

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: 315001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
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NAME OF PROVIDER OR SUPPLIER MERWICK CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 PLAINSBORO ROAD PLAINSBORO, NJ 08536
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(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
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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: 06/25/2020</p> <p>Census: 163</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 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>	F 880		7/31/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/04/2020
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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>§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: Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to follow their policy for Personal Protective Equipment usage and hand hygiene.</p> <p>This deficient practice was identified for 2 staff members on 1 of 4 nursing units during a COVID 19 Focused survey and was evidenced by the following:</p> <p>1. On 06/25/20 at 12:05 PM, during the initial tour of the facility, the surveyor observed signage on the outside of Resident #1's door which revealed that the resident was on Droplet Precautions (preventive practices that prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions) and everyone who entered the room must clean their hands before entering the room and when leaving the room. There was a bag that hung on the outside of the resident's door that contained Personal Protective Equipment (protective garments, eyewear or equipment used to protect the body from infection i.e. gowns, gloves and masks).</p> <p>The surveyor observed a Certified Nursing Assistant (CNA) remove a tray from the lunch truck and carry the tray into Resident #1's room wearing only a face mask and no other PPE. The CNA adjusted the resident's bed and opened items on the resident's tray. She then went into the resident's bathroom and the surveyor's heard water running. The CNA was out of the surveyor's line of sight and exited the bathroom afterward. Resident #1 then asked the CNA to adjust the blinds. The CNA adjusted the resident's blinds as</p>	F 880	<p>1. Residents affected by deficient practice: Residents #1, Resident#2, Resident #3, Resident #4 and Resident #5 were assessed by the Unit Manager on June 26, 2020 for adverse effects of staff (CNA and LPN) failing to follow policies for Personal Protective Equipment (PPE) and hand hygiene. No adverse effects noted on all residents.</p> <p>The ADON/Infection Preventionist provided re-education and competency evaluation for CNA and LPN on hand hygiene, PPE Donning/Doffing and guidelines for Transmission-based Precautions on June 26, 2020. CNA and LPN were able to demonstrate competency on all topics presented.</p> <p>2. Identifying other residents who could be affected by the deficient practice: All residents have the potential to be affected by this alleged deficient practice.</p> <p>3. Systemic changes: Clinical team will review all residents on transmission-based precautions on a daily basis to identify those residents no longer in need of the precautions tating June 30, 2020 and ongoing. Weekend supervisor will be informed of those residents to be removed on the weekend starting June 30, 2020 and ongoing</p> <p>Inservices will be provided by Infection</p>		

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F 880	<p>Continued From page 3</p> <p>requested and left the room without performing hand hygiene. The CNA then removed another meal tray from the lunch truck and delivered it to Resident #2 without performing hand hygiene and only wearing a face shield and no other PPE.</p> <p>When interviewed, the CNA stated that she was supposed to donn a blue isolation gown, mask, goggles and gloves before she entered Resident #1's room as the resident was on Droplet Precautions. She stated that she did not put on gloves or a gown and that was an error on her part. She stated that the Alcohol Based Hand Rub was empty in the resident's room so she instead washed her hands in the bathroom. The CNA stated that she was required to wash her hands for 20 seconds but only washed her hands for "about 10 seconds" as she had been washing her hands previously during the day. She stated that she adjusted the blinds as requested and did not wash her hands afterward and before serving Resident #2 the lunch tray which posed a possibility of spreading germs or the Corona Virus.</p> <p>At 12:12 PM, the surveyor observed the same CNA remove a meal tray from the lunch truck and carried it into Resident #3's room. The resident had signage on the outside of the door which indicated that the resident was on Droplet Precautions. There was a bag that contained PPE affixed to the door. After the CNA placed the resident's tray on the table she then returned to the doorway to obtain and donn PPE. When interviewed, the CNA stated that she was supposed to put her PPE on before she entered the resident's room and not after. The CNA then applied a disposable gown and gloves before she emptied the resident's urinal in the bathroom. The CNA then exited the bathroom removed her</p>	F 880	<p>Control Preventionist/designee, for all Department Managers and staff, on hand washing and proper usage of PPE, beginning June 29, 2020 and ongoing.</p> <p>Each Department Manager will conduct an audit on hand washing and proper usage of PPE on 5 employees per week for 90 days. Results of the audits will be submitted to the Infection Preventionist weekly.</p> <p>4. Monitoring effectiveness of systemic changes:</p> <p>Audit results will be reviewed by the Infection Prevention and Control Committee monthly to determine compliance. Trends and recommendations will be and brought forth to the Quality Assurance and Performance Improvement committee for review monthly.</p>		

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F 880	<p>Continued From page 4</p> <p>gloves and proceeded to put on a new pair of gloves without first performing hand hygiene prior to providing direct resident care.</p> <p>The CNA then doffed her gown and gloves and the surveyor observed the CNA wash her hands for 15 seconds. When interviewed, the CNA stated that she was supposed to wash her hands after she removed her gloves instead of changing her gloves. She stated that it was an error on her part and she could potentially spread the Corona Virus. She stated that she should have washed her hands for 20 seconds when she removed her gloves and instead of only washing her hands for only 15 seconds after removal of PPE.</p> <p>At 12:20 PM, the surveyor observed the CNA donn PPE before she entered the room of Resident #4 with a meal tray. The Resident had a sign on the door which indicated that the resident was on Droplet Precautions. The CNA did not perform hand hygiene before she applied the PPE.</p> <p>The CNA stated that she received weekly training for residents who were on Droplet Precautions due to a 14-day quarantine after they were admitted from the hospital or another facility to rule out COVID-19. She stated that the training included proper donning/doffing (application and removal) of PPE and the importance of proper hand washing after anything was touched in the resident's room for both for self-protection and the protection of the residents.</p> <p>At 12:50 PM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) of the [REDACTED] Unit who stated that the residents that were on Droplet Precautions were new admissions and were on isolation for prophylaxis</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>for 14 days until a diagnosis of COVID-19 was ruled out. She stated that staff were expected to follow the Droplet Precaution protocol which required staff to don PPE before entering the residents room (i.e., mask, gown and gloves). Staff were then required to remove their PPE and wash their hands before they left the room. The RN/UM stated that hands should be washed for 20 seconds both before meal delivery and after glove removal. She further stated that her expectation was for all staff to protect themselves and the patients by adhering to the guidelines.</p> <p>At 1:05 PM, the surveyor interviewed the Assistant Director of Nursing (ADON) who served as the Infection Preventionist (IP), who stated that she provided COVID-19 education to facility staff which included interventions to mitigate contracting the virus such as handwashing and donning/doffing PPE.</p> <p>At 3:20 PM, the surveyor interviewed the Director of Nursing (DON) in the presence of the ADON/IP and the survey team. The DON stated that it was her expectation that staff should wheel the food truck down to the resident's room, don PPE (gown, gloves, mask and shield), deliver the meal, doff their PPE and wash their hands for 20 seconds before moving to the next room. The IP concurred with the infection control process for meal delivery to residents who required Droplet Precautions as described by the DON.</p> <p>The DON stated that the CNA should have removed her gloves and washed her hands after glove removal when she emptied the Resident #3's [REDACTED] instead of changing her gloves.</p> <p>The IP provided the surveyor with documented evidence that the CNA received the following</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>education in-services: Review of an undated in-service revealed that the CNA received training on proper donning/removing and use, an in-service dated 03/24/20 covered the topic of COVID-19, an in-service dated 03/26/20 covered the topic of Mask donning, removing and use, an in-service dated 05/13/20 covered the topic of Proper Use of PPE which included hand hygiene.</p> <p>The DON provided the surveyor with an undated list of newly admitted residents who were placed on Droplet Precautions to rule out a diagnosis of COVID-19 and the list included dates that isolation would be discontinued following 14-day quarantine. A review of the list revealed the following: Resident #1 was on 14-day Droplet Precautions until 07/1/20, Resident #3 was on 14-day Droplet Precautions until 07/6/20 and Resident #4 was on 14-day Droplet Precautions until 07/1/20.</p> <p>The DON provided the lab results of the aforementioned residents which revealed the following: Resident #1 tested negative for COVID-19 on 06/3/20, Resident #2 tested negative for COVID-19 on 06/13/20, Resident #3 tested negative for COVID-19 on 06/12/20 and Resident #4 tested negative for COVID-19 on 06/13/20.</p> <p>2. On 6/25/2020 at 12: 40 PM, the surveyor observed a room on the [REDACTED] Unit with signage posted outside the door indicating that the resident (Resident #5) was on isolation for droplet precautions and everyone who entered the room must clean their hands before entering the room and when leaving the room. There was a bag that hung on the outside of the resident's door that contained Personal Protective Equipment (protective garments, eyewear or equipment used</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>to protect the body from infection i.e. gowns, gloves and masks).</p> <p>The surveyor observed a Licensed Practical Nurse (LPN) inside of Resident #5's room administering the resident medications. The LPN was observed without wearing gloves, handling the residents drinking cup, pitcher of water and spooning the medication into the resident's mouth. The LPN was wearing only a face mask and a hair protector. The surveyor did not observe the LPN wearing any other PPE while performing direct resident care.</p> <p>The surveyor observed the LPN wash her hands before exiting Resident #5's room. The surveyor interviewed the LPN at this time and the LPN stated that Resident #5 was newly admitted to the facility in a [REDACTED] room and was on quarantine for 14 days. She stated that the resident did not have the Covid-19 virus but was on quarantine for precautions for 14 days, "just in case."</p> <p>The LPN explained to the surveyor that the facility policy for PPE usage indicated that when entering a resident's room on droplet precautions, the staff member must wear gloves, gown, mask and face shield. She admitted that she failed to wear the proper PPE when administering medications to Resident #5 and stated, "I didn't pay attention."</p> <p>On 6/25/2020 at 12:50 PM, the surveyor interviewed the RN/UM who stated that when a resident was on isolation for droplet precautions the staff should wear a surgical mask, gown, gloves and face shield before entering the room or before having direct contact with the resident. She also added that the expectations for staff members were to protect the residents and protect themselves from the Covid-19 virus.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>On 6/25/2020 at 3:30 PM, the surveyor interviewed the DON in the presence of the ADON/IP who both agreed that the LPN should have donned gloves, gown, and face shield when going into resident's rooms that were on isolation for droplet precautions.</p> <p>The IP provided the surveyor with documented evidence that the LPN received the following education in-services with staff signatures dated 4/8/2020 for donning and doffing PPE and review of PPE procedures and on 3/10/2020 for Covid-19 and Respiratory Hygiene.</p> <p>The DON provided the surveyor with an undated list of newly admitted residents who were placed on Droplet Precautions to rule out a diagnosis of COVID-19 and the list included dates that isolation would be discontinued following 14-day quarantine. A review of the list revealed that Resident #5 was on isolation for droplet precautions until 6/30/2020.</p> <p>The DON provided the surveyor with laboratory results dated 6/12/2020, that indicated that Resident #5 was negative for Covid-19 virus.</p> <p>The surveyor reviewed following facility policies which revealed the following: " Hand Hygiene" (Rev 11/2027), "Standard Precautions" (Rev 11/2017), "Isolation Precautions" (Rev 11/2017), "Transmission-Based Precautions" (Rev 11/2017) :</p> <p>Hand Hygiene:</p> <p>Staff involved in direct resident contact will perform hand hygiene procedures to prevent the</p>	F 880		

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F 880	<p>Continued From page 9</p> <p>spread of infection to other personnel, residents, and visitors.</p> <p>Hand hygiene is a general term that applies to either handwashing or the use of an antiseptic hand rub, known as alcohol-based hand rub.</p> <p>Hand hygiene technique when using soap and water:</p> <p>a. Wet hands with water... b. Apply enough soap to cover all hand surfaces. c. Rub hands together vigorously for at least 20 seconds, away from the stream of water and covering all surfaces of the hands and fingers. d. Rinse hands with water. e. Dry thoroughly with a single-use towel. f. Use towel to turn off the faucet.</p> <p>Standard Precautions:</p> <p>All staff are to assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of resident care services. Therefore, all staff shall adhere to "Standard Precautions" to prevent the spread of infection.</p> <p>Hand hygiene: During the delivery of resident care services, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental services and transmission of pathogens from contaminated hands to surfaces. Perform hand hygiene in accordance with facility's Hand Hygiene Policy.</p> <p>Using Personal Protective Equipment (PPE):</p> <p>All staff who have contact with residents and/or</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>their environment must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials are likely.</p> <p>PPE Equipment:</p> <p>Gloves are worn for touching blood, body fluids, secretions, excretions, contaminated items and intact and non-intact resident skin...</p> <p>Gowns are worn during procedures and resident-care activities when contact of clothing/exposed skin with blood/body fluids, secretions and excretions is anticipated.</p> <p>Masks, eye protection (goggles), face shield are worn during aerosol generating procedures on residents with suspected or proven infections transmitted by respiratory aerosols (i.e., SARS), wear a fit-tested N95 or higher respirator in addition to gloves, gown, and face/eye protection.</p> <p>During procedures and resident-care activities likely to generate splashes or sprays of blood, body fluids, secretions...</p> <p>Isolation Precautions:</p> <p>It is our policy to take appropriate precautions, including isolation, to prevent transmission of infectious agents.</p> <p>Droplet Precautions: Refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.</p> <p>Standard Precautions requires the following PPE:</p>	F 880			

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F 880	Continued From page 11 Gloves, gown, mask eye protection, and/or face shield. Droplet Precautions requires the following PPE: Gloves, gown, mask as per standard precautions. Transmission-Based Precautions: Droplet Precautions-Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing or talking). Transmission-Based precautions remain in effect for limited periods (i.e. while the risk of transmission of the infectious agent persists or for the duration of the illness). NJAC 8:39-19.4	F 880			