

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

PRINTED: 07/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
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NAME OF PROVIDER OR SUPPLIER BURLINGTON WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 115 SUNSET ROAD BURLINGTON, NJ 08016
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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: 6/18/20</p> <p>Census: 114</p>	F 000		
F 880 SS=E	<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</p>	F 880		7/9/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/01/2020
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>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 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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: Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to ensure: a.) staff followed proper infection control practices and performed hand hygiene to prevent the potential spread of COVID-19 and b.) that visitors were screened upon entrance to the facility to monitor for potential exposure to COVID-19. The deficient practice occurred for two visitors on 06/18/20 and three employees who worked the unit identified as containing residents who tested positive for COVID-19. The deficient practice was evidenced by the following:</p> <p>1. At 1:10 PM, on the unit containing Covid + residents, two surveyors observed a Certified Nurse Aide (CNA #1) and a Nurse Aide (NA #1) emerge from a resident's room who was confirmed as being Covid +. The door to the room had a Stop sign that revealed "perform hand hygiene before and after patient contact, contact with environment and after removal of PPE (personal protective equipment)."</p> <p>CNA #1 and NA #1 were observed, directly outside of the resident's room where they both removed their gowns and proceeded to lift a lid</p>	F 880	<p>#1</p> <p>I. LPN, CNA, NA have all been re-inserviced on proper hand hygiene as it relates to COVID-19 infection control policies by the IP/NPE (Infection Preventionist/Nurse Practice Educator) . All 3 employees have shown through competency to the IP/NPE that proper hand hygiene is performed as outlined within the center policy and procedure.</p> <p>II. All residents have the potential to be affected by this practice. Daily random audits were performed by the IP/NPE and/or department head on other staff members to ensure proper infection control practices are being followed throughout the center for both COVID-19 positive and negative areas. Any discrepancies were corrected immediately.</p> <p>III. Center wide in-service was performed on proper hand hygiene and other related matters as they pertain to infection control by the IP/NPE and/or department head.</p>		

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F 880	<p>Continued From page 3</p> <p>on a receptacle for the soiled gowns. They were holding a meal tray and proceeded to walk out of the unit through a door toward a meal cart located outside the unit. Hand hygiene was not performed.</p> <p>At 1:13 PM, CNA #1 and NA #1 re-entered the unit and the surveyor interviewed both staff who stated they did not wash their hands after removing their gowns. The surveyor interviewed both staff regarding what should be done after removing a gown and CNA #1 stated they should have washed their hands after they removed the gowns.</p> <p>A review of an In-Service sign in sheet, dated 05/09 and 05/10/20, revealed CNA #1 and NA #1 were educated on on donning (putting on) and doffing (removing) PPE and hand hygiene. An In-Service sign in sheet, dated May, 2020 revealed CNA #1 was educated on Infection Control Policy for COVID-19 and Hand Hygiene.</p> <p>On 6/18/2020 at 1:27 PM, the surveyor accompanied by the Licensed Practical Nurse Unit Manager (LPN/UM), observed an employee emerge from a Covid-19 positive resident's room. The door to the room had signage posted to Stop and "perform hand hygiene before and after patient contact, contact with the environment and after removal of PPE."</p> <p>The surveyor and LPN UM observed the employee taking off a disposable isolation gown in the hallway in front of the waste bins. The employee then touched the lid of the contaminated waste bin and threw the isolation gown in the bin. She proceeded to walk toward the medication cart, took keys out of her pocket to open the cart and touched the lock to the medication cart. The surveyor interviewed the</p>	F 880	<p>Daily random competencies were performed to ensure understanding.</p> <p>IV. The IP/NPE and ADON will perform daily random audits/competencies on staff to ensure proper Infection Control procedures. Results will be reported at the monthly QAPI for 3 months then quarterly thereafter for 6 months.</p> <p>#2</p> <p>I. Surveyors were asked to proceed back to the screening area after initial (entrance) interview with center staff where they were properly screened. An additional staff member has been trained for the 7-3 and 3-11 shifts as the designated screener by the IP/NPE so that all staff and vendors are properly screened per policy. Receptionist was re-trained in proper procedures at the screening area by the IP/NPE.</p> <p>II. All residents have the potential to be affected by this practice. Daily audit performed on screeners and no other issues were noted to be evident.</p> <p>III. Screeners and staff in-serviced on proper procedures to ensure staff and vendors are properly screened for signs/symptoms of COVID-19 by the IP/NPE.</p> <p>IV. The IP/NPE or ADON will perform random daily audits/competencies on screeners to ensure proper infection control procedures. Results will be reported at the monthly QAPI for 3</p>	

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F 880	<p>Continued From page 4</p> <p>employee at that time.</p> <p>The employee identified herself as a Licensed Practical Nurse (LPN). The LPN explained to the surveyor the proper technique for moving PPE and hand hygiene but admitted she did not perform hand hygiene after removal of the isolation gown, touching the contaminated waste bin lid, the keys and the lock to the medication cart.</p> <p>On 6/18/2020 at 1:35 PM, the surveyor interviewed the LPN/UM who stated that the LPN should have performed hand hygiene after removal of the isolation gown and touching the contaminated waste bin lid and med keys. "I will have to re-educate the staff on hand hygiene."</p> <p>The surveyor reviewed an In-service Sign in Sheet dated 3/3/2020, which reflected LPN signature on wearing glasses in hallway, handwashing, enhanced barrier precautions and proper PPE.</p> <p>On 6/18/2020 at 4:37 PM, the surveyor interviewed the Director of Nursing who stated that all staff were educated on hand hygiene and that the three staff members observed not washing thier hands after touching contaminated surfaces were going to be re-educated.</p> <p>2. On 06/18/20 at 8:30 AM, two surveyors entered the facility for a Covid-19 focused infection control survey. The receptionist proceeded to take the surveyors temperatures and failed to further screen the surveyors.</p> <p>At 8:45 AM, during the entrance conference with the Administrator and Director of Nursing (DON), the DON stated that upon the visitor's entrance to the facility, the receptionist is supposed to take</p>	F 880	months then quarterly thereafter for 6 months.		

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F 880	<p>Continued From page 5</p> <p>the visitor's temperature and also have the visitor complete a questionnaire to determine potential exposure the Covid-19 virus.</p> <p>On 6/18/2020 at 4:30 PM, the surveyor interviewed the front Receptionist who stated that he should have did the surveillance interviews for the two surveyors at the front door, however he got distracted by the phone.</p> <p>The Screening Form-Tips for Screeners, dated 06/18/20, revealed screening must be done each time a visitor enters the center. The screener asks each person the screening questions and records the information on the form and takes each person's temperature.</p> <p>The Hand Hygiene policy, Revised 11/27/17, revealed adherence to hand hygiene practices is maintained by all center personal and hand hygiene should be performed ...after patient care and after contact with the patient's environment.</p> <p>8:39-19.49(a)1</p>	F 880			