

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

PRINTED: 07/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OR SUPPLIER EGG HARBOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6818 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234	
(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: 06/15/2020 Census: 64	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		6/23/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/18/2020

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

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

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to always prevent the potential spread of infection by assuring that the infection control practices were followed in accordance with Centers for Disease Control Guidance and facility policy to refrain from group dining during an outbreak of COVID-19 to prevent the potential spread of infection.</p> <p>This deficient practice was identified on 1 of 2 nursing units (██████████), and was evidenced by the following:</p> <p>On 06/15/2020 at 11:48 AM, during the initial tour of the facility the surveyor observed eight residents seated in the dining room during lunch. Certified Nursing Assistant (CNA) #1 pushed a wheelchair bound resident into the dining room and seated the resident alone at a table for lunch. There were two residents seated at one table. CNA #1 approached the residents and informed them that only one resident could be seated at each table. She then proceeded to assist one of the residents to move to another nearby table.</p> <p>The surveyor interviewed CNA #1, who stated that the dining room opened for lunch today and residents were served dinner in their rooms. She further stated that the facility tried to make the residents comfortable and get used to socializing again.</p> <p>At 12:05 PM, the surveyor entered the activity room and observed CNA #2 who wore a mask and was seated at a table with a resident as the resident ate lunch. CNA #2 stated that residents came to the dining room and activity room for</p>	F 880	<ol style="list-style-type: none"> How the corrective action will be accomplished for those residents to have been affected by the deficient practice: All residents that have been in the dining room have been removed from the dining area. The resident seated in the activity room has been removed from the activity room. All alert residents have been explained that communal dining is still restricted per facility policy and that their meals will continue to be served to them in their designated rooms. The resident which was seated in the activity room is cognitively impaired and unable to be explained that there is no communal eating. A sign has been placed at the dining room entrance and at the activity room entrance stating the dining area and activity area is closed until further notice. All staff involved and all facility staff have been re inserviced on the facilities outbreak prevention policy restricting communal dining. All resident meals are continued to be served to them in their rooms. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents residing in the facility have the potential to be affected. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur: The unit manager has been re inserviced on the facilities outbreak prevention plan. All staff involved have been re inserviced 		

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F 880	<p>Continued From page 3</p> <p>lunch to be around people. She stated that the dining areas opened more than two weeks ago when everyone started clearing after being tested for COVID-19. She further stated that only one person was permitted to be seated at a table at a time.</p> <p>At 12:15 PM, the surveyor interviewed CNA #3 who confirmed that there were nine residents eating lunch in the dining room. He stated that normally there was no more than four or five residents in the dining room at lunch time. He further stated that the dining room opened last week, and residents were required to be spaced apart and wear masks after their meal.</p> <p>At 12:20 PM, the surveyor interviewed Licensed Practical Nurse (LPN)#1 who stated that she last worked on the unit three or four weeks ago and observed a small number of residents eating lunch in the dining room at that time. She stated that only one resident was permitted to be seated at a table at a time. LPN #1 confirmed that there were eight residents eating lunch in the dining room. She further stated that the residents who were present in the dining room were not interviewable due to dementia and could only answer basic questions.</p> <p>At 12:40 PM, the surveyor interviewed the Unit Manager (UM) who stated that communal dining at lunch time resumed on her unit a couple of days ago and she would take full responsibility for that decision. She stated that she was unsure if the Director of Nursing (DON) or the Quality Assurance Nurse (QA) who were both responsible for infection control at the facility were aware that the dining room reopened for communal dining with social distancing.</p>	F 880	<p>on the facilities outbreak prevention plan. The unit manager has been instructed not to allow any residents to sit and eat together. All staff have been re inserviced on the facilities outbreak prevention policy and ensuring understanding that the dining room and activity room are closed for communal eating to all residents. A sign has been posted at the entrance to the dining room and activity room stating that it is closed until further notice. All alert residents have been respoken to and explained that there is no communal eating at this time and their meals will continued to be served in their designated rooms. The administrator will be responsible to observe meal time for the duration of the directive to ensure there is no communal dining and that all residents are eating in their designated rooms. The supervisor on shift will be responsible to observe on weekends. A no communal dining daily log was created to document compliance for both the dining area and the activity room.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The administrator will report finding to Quality Assurance Committee weekly for the next two months or for as long as the no communal eating directive is in place.</p>		

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F 880	<p>Continued From page 4</p> <p>The UM stated that she was told that residents could eat in the dining room if they were seated six feet apart but was unsure who informed her that was permitted. She further stated that residents who were placed on quarantine in isolation to rule out a diagnosis of COVID-19 on the unit were required to dine in their rooms.</p> <p>At 12:59 PM, the surveyor interviewed the DON who stated that she just learned that residents were eating in the dining room on the [REDACTED] Unit. She stated that the residents just got in there. She further stated that she would not expect to see staff transporting residents or serving them meals in the dining room as it was closed on 03/12/2020. The QA Nurse (Infection Control Nurse) was present during the interview and stated that she was not aware that the dining room was opened and utilized for communal dining.</p> <p>In a later interview at 1:16 PM, the DON stated that there was no signage on the dining room or activity room to indicate that they were closed. She further stated that the unit would cease and assist communal dining immediately as it was not in line with their facility policy.</p> <p>The surveyor reviewed the facility policy, "Outbreak Prevention Plan" (Effective March 6, 2020 and Revised May 12, 2020) and the which revealed the following:</p> <p>"Suspend communal dining."</p> <p>NJAC 8:39 19.4 and 27.1(a)</p>	F 880			