

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

PRINTED: 06/16/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315468</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT MORRIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MAZDABROOK ROAD PARSIPPANY TROY HILL, NJ 07054</b>
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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: 05/20/2020	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		5/31/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/31/2020
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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, record review and review of other facility documentation, it was determined that the facility failed to ensure that staff follow proper infection control protocol for PPE (personal protective equipment) use for a resident on contact isolation for [REDACTED]</p> <p>This deficient practice was identified for Resident #1, 1 of 2 residents with [REDACTED] on 1 of 4 nursing units ([REDACTED] unit non-COVID) reviewed for transmission-based precautions in a facility experiencing a COVID-19 outbreak and was evidenced by the following:</p> <p>During a tour of the [REDACTED] hall of the [REDACTED] unit (non-COVID), on 05/20/2020 at 10 AM, the surveyor observed Resident #1's room door with signage that indicated to "Stop See Nurse." The surveyor also observed there was a metal metal isolation bin hanging on the door. The metal isolation bin contained one box of gloves and no other PPE.</p> <p>On 05/20/2020 at 10:21 AM, the surveyor observed a Certified Nursing Assistant (CNA #1) walking out of Resident #1's room wearing a yellow PPE gown, hair protector, mask, and gloves. CNA #1 was carrying a clear plastic bag that contained unidentifiable items. The surveyor observed the staff member walk across the hall to the bathing suite room, grasped the door handle to open the closed door and entered the room as the door closed behind her. One minute later, the surveyor observed CNA #1 leave the bathing</p>	F 880	<p>Corrective actions for those residents found to be affected by the practice:</p> <ol style="list-style-type: none"> <li>1. Resident #1 did not sustain any negative outcome.</li> <li>2. Resident #1 was removed from contact precaution as they were not required.</li> <li>3. C.N.A #1 was immediately re-educated.</li> </ol> <p>How the facility will identify other residents having the potential to be affected by the same:</p> <p>1)All resident on contact precaution may be affected..</p> <p>What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur:</p> <ol style="list-style-type: none"> <li>1. Education was provided to the staff on the requirements for PPE, Donning, Doffing and stocking of isolation cart for those residents on Transmission based precautions.</li> <li>2. The Primary Care Nurses will ensure isolation carts are adequately stocked with PPE during their shift.</li> <li>3. The ADON/IP will review those resident on Transmission based precautions to ensure isolation needs are discontinued</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>suite room and begin to walk up the hall wearing a yellow PPE gown, hair protector, mask but no gloves.</p> <p>During an interview with the surveyor on 05/20/2020 at 10:23 AM, CNA #1 stated she only worked on the non-COVID units. CNA #1 stated she had been in-serviced on the signs and symptoms of COVID-19, PPE and handwashing. CNA #1 stated she did not know what type of isolation Resident #1 was on and that the process was for her to get that information on report from the nurse when she came on duty in the morning. CNA #1 stated all the resident rooms were being treated as isolation rooms now and nothing would be done differently entering or exiting the resident rooms. CNA #1 further stated she had been in and out of Resident #1's room at least twice today with the same PPE." In the presence of the surveyor, CNA #1 asked the nurse in the hallway what type of isolation Resident #1 was on and was told [REDACTED] CNA #1 stated she should have gotten another gown to wear in the isolation room, but there were not any in the isolation bin on Resident #1's door.</p> <p>On 05/20/2020 at 10:30 AM, the DON entered the [REDACTED] hall of the [REDACTED] unit (non-COVID) and approached the surveyor and CNA #1. In the presence of the DON, the surveyor observed Resident #1's room. The DON confirmed that there only gloves were in the isolation bin hanging from the resident's room. The DON stated there should have been gowns available for the staff in the isolation bins. The DON stated that the isolation bins were restocked by the central supply staff member who was currently out sick. The DON stated that staff should have alerted housekeeping to restock the PPE in the isolation bin. The DON stated that the CNAs get report</p>	F 880	<p>according to the center Infection Control Policies and Procedures.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness:</p> <ol style="list-style-type: none"> <li>1.The DON or designee will audit 5 residents with Transmission based precautions for 4 weeks then monthly for 3 months to ensure transmission based precautions are properly ordered and utilized by the nursing staff.</li> <li>2.The DON or designee will audit 5 isolation carts weekly for 4 weeks then monthly for 3 months to ensure isolations carts are adequately stocked.</li> <li>3.Results of audits will be forwarded to the QA committee quarterly for 6 months for tracking, trending, and updates.</li> </ol>		

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F 880	<p>Continued From page 4</p> <p>when they start their shift and would have been made aware of the isolation rooms and how to treat the isolation residents. The DON stated that CNA #1 should have doffed (removed) her PPE when exiting Resident #1's and that CNA #1 had been in-serviced on the use of PPE and isolation.</p> <p>During an interview with the surveyor on 05/20/2020 at 10:37 AM, CNA #2 stated she cared for the resident in the room located next to Resident #1 on the [REDACTED] unit, who was also on isolation for [REDACTED]. CNA #2 stated she was made aware during morning report that the resident she was assigned to had [REDACTED] and that the process was to remove the PPE gown when exiting the isolation room and to wash their hands. CNA #2 stated this was done to prevent the spread of infection.</p> <p>During an interview with the surveyor on 05/20/2020 at 10:44 AM, the 200 unit (non-COVID) Licensed Practical Nurse Unit Manager (LPN/UM), stated the process was for the CNAs to get report from the nurses when they come on shift. The LPN/UM stated that the CNAs also use the computer/kiosk (Kardex - a medical information system) to document. She added that the computer alerts staff to things like isolation rooms so the CNAs would be "very aware."</p> <p>During an interview with the surveyor on 05/20/2020 at 10:49 AM, the Registered Nurse (RN) on the [REDACTED] unit (non-COVID ) stated when CNA #1 came on shift that morning she gave CNA #1 report that Resident #1 had [REDACTED]. The surveyor observed that the RN was wearing a mask and gown and the RN stated there was enough PPE available in the building. The RN stated and that she should have kept an eye on</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>the PPE in the isolation bin because it was nursing's job to monitor when the PPE in the isolation bin needed to be restocked.</p> <p>During an interview with the surveyor on 05/20/2020 at 11:18 AM, the RN Infection Control (RN/IC) nurse stated that the entire staff was educated and had in-services that included PPE, COVID-19 and screening the residents and staff. The RN/IC nurse stated that a resident with [REDACTED] would be on contact precautions which required a new gown and gloves to enter the room and removal of the gown and gloves before leaving the room to prevent the spread of infections.</p> <p>Review of Resident #1's Admission Record revealed the resident was readmitted to the facility in [REDACTED] with diagnoses that included, but were not limited to, [REDACTED]</p> <p>Review of Resident #1's Care Plan (CP) revealed an entry dated [REDACTED], which indicated, [REDACTED]</p> <p>Review of the Physician/Practitioner Progress Note, dated 05/14/2020, revealed Resident #1 had [REDACTED] upon readmission.</p> <p>Review of CNA #1's Kardex for Resident #1, dated 05/20/20, revealed isolation contact precautions.</p> <p>Review of CNA #1's education revealed the following:</p> <p>Infection Control and Prevention course, dated</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>11/29/2019; Handwashing: Infection Control, dated 09/23/2019; Competency validation for PPE - Donning and Doffing and identifying the appropriate PPE for standard precautions and transmission based precautions, which indicated CNA #1 met the competency requirements, dated 03/20; Donning PPE; Handwashing; Isolation precautions and types of isolation with an objective of knowing the PPE required for use, dated 04/03/2020.</p> <p>Review of the facility, "[REDACTED]"</p> <p>Review of the facility, "COVID-19 Preparedness and Response Manual," (not dated) contained the "Special Droplet/Contact Precautions" instructions which revealed, clean hands when entering and leaving the room, wear mask, wear eye protection, gown, and glove at the door.</p> <p>On 05/21/2020 at 11:03 AM, the surveyor conducted a telephone interview with the DON. The DON stated the way staff was made aware of a resident requiring isolation precautions was "by the isolation sign and when given report."</p> <p>NJAC 8:39-19.4(a)(2); 27.1(a)</p>	F 880			