

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>312318</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/26/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITAS HOSPITAL 3 NORTH DIALYSIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>225 WILLIAMSON STREET ELIZABETH, NJ 07207</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 000	INITIAL COMMENTS	V 000			
V 110	<p>This was a COVID-19 Focused Infection Control Survey (NJ00136807) conducted on 6/26/20. Trinitas Hospital 3 North Dialysis is not in compliance with 42 CFR, Part 494, Conditions for Coverage (CfC) for End Stage Renal Disease Facilities. Condition and Standard level deficiencies were evident. The following CfC was found to be out of compliance:</p> <p>CfC: 494.30 Infection Control CFC-INFECTION CONTROL CFR(s): 494.30</p> <p>This CONDITION is not met as evidenced by: Based on observation, document review, and staff interview, it was determined that the facility failed to implement and maintain effective infection control practices. to prevent transmission of COVID-19.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure that staff perform hand hygiene in accordance with facility policy. (Cross Refer V 113, Part A)</li> <li>2. The facility failed to ensure that staff apply gloves when touching equipment in the dialysis station. (Cross Refer V 113, Part B)</li> <li>3. The facility failed to ensure that staff does not carry supplies in their pockets. (Cross Refer V 119)</li> <li>4. The facility failed to ensure that one (1) of four (4) mattresses could be cleaned and disinfected</li> </ol>	V 110			

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

TITLE

(X6) DATE

07/10/2020

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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V 110	Continued From page 1 after use. (Cross Refer 122)	V 110			
V 113	<p>5. The facility failed to ensure that all visitors and staff are provided a screening to identify and isolate suspected COVID-19 cases prior to entering the treatment floor. (Cross Refer V 142)</p> <p>6. The facility failed to ensure that medications are prepared aseptically. (Cross Refer V 143)</p> <p>IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1)</p> <p>Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.</p> <p>This STANDARD is not met as evidenced by: A. Based on observation and facility policy review on 6/26/20, it was determined that the facility failed to ensure that staff perform hand hygiene in accordance with facility policy.</p> <p>Findings include:</p> <p>Reference: Facility procedure titled, Hand Hygiene, states, "... 1. Technique for hand washing [bullet] Wet your hands ... apply soap. [bullet] lather your hands by rubbing together with the soap. ... [bullet] Scrub your hands for at least 20 seconds. [bullet] Rinse your hands well under clean, running water. ..."</p> <p>1. At 11:15 AM, Staff #3 removed his/her gloves after the cleaning and disinfection of Station #11. Staff #3 went to the clean sink next to Station #12, wetted his/her hands, applied soap, lathered and scrubbed for eight (8) seconds, then rubbed</p>	V 113			

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V 113	<p>Continued From page 2</p> <p>his/her hands together under the water for 10 seconds, this is not in accordance with facility policy.</p> <p>2. At 11:40 AM, Staff #3 picked up a contaminated [REDACTED] from inside the dirty sink across from Station #11 and discarded it into the trash can. Staff #3 removed his/her gloves and wetted his/her hands at the clean sink located next to Station #12. Staff #3 applied soap, lathered and scrubbed for four (4) seconds, then rubbed his/her hands under the water for 25 seconds, this is not in accordance with facility policy.</p> <p>B. Based on observation, staff interview, and review of facility policy on 6/26/20, it was determined that the facility failed to ensure that staff apply gloves when touching potentially contaminated items the dialysis station.</p> <p>Findings include:</p> <p>Reference: Facility policy titled, Standard Precautions &amp; Isolation Procedures, states, "... 2. Wear gloves when touching ... contaminated items. ..."</p> <p>1. At 12:03 PM, in Station #7 while a patient was dialyzing, Staff #4 was touching the patient's bedside table with his/her bare hands. Staff #4 exited the station and without performing hand hygiene, entered the clean glove box, this is not accordance with facility policy.</p> <p>2. At 12:06 PM, Staff #4 was touching the bedside table with his/her bare hands. Staff #4 exited the station and without performing hand hygiene, entered the clean glove box, this is not accordance with facility policy.</p>	V 113			

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V 113	Continued From page 3	V 113			
V 119	<p>3. At 12:11 PM, Staff #4 was touching the bedside table with his/her bare hands. Staff #4 exited the station and without performing hand hygiene, answered the telephone at the nurse's station.</p> <p>IC-SUPPLY CART DISTANT/NO SUPPLIES IN POCKETS CFR(s): 494.30(a)(1)(i)</p> <p>If a common supply cart is used to store clean supplies in the patient treatment area, this cart should remain in a designated area at a sufficient distance from patient stations to avoid contamination with blood. Such carts should not be moved between stations to distribute supplies.</p> <p>Do not carry medication vials, syringes, alcohol swabs or supplies in pockets.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview on 6/26/20, it was determined that the facility failed to ensure that staff does not carry supplies in their pockets.</p> <p>Findings include:</p> <p>1. At 12:03 PM, in Station #7 where a patient was dialyzing, Staff #4 reached under his/her gown and entered a pocket to remove a pen. Staff #4 used the pen at the bedside table while inside the station. Staff #4 reached under his/her gown and put the pen into his/her pocket. Staff #4 did not clean and disinfect the pen.</p> <p>2. At 12:08 PM, in Station #7 where a patient was dialyzing, Staff #4 reached under his/her gown and entered a pocket to remove a pen. Staff #4 used the pen at the bedside table while</p>	V 119			

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V 119	Continued From page 4 inside the station. Staff #4 reached under his/her gown and put the pen into his/her pocket. Staff #4 did not clean and disinfect the pen.	V 119			
V 122	<p>3. Upon interview at 12:43 PM, Staff #1 stated that staff should not be placing items in their pockets.</p> <p>IC-DISINFECT SURFACES/EQUIP/WRITTEN PROTOCOL CFR(s): 494.30(a)(4)(ii)</p> <p>[The facility must demonstrate that it follows standard infection control precautions by implementing-</p> <p>(4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-]</p> <p>(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined that the facility failed to ensure that one (1) of four (4) mattresses could be cleaned and disinfected after use.</p> <p>Findings include:</p> <p>1. On 6/26/20 at 11:15 AM, Staff #3 was observed cleaning and disinfecting the hemodialysis bed after use. There were four (4) large tears at the top, one (1) large tear in the middle, and a small tear at the foot of the mattress. The white porous material was exposed underneath all the tears.</p> <p>a. Staff #3 confirmed the above findings and stated that the mattress needed to be replaced.</p>	V 122			

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V 122	Continued From page 5	V 122			
V 142	<p>b. Staff #3 continued to clean the mattress and prepared it for the next patient.</p> <p>IC-O-SIGHT-MONITOR ACTIVITY/IMPLEMENT P&amp;P CFR(s): 494.30(b)(1)</p> <p>The facility must-</p> <p>(1) Monitor and implement biohazard and infection control policies and activities within the dialysis unit;</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff and patient interview on 6/26/20, it was determined that the facility failed to ensure that all visitors and staff are provided a screening to identify and isolate suspected COVID-19 cases prior to entering the treatment floor.</p> <p>Findings include:</p> <p>Reference: The Centers for Disease Control website <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>, states, "... Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Updated May 22, 2020 ... Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19 ... Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection and ensure they are practicing source control. [bullet] Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0°F or</p>	V 142			

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V 142	<p>Continued From page 6</p> <p>subjective fever. [bullet] Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection. ..."</p> <p>1. During interview at 11:42 AM, emergency medical transport Staff #8 stated that when he/she enters the building the security guard takes his/her temperature prior to entering the hospital. Staff #8 stated that he/she is not asked any additional information related to COVID-19 symptoms or contact with positive COVID-19 persons.</p> <p>2. During interview at 11:46 AM, emergency medical staff transport Staff #9 stated that when he/she enters the building the security guard takes his/her temperature prior to entering the hospital. Staff #8 stated that he/she is not asked any additional information related to COVID-19 symptoms or contact with positive COVID-19 persons.</p> <p>3. During interview at 12:18 PM, Staff #6 stated that he/she had received education about COVID-19 symptoms and the screening process prior to coming into the facility. Staff #6 stated that his/her temperature is taken by the security guard at the entrance of the hospital before he/she can enter. Staff #6 stated that he/she is not asked if he/she has symptoms of COVID-19 or if he/she has had contact with a COVID-19 positive patient or secretions. Staff #6 stated that he/she was instructed to notify employee health if he/she has any symptoms or has had contact with a COVID-19 positive person.</p> <p>4. During interview at 1:43 PM, Staff #1 stated that the transport staff is screened by the hospital staff and that the transport company will screen</p>	V 142			

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V 142	Continued From page 7 their staff before they come to the facility.  a. Staff #1 stated that the employees will have their temperature taken before work and if they have any symptoms or contact with a COVID-19 person they need to contact employee health.  b. This surveyor asked how the facility monitors that all patients, staff, and visitors are being screened appropriately prior to coming onto the unit and Staff #1 stated because the hospital does the screening and no one can get in unless they are screened.  c. Staff #1 stated that the facility does not perform any surveillance for patients, visitor, or staff's COVID-19 screenings. Staff #1 stated they do not do any surveillance or monitoring of the COVID-19 screening process.	V 142			
V 143	IC-ASEPTIC TECHNIQUES FOR IV MEDS CFR(s): 494.30(b)(2)  [The facility must-] (2) Ensure that clinical staff demonstrate compliance with current aseptic techniques when dispensing and administering intravenous medications from vials and ampules; and  This STANDARD is not met as evidenced by: Based on observation, staff interview, and facility procedure review on 6/26/20, it was determined that the facility failed to ensure that medications are prepared aseptically.  Findings include:  Reference: Facility procedure titled, Safe Sterile Medication Preparations and Injection Practices,	V 143			



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V 143	Continued From page 8 states, "... 3. Medications will be: ... e. Disinfected by using alcohol on the rubber septum of the vial prior to piercing ..."	V 143			
V 550	<p>1. At 12:20 PM, Staff #3 removed the cap from a vial of [REDACTED]. Staff #3 inserted the needle into the rubber septum and withdrew the medication into the syringe.</p> <p>a. Staff #3 did not clean and disinfect the septum with alcohol prior to inserting the needle.</p> <p>2. During interview at 12:26 PM, Staff #3 stated that the rubber septum is to be cleaned with alcohol prior to entering the vial. Staff #3 stated that he/she did not clean the septum prior to inserting the needle.</p> <p>POC-VASCULAR ACCESS-MONITOR/REFERRALS CFR(s): 494.90(a)(5)</p> <p>The interdisciplinary team must provide vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, and a review of manufacturer's instructions for use, it was determined that the facility failed to ensure that staff prepare one (1) of two (2) [REDACTED] in accordance with facility policy.</p> <p>Findings include:</p>	V 550			

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V 550	Continued From page 9 Reference: The manufacturer's instructions for use for Prevacics, states, "... ... DIRECTIONS: Apply swab to skin using repeated back and forth strokes for 15 seconds. ..."  1. On 6/26/20 at 11:50 AM, Staff #10 was observed preparing a patient's in Station #8. Staff #10 used a Prevacics wipe to clean and disinfect the access site for 8 seconds, this is not in accordance with the manufacturer's instructions for use.  a. Upon interview, Staff #10 stated that the needed to be cleaned with the Prevacics for 20 seconds.  2. Upon interview at 1:35 PM, Staff #1 provided a facility procedure titled, Preparation Prior to . This procedure does not include instructions for the use of the Prevacics wipe. Staff #1 stated that the should be cleaned with the for 15 seconds. Staff #1 stated that the facility is using the because there is a backorder for the	V 550			
V 637	QAPI-INDICATOR-INF CONT-TREND/PLAN/ACT CFR(s): 494.110(a)(2)(ix)  The program must include, but not be limited to, the following: (ix) Infection control; with respect to this component the facility must- (A) Analyze and document the incidence of infection to identify trends and establish baseline information on infection incidence; (B) Develop recommendations and action plans	V 637			

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V 637	<p>Continued From page 10 to minimize infection transmission, promote immunization; and (C) Take actions to reduce future incidents.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and facility document review, it was determined that the facility failed to ensure that it collects, maintains, and aggregates data, for its infection control review.</p> <p>Findings include:</p> <p>Reference: Center for Medicare and Medicaid Services (CMS) Quality, Safety and Oversight (QSO) Group Memorandum dated, March 20, 2020 (QSO-20-20) Subject: Prioritization of Survey Activities COVID-19 Focused Infection Control Survey Checklist: Acute and Continuing Care ... Infection Surveillance ... The facility has established/implemented a surveillance plan, based on facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19. ..."</p> <p>1. On 6/26/20 at 1:48 PM, Staff #1 was unable to provide evidence of COVID-19 surveillance for the dialysis patients, staff, and visitors.</p> <p>a. On interview with Staff #1, he/she stated that neither the facility nor the hospital who does the COVID-19 screening keeps a manual log of the results of COVID -19 screening for patients, staff, and visitors.</p> <p>b. Staff #1 stated that the patients, staff, and visitors screening process is done through the hospital front desk staff and the hospital security staff. Staff #1 stated that the results of the</p>	V 637		

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V 637	Continued From page 11 screening process are not documented.  2. On 6/26/2020 at 1:55 PM, Staff #1 confirmed that there was no documented evidence of monitoring, tracking and reporting of fever, respiratory illness, signs and symptoms of COVID-19, or if any contact with a COVID-19 positive person has occurred for patients, staff, and visitors.	V 637			