID-19 spreads. LPN #3 stated that Unit █ only had exposed residents because they were new admissions from the hospital or residents who had tested negative for COVID-19 and had completed the 14-day quarantine. LPN #3 added that the Receptionist puts PPE bags together, and each staff member would get one bag per week with 2-3 gowns, one N-95 respirator mask,</p> | F 880 | | | |

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| F 880 | <p>Continued From page 12</p> <p>a couple of shoe covers, and hair coverings. She stated that even though she received an individually packaged weekly allotment of PPE, there were gowns kept on the unit if more were needed.</p> <p>At 11:59 AM, the surveyor observed the Medical Records Coordinator (MRC) wearing a gown and face mask exiting the PPE staging room behind the nurses' station. The MRC stated that she was responsible for going to both units and delivering beneficiary notices to residents. The MRC said that she donned and doffed the PPE in the staging room behind the nurses' station and that she could wear the same gown between residents that were non-ill, non-exposed/negative for COVID-19, and that a new gown could be shared between PUI residents on droplet precautions. She stated that a new gown would be needed if going from a PUI to a not exposed resident and not ill. She continued that she would store her gowns in the staging area and put it in the clear plastic bag.</p> <p>2. On the same day, 6/22/2020 at 12:05 PM, the surveyor observed the meal truck delivered to the floor and noted the following during the lunch delivery service on Unit █:</p> <p>At 12:08 PM, the surveyor observed the SW wearing the same blue short sleeve disposable gown deliver a regular non-disposable tray to a resident that was non-ill, not exposed, and had tested negative for COVID-19. The surveyor observed the SW enter the resident's room, place the tray on the bedside table, and adjusted the table and moved it closer to him/her with her bare hands. The SW then exited the resident's room and did not offer to assist the resident with a hand</p> | F 880 | | | |

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| F 880 | <p>Continued From page 13</p> <p>hygiene wipe or encourage them to use the hand hygiene wipe on the tray before the lunch service. She then exited the room and did not perform hand hygiene, and she immediately returned to the tray truck to pick up another tray. She took a tray for a resident that was identified as a PUI and on droplet precautions. She was not wearing a face shield or gloves and delivered the tray to the resident's room, touching the bedside table and adjusting the tray closer to the resident. The SW then exited the room, used ABHG, and walked down the hallway to the PPE staging area. At that time, the SW told the LPN/Charge Nurse that she needed a new gown because she went into a resident room on droplet precautions. The surveyor observed the LPN/Charge Nurse tell the SW that she could continue wearing the same gown that she had on, but that she would just have to only serve the rest of the lunch trays to PUI residents and on droplet precautions. The SW left the same gown on and continued to pass out lunch trays to residents on droplet precautions. The SW did not wear a face shield or gloves when handling the lunch trays and touching the resident's bedside tables.</p> <p>At 12:18 PM, the surveyor observed the LPN/Charge Nurse doff her PPE gown in the room behind the nurses' station; she then clipped it, allowing the gown to hang freely in the staging area room.</p> <p>At 12:28 PM, the surveyor interviewed the SW, who confirmed she was in-serviced on hand hygiene and how/when to don and doff PPE. The SW stated that she could wear the same gown when going from PUI to PUI, but she could not enter a resident room that was not a PUI afterward and would have to change her gown. The SW stated that she washes her hands with</p> | F 880 | | | |

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| F 880 | <p>Continued From page 14</p> <p>ABHG between contact with the resident or their environment. She said, "I don't use the face shield much" as the "face shield is used more for the COVID unit." The SW stated that the face shield was to protect her from droplets from a cough or a sneeze and acknowledged it was difficult to predict if and when someone else coughs or sneezes.</p> <p>At 12:38 PM, the surveyor interviewed a CNA assigned to Unit █. The CNA was not wearing a gown in the hallway but holding a new one. The CNA stated that COVID-19 was spread through droplets, and therefore, he would have to wear a gown, gloves, N-95 respirator mask, face shield, and shoe coverings when entering a PUI room. The CNA stated that a face shield was only needed to provide direct care to the resident; otherwise, it wasn't required to drop off a tray or just check on the resident. The CNA stated that if a resident developed symptoms of COVID-19, that the gown and other PPE could not be re-worn between other PUI resident rooms. He said that if the resident was symptomatic, the gown must be discarded in the resident's room and not in the staging area behind the nurses' station.</p> <p>At 12:45 PM, the surveyor interviewed the LPN/Charge Nurse regarding the meal delivery service. The LPN/Charge Nurse stated that all residents on Unit █ get a non-disposable tray, but they would get a disposable tray if they were symptomatic. She noted that the dietary aide delivers the meal trucks to the unit's closed front door, and she or other staff go to the door to take it from them. She stated that the nurses are supposed to pass out the trays to all the residents who are "non-COVID first," then the residents on droplet precautions. This would prevent</p> | F 880 | | | |

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| F 880 | <p>Continued From page 15</p> <p>cross-contamination while wearing the same gowns between the same resident cohort groups.</p> <p>3. On 6/22/2020 at 12:56 PM, the surveyor toured Unit █ with the CRN, which included a hallway consisting of the following cohort groups: residents that were PUI for COVID-19, residents that were non-ill/negative for COVID-19, a resident that had recovered from COVID-19 and a resident who was a PUI because he/she refused to be retested for COVID-19. (This cohort did not correspond with what the DON/IP told the surveyor during an interview at 9:58 AM, in which the hallway was for new admissions and still within their 14-day PUI quarantine period.)</p> <p>Perpendicular to the Unit █ hallway was the COVID-19 wing, which included residents that were either confirmed positive for COVID-19 or were in recovery from COVID-19.</p> <p>At 12:59 PM, the surveyor observed a Registered Nurse (RN) in the hallway of the COVID-19 wing of Unit █. The RN was wearing an N-95 respirator mask, a face shield, and a long-sleeve disposable gown. At that time, the surveyor interviewed the RN who stated that her assignment consisted of rooms █, and included residents that had tested positive for COVID-19, residents that were under investigation for COVID-19, and a resident who had tested negative for COVID-19 but was a PUI because he/she refused subsequent testing. The RN stated that she wasn't only assigned to COVID-19 residents, as she had other cohort groups in her assignment. She said, however, that she utilized a well-to-ill rounding strategy not to cross-contaminate. The RN stated that she had three residents that were confirmed (+) for COVID-19 (Resident #1, Resident #2, and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 16</p> <p>Resident #3); This did not correspond with the number of confirmed positive cases, the line listing or what the DON/IP had told the surveyor during the interview at 9:58 AM. The RN stated that she would wear her same PPE for all COVID-19 positive residents, but if she had to see her PUI residents, she would have to remove her PPE and don new PPE. The RN confirmed that the same PPE could be worn between the same PUI to PUI resident room cohorts as well.</p> <p>At 1:00 PM, the surveyor observed LPN #4 wearing an N-95 respirator mask, a face shield, and a long-sleeve disposable gown in the hallway. The surveyor observed that the gown was not tied at the waist, and the ties were hanging loosely on her sides, nearly touching the floor. LPN #4 entered the private room of Resident #1, who was on the COVID-19 wing and closed the door behind her.</p> <p>At 1:04 PM, the surveyor observed LPN #4 exit the room of Resident #1, and immediately enter the room of Resident #2 and Resident #3, who were roommates on the COVID-19 wing and confirmed positive for COVID-19. LPN #4 was wearing the same PPE, and the single-use gown was still untied at the waist, causing the lower half of the gown to freely move as the LPN walked. LPN #4 then closed the door behind her.</p> <p>At 1:07 PM, the surveyor observed the same LPN #4 exit the room of Resident #2 and Resident #3 who were confirmed positive for COVID-19, wearing the same PPE, including the untied gown. LPN #4 then left the COVID-19 wing and proceeded to walk down the hallway where there were residents who were PUI and negative for COVID-19. The surveyor observed that as the LPN #4 walked down the non-COVID hall, as the</p> | F 880 | | | |

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| F 880 | <p>Continued From page 17</p> <p>LPN's untied, unsecured gown moved freely. The surveyor also identified that LPN #4 did not disinfect the face shield. The surveyor then observed LPN #4 enter a room down the non-COVID hallway. The surveyor followed and noted that the LPN #4 entered Resident #4's room, who had a sign on the door to stop and see the nurse before entering and a sign that read, "Droplet Precautions." There was a PPE storage bin outside the resident's room stocked with new gowns and gloves.</p> <p>A review of the Census Report Dated 6/22/20, Resident #4 was a new admission on [REDACTED] and identified by the DON/IP as a new admission PUI.</p> <p>At approximately 1:12 PM, the surveyor observed LPN #4 exit the room of Resident #4 (PUI/baseline negative) wearing the same PPE, including the untied, unsecured gown and the face shield as she was wearing while in the COVID-19 positive room.</p> <p>As the LPN #4 exited Resident #4's room, and before the surveyor could stop or interview LPN #4, the Corporate RN pulled LPN #4 aside and told her to remove her PPE and get new PPE before proceeding any further.</p> <p>At approximately 1:16 PM, the surveyor observed the LPN #4 doff her PPE and perform hand hygiene at the pantry sink located across the hallway from Resident #4. The surveyor interviewed the LPN #4 at that time. LPN #4 stated that she was working as a CNA that day. LPN #4 noted that another CNA worked that day, and together they were assigned to the entire floor. LPN #4 confirmed that meant she was assigned to care for the COVID-19 residents, including Resident #2 and Resident #3, and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 18</p> <p>residents that were PUI and had tested negative for COVID-19. She stated that "Everyone here is on droplet precautions, and even though rooms [room numbers redacted] are non-COVID, we treat them like they have it." She further clarified that she wears a gown in all the rooms because the PUI residents might get COVID-19. LPN #4 also stated that Resident #4 was a PUI and had tested negative for COVID-19, but she still had to wear PPE when entering the room because the resident was on droplet precautions. LPN #4 stated that she went into Resident #4's room because his/her call light was on, and she wanted to check to see what the resident needed. She acknowledged she entered the room, closed the door, and then saw that LPN #5 was already in the room, so she opened the door and left.</p> <p>The surveyor asked LPN #4 when she dons and doffs her PPE, and she replied that she dons the PPE first thing in the morning and that she can wear the same PPE from PUI to PUI room. She stated that she could wear the same PPE between residents that were confirmed positive for COVID-19 but that she wasn't supposed to go from COVID-19 positive to PUI wearing the same PPE. The surveyor asked if she knew the status of Resident #2 and Resident #3, and the LPN #4 confirmed that those residents had recently tested positive for COVID-19 but were asymptomatic. She acknowledged she had just exited the room of Resident #2 and #3 (COVID-19 positive) before entering the room of Resident #4 (PUI/baseline negative) wearing the same PPE. The LPN #4's explanation of why she did that was because Resident #4's call light was on. LPN #4 added that the gowns should be tied and secured at the waist.</p> <p>At approximately 1:20 PM, the Corporate RN</p> | F 880 | | | |

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| F 880 | <p>Continued From page 19</p> <p>acknowledged that she saw LPN #4 exit the COVID-19 positive area while wearing the same PPE in which she had entered/exited a room for a PUI/baseline negative room. The CRN stated this was why she told the LPN #4 to change her PPE because she could not go from COVID-19 positive to a PUI room due to cross-contamination risks.</p> <p>At 1:22 PM, the surveyor interviewed the Corporate RN a second time. The surveyor asked the RN when she dons and doffs her PPE when she has an assignment that includes COVID-19 positive and PUI/baseline negative residents. The RN stated that if she had to go from COVID-19 positive to a PUI room, she would have to doff her PPE and apply new PPE, and she would take it from a fully stocked PPE bin in the hallway. The surveyor asked why that was important, and the RN stated, "You just can't do that, even if I don't touch anything...it's because of cross-contamination." The RN further added that not changing the PPE from COVID to non-COVID could potentially expose the PUI resident to COVID-19.</p> <p>At 1:35 PM, the surveyor interviewed a Housekeeper who stated that she cleaned all the PUI resident rooms first, and she said that she would change her PPE between each PUI room, but when she gets to the COVID-19 wing, she would wear the same PPE throughout, except the gloves. The Housekeeper confirmed there was no short supply of PPE and always was accessible in the bins if she needed it.</p> <p>At 2:02 PM, the surveyor interviewed the LPN/Charge Nurse #2. The LPN/Charge Nurse #2 stated that staff could not go from COVID-19 positive rooms to a PUI resident room because</p> | F 880 | | | |

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| F 880 | <p>Continued From page 20</p> <p>"that's dirty to clean" and can cause "spread of COVID-19." LPN/Charge Nurse #2 stated that even if the staff is not touching anything in the room, they "shouldn't be over there at all" while wearing the same PPE from a COVID-19 room.</p> <p>At 2:15 PM, the DON/IP showed the surveyor the PPE inventory and stated, "we have a lot of gowns." The DON/IP noted that she was "still looking" for the PPE burn rate calculations that the surveyor had asked for that morning. She stated that she believed that the facility had 3-4 weeks of PPE in inventory. The Corporate RN said that the Corporate office had even more if needed. The DON/IP and Corporate RN confirmed that staff should not be going from COVID-19 positive to a PUI/baseline negative resident room, potentially exposing a resident to COVID-19. The DON/IP confirmed that the PPE process hasn't changed since she started working at the facility in April 2020, and that staff can wear the same PPE when caring for residents within the same cohort group. The surveyor asked for the US CDC guidelines that support this practice. No response was given.</p> <p>At 2:50 PM, the surveyor interviewed the LPN #5 in the room of Resident #4 (PUI/baseline negative) when LPN #4 entered the room. LPN #5 stated that she was assisting Resident #4 to the bathroom. LPN #5 said the resident was a PUI and had a negative baseline test, and he/she wasn't having any symptoms of COVID-19. LPN #5 stated that she was allowed to wear the same PPE when caring for residents in the same cohort group, but that the same PPE could not be worn from COVID-19 positive to a PUI room. LPN #5 also stated that if staff went from Resident #2 and #3 (COVID-19 positive) to Resident #4 (PUI/baseline negative) wearing the same PPE, it</p> | F 880 | | | |

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| F 880 | <p>Continued From page 21</p> <p>could potentially spread the virus to Resident #4. LPN #5 further stated that gowns should not be worn behind the nurses' station. The LPN added that LPN #4 entered Resident #4's room because the call light was on, and she closed the door behind her but didn't touch anything but the doors/doorknobs in the resident's environment.</p> <p>At 3:57 PM, the surveyor observed LPN #6 walking down the hallway wearing a long sleeve single-use gown. The gown was not tied at the neck or waist. The surveyor interviewed LPN #6, who stated that she worked the 3-11 PM evening shift. She just finished getting a report for all the residents on her assignment, which included rooms [room numbers redacted] (which included COVID-19 positive, PUI, and negative for COVID-19 cohort groups). She stated she was about to check on her residents. The surveyor asked about the unsecured ties on her gown, and LPN #6 began tying them in front of the surveyor and acknowledged that they should be tied securely.</p> <p>The surveyor reviewed the facility's policies and CDC guidelines for COVID-19.</p> <p>A review of the facility's Prevention and Control of Corona Virus policy signed as reviewed on 4/23/20 included to "Identify dedicated employees to care for resident under investigation of COVID-19 and or who have confirmed COVID-19 patients and provide infection control training." It further included providing the right supplies to ensure the easy and correct use of PPE...Make PPE, including facemasks, eye protection, gowns, and gloves available immediately outside of the resident room; position a trash can near the exit inside any resident room to discard PPE. (The policy did not address a PPE staging area or</p> | F 880 | | | |

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| F 880 | <p>Continued From page 22</p> <p>wearing PPE outside the resident room.) The policy included "facilities should consider caring for these residents with dedicated HCP [healthcare personnel] to minimize risk of transmission and exposure to other residents and other staff."</p> <p>A review of the facility's Guidelines for Caring for COVID-19 Residents updated 5/30/20 included, "If possible, the facility will dedicate a unit/wing/floor exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days who no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room)." It further included "position a trash can near the exit inside the resident's room to make it easy for staff to discard PPE, prior to exiting the room or before providing care for another resident inside the same room," "Assign dedicated employee to work only in this area [COVID-19] of the facility." It further included, "all recommended PPE should be worn during care of residents under observation; this includes the use of ... eye protection (i.e. ... disposable face shield that covers the front and sides of the face...)" It did not include sharing PPE between residents of the same cohort groups.</p> <p>A review of the undated Outbreak Response Plan included that "Residents and employees will be cohorted as necessary."</p> <p>According to the US CDC guidelines Preparing for COVID-19 in Nursing Homes updated 5/30/2020 included, "If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of</p> | F 880 | | | |

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| F 880 | <p>Continued From page 23</p> <p>residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides Difficile) (infectious diarrhea)."</p> <p>A review of the in-service education training reflected that staff were in-serviced on COVID-19 and hand hygiene on 3/17/20, "donning and re-using PPE" on 3/12/20, and infection control "COVID-Refresher" course on 5/12/20 - 5/15/20 which included PPE use, and disinfection of equipment. In-service training conducted on 6/10/20 included "PPE donning and doffing; cleaning face shields..."</p> <p>At 5:30 PM, the surveyor met with the DON/IP and CRN, who were unable to provide further infection surveillance monitoring, except for the outbreak line list, testing tracking of residents and staff and the COVID-19 Facility Outbreak Reporting Daily Survey reported to the New Jersey Department of Health (NJDOH) on 6/21/2020. The Daily Survey included dates and general cumulative data. The DON/IP was unable to speak to any other surveillance method or tracking of residents for COVID-19, PUI, or negative. The DON/IP acknowledged that the resident rooms and assignments were not cohorted in accordance with their outbreak plan. The DON/IP was unable to provide documented evidence of a PPE burn rate calculation assessment.</p> <p>At 5:45 PM PM, the surveyor met with the facility administration team, which consisted of the DON/IP and the CRN. The facility administration team was advised of the failure to have an appropriate infection surveillance system, appropriately cohort resident assignments to</p> | F 880 | | | |

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| F 880 | <p>Continued From page 24</p> <p>reduce the transmission of COVID-19 while ensuring PPE were appropriately used when the PPE was easily accessible on the units. The facility was further advised that the failure to cohort staff to the designated cohort groups and ensure gowns were not continuously worn between PUI and Covid-19 residents while providing care, placed the non-COVID-19 residents at risk and resulted in the likelihood of cross-contamination; the risk of the spread of infection posed a severe and immediate threat to the safety and wellbeing of all non-ill residents.</p> <p>The facility was notified of an Immediate Jeopardy (IJ) situation. The facility administration was unable to provide documentation to refute the surveyor's findings.</p> <p>The IJ began on 6/22/2020 at 5:45 PM, and the immediacy was removed on 6/24/2020 at 5:15 PM based on an acceptable Removal Plan which included the following:</p> <ol style="list-style-type: none"> 1. All patients and staff that are not currently COVID-19 positive or admitted as COVID-19 positive have the potential to suffer an adverse outcome as a result of the non-compliance. 2. The LPN [LPN #4] who traveled from COVID-19 to PUI/negative resident room was immediately educated on doffing full PPE before leaving a COVID-19 room to attend to a PUI/negative patient and donning of a new gown per facility practice. <p>Nursing staff on both units, all Rehab, Dietary, and Administrative staff members, were in-serviced on the infection control protocols related to the use of PPE for COVID-19, PUI, and asymptomatic units.</p> | F 880 | | | |

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| F 880 | Continued From page 25 For COVID-19 positive cohort: Nursing staff on both units, all Rehab, Dietary, and Administrative staff members, were in-serviced on how to don masks, gloves, face shields, gowns prior to entering COVID-19 positive rooms at the entryway of the room. The same staff were also in-serviced on how to doff gloves, face shields, gowns prior to leaving COVID-19 positive rooms. For PUI cohort: Nursing staff on both units, all Rehab, Dietary, and Administrative staff members were in-serviced on how to don masks, gloves, face shields, gowns prior to PUI rooms at the entryway of the room. The same staff were also in-serviced on how to doff gloves, face shields, gowns prior to leaving PUI rooms. For COVID-19 negative cohort: Nursing staff on both units, all Rehab, Dietary, and Administrative staff members, were in-serviced on the use of universal precautions. While on this unit, gowns face shields, hair covers, and shoe covers are not to be worn by the staff. Only masks will be worn by all the staff at all times. Room changes to cohort all PUI's in a separate observation area in order to effectively monitor for evidence of COVID-19. COVID patients were moved to the back rooms of Unit [redacted] [room numbers redacted] and separated with an eco-barrier from the PUI rooms [room numbers redacted]; Unit [redacted] is designated for asymptomatic, and COVID-19 recovered patients. Eco-Barrier installed separating the COVID-19 unit from PUI unit to ensure the elimination of | F 880 | | | |

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| F 880 | <p>Continued From page 26</p> <p>reusing gowns from positive COVID-19 patients to PUI.</p> <p>Nursing staff on both units, all Rehab, Dietary and Administrative staff members were in-serviced on the correct way to don an isolation gown and face shield while assisting PUI and COVID-19 patients and were in-serviced on not wearing the same gown between patients who were PUI; not continuously wearing gowns in the hallway including behind the nurses' station; donning and doffing of PPE when traveling between COVID-19 and PUI/negative patient rooms; disinfecting face shields with Lysol, Clorox or PDI sanicloth wipes before storage, hand washing and use of ABHG as per CDC guidelines during meal service for staff and patients with return demonstration.</p> <p>Signs were posted on the outside of all COVID-positive and PUI rooms to alert the staff which PPE items are required to be worn before entry.</p> <p>A PPE burn rate tracker has been implemented.</p> <p>Surveillance: COVID-19 positive Unit: Vital signs will be taken every 4 hours to include a temperature, respiration, and oxygen saturation levels by the Licensed Nursing Staff and will observe all patients for any change in condition; DON will review the data daily to determine which patients remain symptomatic and which are asymptomatic. COVID-19 testing will be completed within 7 days of the first test to determine recovery.</p> <p>PUI Unit: In addition to vital signs every four hours and monitoring for change in condition, all PUI patients will be entered into a tracking log,</p> | F 880 | | | |

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| F 880 | <p>Continued From page 27</p> <p>and DON will review data daily. Any patient that becomes symptomatic will be added to the respiratory line listing and reported to the local DOH and tested for COVID-19. PUI residents will be tested at day 7 and retested on day 14 to determine COVID-19 negative status. If the patient becomes COVID-19 positive, they will be moved to the COVID-19 unit.</p> <p>Asymptomatic Unit: In addition to vital signs every shift and monitoring for change in condition, any patient that becomes symptomatic will be added to the respiratory line listing and reported to the local DOH; Symptomatic patients will be placed on droplet precautions. The DON will review data daily to determine which patients remain asymptomatic and which patients are symptomatic. If a patient becomes COVID positive, they will be moved to our COVID unit.</p> <p>The DON has implemented a log to track all PUI's for the following information; admission date, signs, and symptoms via nursing assessment, date of first and second COVID test, and end of incubation period.</p> <p>COVID testing of PUI patients will be done by day 7 of admission, and second test will be done by day 14. These tests will be added to the surveillance log.</p> <p>Unit █ will remain solely designated as asymptomatic, and COVID recovered patients. These patients will be monitored for change in condition, signs, and symptoms per CDC guidelines.</p> <p>On 6/23/20, the facility supplied staff members with PPE according to the facility plan below:</p> | F 880 | | | |

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| F 880 | <p>Continued From page 28</p> <p>PPE for COVID-19 positive: The facility is extending the use of PPE to preserve supplies (gown, face shields, and masks) by providing an individual gown, face shield, mask, and hair cover to each COVID-19 positive patient's Nurse, CNA, treating therapist, and housekeeper. A personal items bag will be assigned to each of those staff members (with their name labeled outside of the personal items bag). These staff members will utilize the same PPE (face shield and reusable gown) throughout their entire shift. At the end of their shift or when they leave the COVID unit, the staff member will doff their reusable gown and hang it on a clothing rack. Housekeeping will sanitize all reusable gowns. The staff member will sanitize their face shield with Lysol, Clorox, or PDI Sani-cloth wipe and place into the personal items bag, which will be drawn closed and left to hand on a "pop up closet" compartment within the eco barriers limits.</p> <p>PPE for PUI cohort: The facility is extending the use of PPE to preserve supplies (gowns, face shields, and masks) by providing a reusable gown, face shield, and mask to each PUI patient's Nurse, CNA, treating therapist and housekeeper. A personal items bag will be assigned to each of those staff members (with their name labeled outside of the personal items bag). After each use, the staff member will doff their reusable gown and face shield. The bag will be drawn closed and left to hand on a hook inside the PUI patient's room.</p> <p>5. On 6/26/2020, the surveyor verified the facility's Removal Plan.</p> <p>On 6/26/2020 at 8:40 AM, the surveyor</p> | F 880 | | | |

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| F 880 | <p>Continued From page 29</p> <p>interviewed the LNHA and the DON/IP who stated that during the surveyor's onsite visit of 6/22/20, Resident #5 was a PUI and was considered "exposed" to a confirmed positive roommate on Unit █. The DON/IP stated that the facility had tested the resident for COVID-19 on 6/22/20, and the results subsequently came back positive for COVID-19. The DON/IP said that Resident #5 was moved to the COVID-19 wing.</p> <p>The surveyor reviewed the Census Report dated 6/26/20, which indicated Resident #5 was now cohorted in the COVID-19 wing.</p> <p>On 6/26/2020 at 1:00 PM, the surveyor interviewed the LNHA, the DON/IP, and the Corporate RN who acknowledged that the practice of re-using the same PPE between the same PUI cohort for Resident #5 and the other nine PUI residents on Unit █ on 6/22/20, had now placed the other nine residents PUI residents at risk for exposure to COVID-19 because Resident #5 had tested positive for COVID-19. The DON/IP further acknowledged that the facility had re-started the 14 days for the nine PUI residents identified to be on Unit █ on 6/22/20. The DON/IP confirmed that the facility had stopped sharing the same PPE between PUI cohort groups by 6/23/20 and that their removal plan had been fully implemented by 6/24/20.</p> <p>F880 continues at a scope and severity level of E based upon the following:</p> <p>Part B Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to: a.) accurately report to the NJDOH the latest onset date of a new</p> | F 880 | | | |

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| F 880 | <p>Continued From page 30</p> <p>confirmed positive COVID-19 infection; b.) ensure gowns and face shields were appropriately donned, doffed, and disinfected in accordance with nationally accepted guidelines for infection prevention and control; c.) ensure hand-hygiene was performed between resident contact during the meal service; and, d.) offer residents the opportunity to perform hand hygiene at a lunch meal. This deficient practice was identified on 2 of 2 nursing units (Unit █ and Unit █), and was evidenced by the following:</p> <p>On 6/22/2020 at 11:10 AM, the surveyor toured Unit █ (PUI/negative and not exposed/negative) with the CRN and observed the following:</p> <ol style="list-style-type: none"> 1. A Licensed Practical Nurse (LPN #1) was observed wearing an N-95 respirator mask and a long-sleeve single-use gown standing behind the nurses' station. The gown ties were not tied around the back, but tied to the front of her waist, causing the gown to hang loosely over her clothing. <p>The surveyor observed the LPN/Charge Nurse wearing an N-95 respirator mask and a long-sleeve single-use gown while standing behind the nurses' station. The gown waist ties were so loosely secured behind her back that the connection point for the two ties hit at the level behind the knees. As the LPN/Charge Nurse walked toward the hallway from the nurses' station, the surveyor observed the waist ties disconnecting from each other.</p> <p>The surveyor observed another LPN (LPN #2) wearing an N-95 respirator mask and a long sleeve, single-use gown sitting at the nurses' station wearing a long sleeve single-use gown reviewing a medical chart.</p> | F 880 | | | |

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| F 880 | <p>Continued From page 31</p> <p>A Social Worker (SW) was observed wearing a mask and a short-sleeve, single-use gown and typing at a computer at the nurses' station.</p> <p>The CRN did not correct the nursing staff for the inappropriately donned gowns.</p> <p>The surveyor toured the hallway and observed that the residents that were PUI were not in a designated cohort area of the unit, but spread throughout the unit in various rooms up and down the hallway with a single PPE storage bin located outside the room of Resident #5. The storage bin was stocked with several long-sleeve gowns and gloves, a disposable thermometer, and a disposable stethoscope. On top of the bin was an ABHG bottle.</p> <p>Further, the surveyor did not see disinfecting wipes or products accessible at the nurses' station, on top of the nursing carts, or by the PPE bin. The portable vital sign machine had space to place a container of wipes, but it was empty.</p> <p>At 11:15 AM, the surveyor observed an Occupational Therapist (OT) wearing a long sleeve disposable gown, N-95 respirator mask, a face shield exit the room of a resident who was identified as non-ill and non-exposed. At that time, the surveyor interviewed the OT, who stated that she was working with the resident who was non-ill, non exposed, and had tested negative for COVID-19. The OT confirmed there was no sign outside the door to implementing transmission-based precautions or any PPE storage bin that suggested the resident was on droplet precautions. The surveyor asked about her use of PPE while in the resident's room, and the OT confirmed that the resident was not on</p> | F 880 | | | |

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| F 880 | <p>Continued From page 32</p> <p>droplet precautions, but stated she wore full PPE because COVID-19 was "highly contagious and it's everywhere, so we have to wear PPE." The OT continued that she removed her PPE when exiting the unit, and before lunch, she would "re-use it." She stated the only time it would not be reused if she had to go to a COVID-19 positive resident. The surveyor asked how she cleaned equipment shared between residents, and the OT stated that she would use the Alcohol-Based Hand Gel (ABHG) to clean the equipment while on the floor. She would immediately bring it to the therapy room, at which time she would wash it with soap and water, then use a disinfecting wipe. The surveyor asked if that was how she was trained to clean durable medical equipment (DME) shared between residents, and the OT couldn't confirm that this was how she was trained but stated, "That's how I do it, I go the extra." The surveyor asked if the disinfecting wipes were accessible on the unit for her. She stated she didn't know, but that her process was working well for her because the disinfecting products were kept in the therapy room, which was not located on the unit.</p> <p>At 11:29 AM, the surveyor observed a Physical Therapist (PT) exit the room of a resident identified to be a PUI located near the end of the hallway on Unit █. There was a stop sign with the directive to see the nurse before entering and a sign that indicated droplet precautions were required. The surveyor observed the PT exit the room while wearing a long-sleeve single-use gown, a face mask, face shield, and a hair net. She continued to walk down the hallway to a room behind the nurses' station wearing the contaminated PPE. The PT doffed her gown in the staging room and discarded it and removed her face shield immediately, placing it in a clear</p> | F 880 | | | |

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| F 880 | <p>Continued From page 33</p> <p>plastic bag for storage. The PT did not disinfect the face shield before storing it in the clear plastic bag in the "staff only bathroom" staging area. The PT performed hand hygiene at the sink. The surveyor interviewed the PT, who stated that all PPE was doffed in the staff-only bathroom behind the nurses' station and not at the point of exiting the resident's room. She said this was done because reusable equipment could be stored there, including face shields and gowns. The surveyor observed two used gowns hanging from a clip in the room, and clear plastic bags of PPE labeled for individual staff. The surveyor interviewed the OT about the extended use of PPE, and she did not address the need to disinfect the face shield after use and before storage.</p> <p>A review of the facility's undated in-service policy for "Cleaning/Reusing of Face Shields" included to carefully wipe outside of the visor using a clean cloth saturated with hospital disinfectant solution; be sure it remains wet for required contact time - 3 minutes... fully dry.</p> <p>At 11:41 AM, the surveyor observed LPN #3 in the hallway wearing a long-sleeve isolation gown and a mask. LPN #3 stated that she was not functioning as a nurse but instead had a Certified Nursing Aide (CNA) assignment today that included residents that were PUI and residents that were non-ill, non-exposed to COVID-19 and had tested negative for the virus. The surveyor asked LPN #3 about the re-use of face shields. LPN #3 stated that face shields were reused and that she brings her face shield home with her, adding that it had to be disinfected between use and at the end of the day. The surveyor asked what it would be disinfected with, and the LPN #3 walked up and down the hallway and couldn't find</p> | F 880 | | | |

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| F 880 | <p>Continued From page 34</p> <p>any disinfecting wipes, so she pointed to the ABHG on the medication cart and stated, "You can use the sanitizer to clean the face shield or wipes." The surveyor asked about using ABHG to clean the face shield, and she stated that she would just "rub it on" the face shield to clean it. The LPN #3 couldn't speak to who in-serviced her to clean the face shield with ABHG. The surveyor asked if there were disinfecting wipes available that she referred to, and the LPN #3 began looking around the floor again and wasn't able to find any. The surveyor asked what she would do if there were none available, and she stated again that she would just use the ABHG. LPN #3 said that there were probably wipes in the medication cart, but she didn't have keys to the cart because she acted as a CNA that day, and the assigned LPN was off the unit.</p> <p>At 11:55 AM, the LPN/Charge Nurse came to the medication cart while wearing a gown, and opened the cart to show the surveyor and LPN #3 disinfecting wipes stored there. She then obtained more disinfecting wipes and placed them on top of the medication cart, on the vital sign machine and at the nurses' station. She stated that she didn't like to leave the disinfecting wipes out because "if a resident gets to them...they could ingest it." The LPN/Charge Nurse stated that no resident had ever tried to do that to her knowledge.</p> <p>2. On the same day 6/22/2020 at 12:05 PM, the surveyor observed the meal truck delivered to the floor and noted the following during the lunch delivery service on Unit █:</p> <p>At 12:08 PM, the surveyor observed the SW wearing the same blue short sleeve disposable</p> | F 880 | | | |

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| F 880 | <p>Continued From page 35</p> <p>gown deliver a regular non-disposable tray to a resident that was non-ill, not exposed, and had tested negative for COVID-19. The surveyor observed the SW enter the resident's room, place the tray on the bedside table, and adjusted the table and moved it closer to him/her with her bare hands. The SW then exited the resident's room and did not offer to assist the resident with a hand hygiene wipe or encourage the resident to use the hand hygiene wipe on the tray before the lunch service. She then exited the room and did not perform hand hygiene, and she immediately returned to the tray truck to pick up another tray. She took a tray for a resident that was identified as a PUI and on droplet precautions. She was not wearing a face shield or gloves and delivered the tray to the resident's room, touching the bedside table and adjusting it closer for the resident. The SW did not offer or encourage the resident to perform hand hygiene when the lunch meal was served. The SW then exited the room and used ABHG and walked down the hallway to the PPE staging area. The SW did not wear a face shield or gloves when handling the lunch trays and touching the resident's bedside tables.</p> <p>At 12:13 PM, a second lunch truck arrived on the unit, and LPN #2 stated that she had just put on a clean gown, and she was also wearing a face mask. The surveyor observed her pick up a non-disposable tray to deliver to a resident who was a PUI and on droplet precautions. LPN #2 was not wearing a face shield. LPN #2 applied gloves and assisted the resident in setting up the lunch tray by opening juice and various food lids as she explained what each food item on the tray was. LPN #2 did not offer or encourage the resident to perform hand hygiene before the lunch meal using the hand wipe that was available on the tray. LPN #2 then removed her</p> | F 880 | | | |

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| F 880 | <p>Continued From page 36</p> <p>gloves and performed her hand hygiene at the sink in the resident's bathroom.</p> <p>At 12:18 PM, the surveyor observed the LPN/Charge Nurse doff her PPE gown in the room behind the nurses' station; she then clipped it, allowing the gown to hang freely in the staging area room.</p> <p>At 12:20 PM, the surveyor observed LPN #3 don a new yellow gown at the PPE staging room behind the nurses' station and perform hand hygiene at the sink. LPN #3 stated that residents have a moist towelette on their trays, and after setting up their tray, we make sure the resident's hands are clean.</p> <p>At 12:28 PM, the surveyor interviewed the SW, who confirmed she was in-serviced on hand hygiene and how/when to don and doff PPE. The SW stated that she could wear the same gown when going from PUI to PUI, but she could not enter a resident room that was not a PUI afterward and that she would have to change her gown. The SW stated that she washes her hands with ABHG between contact with the resident or their environment. She said, "I don't use the face shield much" as the "face shield is used more for the COVID unit." The SW stated that the face shield was to protect her from droplets from a cough or a sneeze and acknowledged it was difficult to predict a cough or sneeze. The SW stated that she would offer the resident hand hygiene because there was a wipe on the tray. The SW could not speak to if she encouraged the resident to use it, but stated, "We offer them assistance if they can't open the wipe." (This did not correspond with what the surveyor observed).</p> | F 880 | | | |

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| F 880 | <p>Continued From page 37</p> <p>At 12:38 PM, the surveyor interviewed a CNA assigned to Unit █. The CNA was not wearing a gown in the hallway but holding a new one. The CNA stated that COVID-19 was spread through droplets, and therefore he would have to wear a gown, gloves, N-95 respirator mask, face shield, and shoe coverings when entering a room that was a PUI. The CNA stated that a face shield was only needed if providing direct care to the resident, otherwise it wasn't required to drop off a tray or to just check on the resident. The CNA stated that if a resident developed symptoms of COVID-19, that the gown and other PPE could not be re-worn between other PUI resident rooms. He said that if the resident was symptomatic, the gown must be discarded in the resident's room and not in the staging area behind the nurses' station.</p> <p>At 12:45 PM, the surveyor interviewed the LPN/Charge Nurse regarding the meal delivery service. The LPN/Charge Nurse stated that all residents on Unit █ get a non-disposable tray, but if they were symptomatic, they would get a disposable tray. She noted that the dietary aide delivers the meal trucks to the closed front door to the unit, and she or other staff go to the door to take it from them. The LPN/Charge Nurse stated that the nurses are supposed to pass out the trays to all the residents that are "non-COVID first" then the residents that are on droplet precautions, this would prevent cross-contamination while wearing the same gowns. She stated that nurses use ABHG between passing out trays between each resident, and after three times of ABHG, they must wash their hands with soap and water at the sink. She further stated that when all trays are done, they are placed back onto the cart using a closed system, and the dietary aide takes the cart</p> | F 880 | | | |

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| F 880 | <p>Continued From page 38</p> <p>to the kitchen. She added that the dietary wear PPE when removing the trays to be washed in the dishwasher.</p> <p>3. A review of the Census Report Dated 6/22/20, Resident #4 was a new admission on 6/16/20 and identified by the DON/IP as a new admission PUI, residing on Unit █</p> <p>On 6/22/20, at approximately 1:12 PM, the surveyor observed LPN #4 exit the room of Resident #4 (PUI/baseline negative). As LPN #4 exited the room, the surveyor found LPN #5 inside the room at the resident's bedside within two feet of the resident. LPN #5 was not wearing a face shield.</p> <p>At 2:50 PM, the surveyor interviewed LPN #5, who was in the room of Resident #4 (PUI/baseline negative). LPN #5 stated that she assisted Resident #4 to the bathroom and acknowledged that she was not wearing a face shield. LPN #5 said the resident wasn't having any symptoms of COVID-19 and therefore indicated, "I don't always wear the face-shield." The LPN #5 acknowledged that the US CDC guidelines for droplet precautions included the use of wearing a face shield when entering the room of a PUI resident, to protect from droplets hitting the face or eyes.</p> <p>At 3:57 PM, the surveyor observed LPN #6 walking down the hallway wearing a gown. The gown was not tied at the neck or waist. The surveyor interviewed LPN #6, who stated that she worked the 3-11 PM evening shift, and she just finished getting a report. She said she was about to check on her residents. The surveyor asked about the unsecured ties on her gown, and the LPN #6 began tying them in front of the surveyor</p> | F 880 | | | |

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| F 880 | <p>Continued From page 39 and acknowledged that they should be tied securely.</p> <p>On 6/22/20 at 5:30 PM, the surveyor interviewed the DON/IP and CRN, who acknowledged the surveyors' findings.</p> <p>4. During the offsite review on 6/23/20, the surveyor reviewed the facility's COVID-19 Facility Outbreak Reporting Daily Survey dated 6/21/20 and submitted to the NJDOH. The earliest onset was reported to be 3/25/20 and the "most recent date of illness onset (suspect or confirmed symptomatic cases) or the most recent specimen collection date (new confirmed asymptomatic cases)-whichever is most recent" was reported as of 5/18/20.</p> <p>A review of the facility's outbreak line list for COVID-19 included that the most recent onset date was 3/25/20, but the most recent onset date was documented as 6/20/20.</p> <p>Further, the line list revealed that the facility had six newly confirmed positive cases of COVID-19 amongst residents and staff after 5/18/20. The line list reflected the following:</p> <ol style="list-style-type: none"> 1.) On 5/19/20, one staff member tested positive for COVID-19. 2.) On 5/26/20, two residents and one staff member tested positive for COVID-19. 3.) On 6/2/20, one staff member tested positive for COVID-19. 4.) On 6/11/20, one resident tested positive for COVID-19. 5.) On 6/18/20, one resident tested positive for COVID-19. 6.) On 6/20/20, one resident tested positive for COVID-19. | F 880 | | | |

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| F 880 | Continued From page 40 On 6/23/20 at 2:39 PM, the surveyor conducted a telephonic interview with the Licensed Nursing Home Administrator (LNHA), who acknowledged that she was responsible for submitting the daily survey to the NJDOH. She confirmed that the most recent date of 5/18/20 was inaccurately reported to the NJDOH. She stated it was a "typo," and it should have indicated "6/20/20." A review of the facility's Guidelines for Caring for COVID-19 Residents updated 5/30/20 included, "Any reusable PPE must be properly cleaned, decontaminated, and maintained between uses. Ensure employees follow the facility policies and procedures describing the recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a resident with known or suspected COVID-19 includes...eye protection; Reusable eye protection must be cleaned and disinfected according to manufacturer reprocessing instructions prior to re-use." A review of the US CDC guidelines for Hand Hygiene Recommendations Guidance for Healthcare Providers about Hand Hygiene and COVID-19 updated 5/17/20 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." | F 880 | | | |
| F 885 SS=C | NJAC 8:39-19.4 (b), (c), (d) 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 | F 885 | | 6/27/20 | |

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| F 885 | <p>Continued From page 41</p> <p>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—</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to provide documented evidence reflecting that residents and their representatives were informed of newly confirmed COVID-19 diagnoses occurring amongst residents and staff in the facility by 5 PM the next calendar day. This deficient practice was identified for 6 of 6 dates (5/19, 5/26, 6/2, 6/11, 6/18, and 6/20/20) in which a resident or staff tested positive for COVID-19.</p> <p>The evidence was as follows:</p> <p>On 6/22/2020 at 11:00 AM, the Director of Nursing (DON) provided the surveyor the facility's policy for family notification. The undated Family</p> | F 885 | <p>What corrective action was accomplished for Residents affected by the deficient practice?</p> <p>LNHA mailed out a notification letter to all families informing them of the number of COVID positive patients in house as of 6/22/20.</p> <p>Completion Date: 6/27/20</p> <p>How will the facility identify other Residents having the potential to be affected by the same deficient practice?</p> <p>All patients have the potential to be affected by this deficient practice.</p> | | |

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| F 885 | <p>Continued From page 42</p> <p>Notification policy indicated, "At the time of admission, [an] email address is obtained from family members. A [digital media] link is emailed to them. At 3 PM every Friday, the LNHA [name redacted] gives them a facility update. Nursing staff does individual family notification on an ongoing basis." The policy did not address the method and timeframe in which families were notified when there was new confirmed positive COVID-19 case amongst a resident or staff member.</p> <p>A review of the undated Notification Policy did not address how residents were to be notified of newly confirmed COVID-19 outbreak status' or weekly updates, thereafter.</p> <p>The surveyor reviewed the letters sent to the resident representatives regarding the COVID-19 status of the facility. The notifications included an initial letter dated 3/3/2020 prior to the facility's outbreak.</p> <p>On 6/22/20 at approximately 4:00 PM, the DON stated that the initial letter was mailed out to the resident representatives by the previous Licensed Nursing Home Administrator (LNHA), and that she didn't have any other documentation then the initial letter dated 3/3/20. She stated that there were digital media conference calls conducted weekly, but that the new LNHA had that information and she wasn't at the facility to provide it. The DON stated that she couldn't speak to the notification process beyond that, as the new LNHA was responsible for the updates.</p> <p>On 6/24/20 the LNHA provided documentation via email at 5:15 PM of subsequent notifications sent to family representatives which included a letter dated 4/10/20, and meeting minutes for digital</p> | F 885 | <p>Completion Date: 6/27/20</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur?</p> <p>LNHA will send out an electronic notice to all patient family members by 5pm the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three of more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.</p> <p>LNHA will print out the electronic communication notices to family members and place in a binder after each episode of communication.</p> <p>LNHA and/or designee will call every family member who does not have an email address by 5pm the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three of more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.</p> <p>LNHA and/or designee will keep a log of all calls made to families and representatives.</p> <p>LNHA and/or designee will display the number of newly confirmed positive cases at the front desk for all employees to see upon entry and exit of the building.</p> <p>LNHA and/or designee will hand out a</p> | | |

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| F 885 | <p>Continued From page 43</p> <p>media conference calls conducted on 4/24/20 and 5/15/20. The minutes neither included who attended nor reflected evidence of informing the family of newly confirmed COVID-19 cases in the facility.</p> <p>There was no documented evidence provided of further communication with residents and their representatives after 5/15/20.</p> <p>A review of the facility's COVID-19 outbreak line list indicated the facility continued to have new confirmed positive cases of COVID-19 amongst residents and staff after 5/15/20. The following dates were opportunities in which notification of residents and their representatives were to be informed of the new COVID-19 status by 5 PM the next calendar day. The line list reflected the following:</p> <ol style="list-style-type: none"> 1.) On 5/19/20, one staff member tested positive for COVID-19. 2.) On 5/26/20, two residents and one staff member tested positive for COVID-19. 3.) On 6/2/20, one staff member tested positive for COVID-19. 4.) On 6/11/20, one resident tested positive for COVID-19. 5.) On 6/18/20, one resident tested positive for COVID-19. 6.) On 6/20/20, one resident tested positive for COVID-19. <p>The LNHA provided the surveyor a copy of a written letter addressed to families dated after surveyor inquiry on 6/23/20 in the same email.</p> <p>On 6/26/2020 at 11:30 AM, the surveyor interviewed the Licensed Practical Nurse (LPN). The surveyor asked the LPN how residents are</p> | F 885 | <p>written notice to all patients in-house to inform them of the newly confirmed cases.</p> <p>Completion Date: 6/27/20</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not reoccur?</p> <ol style="list-style-type: none"> 1). The Social Worker and/or designee will audit the COVID -19 family communication update binder weekly for four (4) week than monthly for three (3) months. 2). Results of these audits will be forwarded to the Quality Assurance committee monthly for three (3) months for tracking and actions plans as necessary. <p>Completion Date: 6/27/20</p> | | |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 885 | <p>Continued From page 44</p> <p>notified of new COVID-19 cases within the facility, and the LPN stated that residents were informed "only if they ask," and that there was no written letter or formal system to inform residents of newly confirmed positive cases of COVID-19.</p> <p>On 6/26/2020 at approximately 1:00 PM, the surveyor interviewed the LNHA. The LNHA acknowledged that she was the one responsible for updating families of the COVID-19 status within the facility. The LNHA stated that the facility had implemented weekly digital medial conference calls in which she presented information for five minutes, and the call was intended for presenting information and not for questions. The surveyor asked if she kept a record who attended the conference call meetings, and the LNHA stated there was no method to identify or log who attended those digital media conference calls. The surveyor asked how the families of new admissions received information of the media conferences, she stated that the facility tried to obtain email addresses of the representatives, and they would send out the invitation to attend the conference on Friday's. She confirmed the digital media conferences were only held on Friday's. The surveyor asked about informing the residents and families the next calendar day by 5 PM of a new confirmed positive case, and the LNHA acknowledged she was not aware the facility had to notify the families and residents within the 24 hours.</p> <p>On 6/26/2020 by 1:15 PM, there was no further documented evidence provided to the surveyor regarding informing the residents and representatives of newly confirmed positive COVID-19 cases.</p> | F 885 | | | |

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| F 885 | Continued From page 45 NJAC 8:39-5.1 (a) | F 885 | | | |