STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315112	A. BUILDING _____ B. WING _____	05/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSONVIEW HEALTH CARE CENTER	9020 WALL STREET NORTH BERGEN, NJ 07047

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 5/19/20 Census: 198	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		7/3/20

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

Electronically Signed | 06/04/2020

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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	Continued From page 2 §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: Based on observation, interview and record review, it was determined that the facility failed to a.) follow acceptable standards of practice to minimize the risk of the spread of infection for Unit [redacted], 1 of 3 Units reviewed; and b.) follow acceptable standards of practice for hand hygiene for 2 of 7 nursing staff reviewed for adherence to Infection Control Standards of Practice. This deficient practice was evidenced by the following: On 5/19/20 at 12:30 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) on Unit [redacted], who stated that the unit had 1 wing designated for Patients Under Investigation (PUI) for the Covid-19 Virus, who were new admissions, were asymptomatic for the Covid-19 virus and were being quarantined until they received the results from their tests. The surveyor reviewed the daily report provided by the LPN, which reflected that 6 of the residents on the [redacted] floor were PUI. On that same day, at 12:34 PM, during an interview, the surveyor asked the Certified Nursing Assistant (CNA #1) if she could identify which residents on her assignment had been tested for the Covid-19 Virus and were being maintained on Droplet precautions. CNA #1 replied, "I don't know." At that time, CNA #1 asked the recreation assistant (RA) to translate	F 880	1. a) Unit Manager/Charge Nurse on the PUI (Person Under Investigation) unit will ensure that CNA Assignment will reflect the residents who are being maintained on Droplet Precautions. b) Isolation bins containing PPE□s were placed outside the PUI rooms. c) CNA #1 was given an in-service on infection control practices when caring for residents who are suspected for COVID-19 or PUI□s (Person Under Investigation) which includes removing and discarding isolation gowns before leaving a PUI room. d)CNA#1 and CNA#2 were given an in-service on the facility□s Hand Hygiene Policy. 2. All residents have the potential to be affected by the deficient practice. 3. On 5/19/20, the ADON initiated a facility wide in-service on the facility□s Infection Control COVID-19 policy and is currently on-going. These policy includes: "Proper donning and doffing of PPE for PUI□s "Hand Hygiene 4.	

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F 880	Continued From page 3 for her. The recreation assistant (RA) translated and then stated, "she doesn't know." The surveyor asked CNA #1 how often she changed her isolation gown. The CNA replied, "every four hours." On 5/19/20 at 12:55 PM, the surveyor reviewed the Unit [redacted] CNA Assignment Sheet, which reflected that CNA #1 had residents assigned to her care that were PUIs. The surveyor observed that there were no bins that contained Personal Protective Equipment (PPE) near any of the rooms of PUI. On 5/19/20 at 1:20 PM, the surveyor observed that CNA #1 and the LPN entered the room of a PUI resident, provided incontinence care, and left the room without first removing their contaminated isolation gowns. The room was located in the wing designated for PUI residents and had a sign indicating the resident was on droplet precautions. CNA #1 walked to the non-PUI wing and entered a room wearing the same contaminated gown. On that same day, at 1:35 PM, the surveyor asked CNA #1 why she hadn't removed her gown before leaving the PUI room. CNA #1 replied, "because I only assisted the nurse," and then walked away from the surveyor. On 5/19/20 at 1:40 PM during an interview, the LPN stated that she should have removed her gown before she left the PUI room and, at that time, removed her contaminated gown. On 5/19/20 at 2:10 PM, during an interview, the Infection Control Preventionist (ICP) stated that each room in the Unit 9 wing designated for PUI	F 880	The Infection Control Preventionist (ICP)/Designee will: * Monitor via direct observation of staff assigned to the PUI wing 3x/week to ensure that infection prevention and control measures are being followed which includes: - Removing and discarding isolation gowns before leaving a PUI room - Performing proper hand hygiene after leaving a PUI room. * Perform random audits on Hand Hygiene via direct observation/return demonstration 3 times a week in varying shifts. * Above Monitoring and audits will continue for 4 weeks, then monthly until continued compliance is maintained. * The result will be reported to the Quality Assurance Committee on a monthly basis for review and discussion. Once the Quality Assurance committee determines the problem no longer exists, audits will be conducted on a random basis.	

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F 880	Continued From page 4	F 880		

should have a PPE bin placed outside each room. Staff should be removing PPE before leaving the rooms of PUI residents.

On that same day at 4:20 PM, during an interview, the surveyor asked the Director of Nursing (DON) what the facility's policy was for staffing PUI and for donning and doffing PPE when caring for PUI. The DON replied, "it's in the COVID-19 Policy." The DON stated that one staff should be designated to care for PUI. That isolation gowns should be removed and discarded before leaving a PUI room as that resident is assumed positive until test results prove otherwise. The surveyor asked the DON why PPE was not easily accessible on the PUI wing or anywhere on the [redacted] floor. The DON replied, "staff is aware to call."

The surveyor reviewed the facility's policy titled "Infection Control Coronavirus Plan" dated 3/2020 and reviewed 5/2020, which reflected :

1. It is the Facility's Policy to adhere to standard, contact, droplet, and airborne precautions.

2. For a resident with known or suspected COVID-19, immediate infection prevention, and control measures will be put into place.

3. Staff should adhere to standard and transmission-based precautions, including the use of a facemask, gown, gloves, and eye protection for confirmed and suspected COVID-19 cases.

2. On 5/19/20 at 12:55 PM, the surveyor observed CNA # 2 apply soap to her hands and

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F 880	Continued From page 5	F 880		

then immediately rinsed them under running water without first lathering or applying friction for 20 seconds. The surveyor asked the CNA why she didn't lather her hands and wash for 20 seconds before rinsing her hands under the running water. CNA #2 did not respond.

On that same day at 1:35 PM, the surveyor observed CNA #1 applied soap to her hands and immediately rinsed them under running water without first lathering or applying friction for 20 seconds. The surveyor asked CNA #1 how long she should wash her hands. CNA#1 walked away from the surveyor without responding.

A review of the facility's policy titled "Infection Control Coronavirus Plan" revealed the following: Hand hygiene using Alcohol-Based Hand Sanitizer with 60-95% alcohol before and after all resident contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds.

On 5/14/19 at 4:25 PM, the above concerns were discussed with the DON and Administrator. No further information was provided.

NJAC: 19.4 (a)