

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

PRINTED: 07/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2020
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NAME OF PROVIDER OR SUPPLIER FOREST HILL HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 497 MT PROSPECT AVE NEWARK, NJ 07104
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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted at this facility. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 06/28/2020 Census: 64	F 000		
F 880 SS=E	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; §483.80(a)(2) Written standards, policies, and	F 880		7/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/10/2020
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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>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. This REQUIREMENT is not met as evidenced</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>by: Based on observation, staff interviews and record review, it was determined that the facility failed to ensure all staff who entered the facility were screened thoroughly for signs and symptoms of COVID-19. This failure occurred during the COVID-19 pandemic and had the potential to affect 64 residents.</p> <p>This deficient practice was evidenced by the following:</p> <p>An interview with Security Guard #1 on 06/28/2020 at 10:45 AM indicated that he took and recorded the temperatures of dietary staff, housekeeping, laundry and all department heads. He stated the facility staff did not fill out the screening questionnaire related to COVID-19 symptoms and indicated that he did not ask the facility staff the questions. He indicated he asks them, "how are you feeling" and do they have a cough. He indicated most of the nurses and certified nursing assistants' temperatures were taken up on the [REDACTED] and [REDACTED] floor by the nurse. He further stated only visitors completed the questionnaire forms for COVID-19 signs and symptoms.</p> <p>On 06/28/2020 at 10:50 AM, Security Guard #1 was observed taking a dietary worker's temperature. He did not ask any of the COVID-19 screening questions.</p> <p>An interview with Certified Nursing Assistant (CNA) #1 on 06/28/2020 at 11:27 AM indicated that she went up to the [REDACTED] floor after arriving for her shift and was screened by Nurse #1. She indicated Nurse #1 took her temperature, but she was not asked the COVID-19 screening questions.</p>	F 880	<p>THIS PLAN OF CORRECTION CONSTITUTES THE CENTER'S WRITTEN ALLEGATION OF COMPLIANCE FOR THE DEFICIENCY CITED. HOWEVER, SUBMISSION OF THIS PLAN OF CORRECTION IS NOT AN ADMISSION THAT A DEFICIENCY EXISTS OR THAT ONE WAS CITED CORRECTLY. THIS PLAN OF CORRECTION IS SUBMITTED TO MEET REQUIREMENTS ESTABLISHED BY STATE AND FEDERAL LAW.</p> <p>F880</p> <p>Corrective Action:</p> <p>It is the policy of this center to screen all employees at the beginning of their shift for fever and signs or symptoms of COVID-19 in accordance with state and federal guidance, in particular with the Centers for Disease Control and Prevention (CDC) website Coronavirus Disease 2019 (COVID-19) Preparing for COVID-19 in Nursing Homes.</p> <p>The center takes its employees' temperatures and screens its employees at the beginning of their shift for signs and symptoms of COVID-19 as described in the center's policy titled Resident & Staff Monitoring and Detection during COVID-19 Epidemic which is included in part in the Statement of Deficiencies (page 5). In addition to the temperature screenings, the center's policy referenced above provides that Nursing supervisors and department supervisors</p>		

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F 880	<p>Continued From page 3</p> <p>An interview with Nurse #1 on 06/28/2020 at 12:49 PM indicated that her temperature was taken this morning by Security Guard #1 and he had asked her, "how are you feeling." She then preceded up to the [REDACTED] floor.</p> <p>An interview with Nurse #2 on 06/28/2020 at 12:49 PM indicated her temperature was taken this morning by Security Guard #1 and he had asked her, "how are you feeling." She then preceded up to the [REDACTED] floor.</p> <p>During an observation on 06/28/2020 at 1:00 PM, it was noted that as staff get off of the elevator on the [REDACTED] floor, they would have to pass a total of 11 rooms (22 residents) to get to the nurses' station before they were screened.</p> <p>An interview with Security Guard #2 on 06/28/2020 at 3:18 PM indicated that she took and recorded the temperature of all staff that entered the building and that only visitors completed the COVID-19 questionnaire forms. She further stated she did not ask the facility staff any of the COVID-19 screening questions.</p> <p>On 06/28/2020 at 3:20 PM, Security Guard #2 was observed taking the temperature of CNA #2. She did not ask CNA #2 any of the COVID-19 screening questions.</p> <p>An interview with the Director of Nursing on 06/28/2020 at 2:25 PM indicated the facility staff were aware of COVID-19 symptoms and knew not to come to work if they were having any of the symptoms. She further stated the facility Administrator always reviewed the screening questions in the 10:00 AM daily department meeting to make sure all the staff were okay.</p>	F 880	<p>complete a visual assessment of their staff, and question every staff member about their current health status to determine if the staff member is safe to work. Supervisors are instructed to observe staff for signs and symptoms of COVID-19 such as fever, difficulty breathing, shortness of breath, sneezing, dry cough, runny nose, fatigue, and/or body aches. Supervisors shall question staff members demonstrating any signs or symptoms of COVID-19, and report any concerns to the Director of Nursing (DON). Staff with symptoms of COVID-19, shall be dismissed from work, and instructed to see their individual healthcare practitioner.</p> <p>In addition, the policy provides that Supervisors shall report to the Administrator during the daily COVID-19 response meetings any employees who were dismissed from work due to signs and symptoms of the COVID-19.</p> <p>The Director of Nurses (DON) on 07/09/2020 provided re-training to the supervising nurses identified in the Statement of Deficiencies, and reviewed with them the center's policy referenced above. The supervisors were instructed to ask the nursing personnel assigned to them the COVID-19 screening questions at the beginning of each shift and to document the absence of COVID-19 symptoms.</p> <p>Identification of Other Residents Affected by the Deficient Practice:</p>		

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F 880	Continued From page 4 A review of the facility's policy titled, "Resident & Staff Monitoring and Detection during COVID-19 Epidemic," dated on 3/05/2020, read in part: "2. During the COVID-19 epidemic, the facility shall monitor staff for possible signs or symptoms of COVID-19. Monitoring staff shall include taking and recording staff member's temperatures at the beginning of their shifts. a. Nursing personnel shall have their temperatures taken at the nursing station on the floor where they are assigned in order to avoid large employee gatherings at the front entryway. Temperatures are recorded at the nursing station. Nursing personnel are instructed to report directly to the nursing station upon arrival and must wear a mask at all times. Any staff member with a temperature of 100 degrees or more shall be excused from work and instructed to see his/her primary care physician. b. Non-nursing personnel shall have their temperatures taken at the security desk upon arrival at the front entryway and recorded by the security guard. Employees shall wear a mask upon entering the facility and continue to wear a mask throughout their shift. The security guard shall inform the appropriate supervisor for any staff members with a temperature reading of 100 degrees or more. Any staff member with a temperature of 100 degrees or more shall be excused from work and instructed to see his/her primary care physician." NJAC: 8:39-13.1 (c)	F 880	The DON reviewed medical records, the nursing 24 hour reports, and interviewed residents in order to identify residents who may have been affected by the alleged deficiency. The Director of Nurses also reviewed recent employee absences to determine if any absence may have been the result of a COVID-19 exposure or infection. The DON found that there were no absences related to COVID-19. In addition, due to the results of the recent COVID-19 base line testing and subsequent re-testings of residents and staff, the center concludes that no residents were affected by this alleged deficient practice. Preventive Measures: The center's Administrator and DON reviewed the center's policies and procedures listed above as well as the CDC guidance for Screening Healthcare Professionals. The policies and procedures were also reviewed with members of the center's COVID-19 epidemic response team. It was determined that at this time the policies and procedures were sufficient with no required changes. However the center acknowledges that the COVID-19 pandemic continues to present ever changing situations. Therefore the Administrator and DON shall continue to monitor the CDC website as well as other regulatory agency websites in order to identify best practices and provide for the safety and health of the center's		

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F 880	Continued From page 5	F 880	<p>residents and staff. As such, policies and procedures will be reviewed on a continuing basis for effectiveness and modified when needed.</p> <p>To enhance currently compliant operations the Administrator and DON shall provide additional in-service training to all department supervisors and other nursing supervisors regarding the center's policy for screening staff for signs of COVID-19. The above referenced policy will be reviewed with the supervisors. The training will emphasize the importance of proper screening of the staff and the supervisors will be reminded to ask the personnel assigned to them the COVID-19 screening questions at the beginning of each shift and to document the absence of COVID-19 symptoms. The in-service training shall be conducted on 07/13/2020.</p> <p>Quality Assurance:</p> <p>To ascertain the effectiveness of the corrective actions and preventive measures, and to ensure continued compliance, the Administrator and/or designee shall interview ten different staff members three times weekly to determine that supervisors are correctly screening and monitoring staff at the beginning of their shift. Interviews will commence 07/13/2020 and will continue for a period of three months. The Administrator and DON will review the results of the interviews with the supervisors weekly. The Administrator shall initiate any</p>		

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F 880	Continued From page 6	F 880	additional corrective actions immediately. Upon completion of the 3 months, the center's QAPI committee shall review the effectiveness of the corrective actions and preventive measures and shall perform follow-up monitoring every three months if needed.		