STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315290	A. BUILDING _____ B. WING _____	07/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUCKINGHAM AT NORWOOD, THE	100 MCCLELLAN STREET NORWOOD, NJ 07648

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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: 07/10/2020 Census: 162	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		8/14/20

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/21/2020

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	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. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880		

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was identified that the facility failed to ensure that a staff member donned the appropriate Personal Protective Equipment while caring for COVID-19 positive residents. This deficient practice was identified on the COVID-19 cohort unit in the facility and was identified by the following: On 07/10/2020 from 10:23 AM to 11:15 AM, the surveyor conducted the entrance conference in the presence of the Administrator and Director of Nursing (DON) prior to conducting a tour of the facility. The surveyor asked if specific staff were designated to the COVID-19 positive unit. The DON stated that the facility designated specific staff members to care for the COVID-19 positive residents. The surveyor asked the Administrator and DON what PPE the staff were required to wear when providing care to the COVID-19 positive residents. The DON stated that the staff were required to wear full PPE, which consisted of a N95 mask with a surgical mask over it, gowns, gloves, and goggles or face shield. On 07/10/2020 at 12:25 PM, the surveyor conducted a tour on the [redacted] Unit in the facility that was identified as the COVID-19 positive unit. Prior to entering the unit, the surveyor observed that there was a plastic tarp which sectioned off the unit from the other hallways in the facility. The surveyor observed a large plastic bin outside of the plastic tarp area which contained Personal Protective Equipment (PPE). The top drawer of the plastic bin contained eight disposable blue gowns and multiple KN95 masks. The second	F 880	Element #1 a.The Certified Nursing Assistant (CNA) involved was immediately counselled and re-educated on appropriate Personal Protective Equipment (PPE) use and COVID-19 policies and procedures by Director of Nursing on 7/10/2020. b.A donning and doffing of PPE competency was performed on the certified nursing assistant involved by the Director of Nursing on 7/10/2020. Element #2 All residents have the potential to be affected by the alleged deficient practice. Element #3 a. The Infection Preventionist and/or designee will make unannounced rounds daily (all shifts) to ensure staff are using appropriate PPE for 3 months starting 7/11/2020 and ongoing. After the initial 3 months of auditing will continue weekly (all shifts) for 4 weeks, and then ongoing monthly. b. All staff will be re-inserviced on appropriate PPE use by the Infection Preventionist and/or designee starting 7/11/2020 and ongoing. c. A Performance Improvement Plan spearheaded by the Infection Preventionist on appropriate PPE utilization starting 7/11/2020. Element #4 a. The results of the audits will be presented to the Director of Nursing for review by the facility IP or Educator	

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F 880	Continued From page 3 drawer of the plastic PPE bin contained three boxes of surgical masks. The bottom drawer of the plastic PPE bin contained various sizes of gloves. At 12:29 AM, the surveyor entered the COVID-19 unit and observed a Certified Nursing Aide (CNA) standing next to a resident in the COVID-19 hallway. The CNA was observed only wearing a KN95 mask. The surveyor did not observe the CNA wearing a surgical mask over her KN95 mask, a face shield or goggles, a gown, or a pair of gloves. The surveyor conducted an interview with the CNA who stated that she should have been wearing a gown when caring for residents on the COVID-19 positive unit. The surveyor asked the CNA if she was designated to care for other residents in the facility. The CNA stated that she did not work on another unit in the facility and was designated to caring for the COVID-19 positive residents. The CNA further stated that when she entered the COVID-19 unit she was supposed to put on a gown, gloves, and mask. The CNA did not mention wearing goggles or a face shield as an additional form of PPE. At 12:47 PM, the surveyor conducted an interview with the RN who was responsible for the care of the residents who resided on the COVID-19 positive unit. The RN confirmed that the CNA was designated to only caring for the residents on the COVID-19 unit. The RN further stated that the CNA was not wearing the appropriate PPE while on the unit and should have donned a gown, gloves, N95 mask or KN95 mask, and either goggles or a face shield prior to entering the unit. The RN further stated that gloves would be required to be worn while providing direct care for	F 880	weekly. Any identified issues will be immediately corrected. The Administrator will be informed of any identified issues. b. Audit results will be presented at the monthly QAPI meeting by the Infection Preventionist/designee. c. Trends and recommendations based on audit results of QA Committee quarterly by the Infection Preventionist/designee.	

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F 880	Continued From page 4 the residents in their rooms. A review of the facility's "Transmission-Based Precautions Policy and Procedure," revised 2019, indicated that when healthcare personnel cared for a resident on contact precautions, they would be required to wear a gown and gloves while interacting with the resident and the resident's environment. In addition, the policy indicated that when a resident was on droplet precautions "Healthcare personnel wear a mask and eye/face shield for close contact with the infectious resident. A review of the "Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings issued by the New Jersey Department of Health and New Jersey Communicable Disease Services," dated 5/11/2020, indicated "Implement Standard and Transmission-Based Precautions including use of N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new and re-admissions, confirmed and suspected COVID-19 case(s), and any patient/resident cared for by a confirmed or suspected COVID-19 positive HCP [Health Care Provider]. Note HCP [Health Care Provider] should use all recommended COVID-19 PPE for the care of all patients/residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic patients/residents." NJAC 8:39-27.1(a)	F 880		