

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

PRINTED: 05/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2020
NAME OF PROVIDER OR SUPPLIER ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 303 ELM STREET PERTH AMBOY, NJ 08861	
(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
F 000	INITIAL COMMENTS Survey date: 04/19/2020 Census: 155 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. During a focused Covid-19 (Covid) infection control survey on 04/18/2020, an immediate jeopardy (IJ) was identified regarding the failure to follow infection control guidelines for the use of personal protective equipment (PPE), hand hygiene, cleaning of equipment, and cohorting of Covid-19 positive, people under investigation (PUI) for symptoms/exposure and asymptomatic residents. (F880).	F 000	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>	
F 880 SS=L	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:	F 880		5/5/20

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

TITLE

(X6) DATE

Electronically Signed

05/05/2020

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)(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 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.	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>		

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F 880	<p>Continued From page 2</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 by: Based on observation, interview, and record review, it was determined that the facility failed to ensure: a.) adequate screening of Covid-19 symptoms for visitors/vendors upon entrance into the facility; b.) an effective system of surveillance/tracking and cohorting of Covid-19 positive, persons under investigation (PUI) for Covid-19 and residents not exhibiting symptoms (non-ill or asymptomatic) of Covid-19; c.) staff assignments were designated to cohort groups appropriately to prevent the spread of COVID-19; c.) staff follow infection control protocols for doffing (removal) of personal protective equipment and performing hand hygiene when exiting a droplet isolation room and before entrance to a non-ill resident room; and d.) staff cleaned and disinfected equipment appropriately after use to address the risk of cross-contamination. This deficient practice was identified during tour on 5 of 5 nursing floors (██████ floor) conducted on 04/18/2020.</p> <p>On 04/18/2020, the surveyor reviewed the facility's COVID-19 outbreak response measures</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution process during the survey.</i></p> <p>A. All residents who had tested positive for COVID-19 were immediately relocated to the █████ floor. Residents who were identified as presumptively positive for COVID -19 were cohorted and relocated to a separate wing on the █████ floor. All residents on the █████ floor who had no symptoms of COVID were moved to other floors. Family members and Attending Physicians were notified of each resident's relocation. The facility's COVID-19 Outbreak plan was reviewed and updated to reflect the cohort groups. The PPE carts were fully stocked, and PPE was placed in the bins by each affected resident's room.</p> <p>B. As all residents could be affected by the outbreak of COVID-19, the Facility established three separate units on April 18, 2020 for Positive, negative, PUI residents. All residents were screened and tested for COVID in order to cohort resident properly. All residents were</p>	

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F 880	<p>Continued From page 3</p> <p>to include the resident and staff line list, infection data tracking/surveillance sheets, and other pertinent documents the facility provided as they related to COVID-19. The documents revealed that there was no system in place to identify or track the resident cohort group who were non-ill to prevent their exposure to the virus.</p> <p>Upon observation and interview, it was identified that there was no designation of staff to care solely for the Covid-19, PUI and non-ill residents on all nursing units throughout the facility. Two non-ill, non PUI residents (Residents #2 and #6) resided in the same room as Covid-19 positive residents (Resident #1 and #5). The Covid-19 and PUI residents were located throughout the units on each floor and were not cohorted to one area to minimize the exposure risk to non-ill, non-exposed residents. An activity aide on the [redacted] floor entered a Covid-19 isolation room, wearing a gown, mask, faceshield and gloves to deliver meal trays to Residents #1 and #2. The aide did not doff the gown, mask, and gloves or perform hand hygiene prior to entering the room of non-ill residents (Resident #3 and #4) to deliver their trays. A Licensed Practical Nurse (LPN #4) on the [redacted] floor exited a PUI resident room carrying a used gown, gloves and a [redacted] down the hallway where the gown and gloves were placed in a biohazard bin and the [redacted] was placed on top of an isolation bin. LPN #4 did not perform hand hygiene prior to donning gloves and cleaning the [redacted] and used her non-gloved hand to reach inside a container of disinfectant wipes to retrieve a wipe. Also, a [redacted] on the [redacted] floor was not cleaned in a manner to minimize cross-contamination. The [redacted] was placed on top of the medication cart without</p>	F 880	<p>moved accordingly. All units were inspected for full supply of PPE. All rooms were checked to have the PPE disposal bin inside residents' room.</p> <p>C. To ensure compliance with all infection control practices, all nursing staff were immediately re-educated on Identification of residents with COVID symptoms and the proper cohorting groups, hand hygiene, donning and doffing of PPE, disinfecting medical equipment and screening staff and visitors. Central supply was in-serviced on maintaining proper stocking of PPE carts.</p> <ol style="list-style-type: none"> 1) A facility-wide in-service and return demonstration on proper hand hygiene was given by the ADON (IP). 2) All isolation rooms were identified, and proper signage was placed on each door. Nursing staff was re-educated on placing the isolation signage as soon as a resident has been identified as requiring isolation. Nursing staff was re-educated on how to identify residents on isolation. 3) A Facility wide in-service and return demonstration was completed regarding proper usage of PPE, which include removing and discarding contaminated gloves, masks, Isolation gowns when exiting isolation room. 4) A re-in-service and return demonstration was given to the Nursing staff by the ADON/IP on properly disinfecting equipment (e.g. BP apparatus, glucometers, thermometers, etc.) after use. This in-service is ongoing. 5) Designated employees were given a 	

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F 880	<p>Continued From page 4</p> <p>being cleaned after use on a resident. In addition, the surveyor and an EMS person were not screened for symptoms of Covid-19 and exposure before granted entrance into the facility.</p> <p>In accordance with facility provided documents as of 04/18/2020 and interview, the surveyor learned that the facility had 24 Covid-19 positive residents, 10 PUIs awaiting testing results and 8 deaths since 04/01/2020. The latest onset of symptoms was on 04/16/2020.</p> <p>The facility's failure to adequately conduct surveillance to identify and track the non-ill resident cohort group, dedicate staff to designated cohort groups, follow isolation infection control protocols for PPE and disinfection of equipment, and adequately screen visitors upon entrance posed a serious and immediate threat to the safety and wellbeing of all non-ill residents residing in the facility.</p> <p>This resulted in an Immediate Jeopardy (IJ) situation that began on 04/18/2020 at 3:45 PM. The immediacy was removed on 04/19/2020 at 9:30 AM based on an acceptable Removal Plan that was implemented by the facility and verified by the surveyor during an on-site visit survey conducted on 04/19/2020.</p> <p>The deficient practice was evidenced by the following:</p> <p>a.) On 04/18/2020 at 9:20 AM, the surveyor entered the facility. Upon entrance, the surveyor observed an electronic touchpad on a stand located next to a screening table that was set-up within the entrance. The table contained a</p>	F 880	<p>re-education on properly screening anyone who enters the facility for COVID symptoms.</p> <p>6) Central supply was in-services on par levels and proper stocking of PPE carts and PPE bins.</p> <p>D. The Administrator/DON or designee began and will continue to conduct daily surveillance of all residents for new signs or symptoms. All residents with symptoms will be moved to the PUI unit. Daily review of all COVID swab results to ensure that residents are either moved to the COVID + unit or relocated back to their unit if negative. These residents will be tracked via the line listing by the Infection Preventionist.</p> <p>1) The infection preventionist or designee will perform 5 competencies of nurses and CNA's on proper PPE use, including donning and doffing, per week for 90 days.</p> <p>2) The infection preventionist or designee will perform 5 competencies of nurses and CNA's on proper hand washing per week for 90 days.</p> <p>3) The infection preventionist or designee will perform 5 competencies of equipment cleaning with licensed nurses per week for 90 days.</p> <p>4) The administrator and or designee will observe the front desk staff at 5 random times per week to ensure that all processes for allowing staff/vendors to enter the building have been followed.</p> <p>5) The administrator and or designee will audit the PPE carts and bins daily for proper par levels for the next 4 weeks.</p>	

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F 880	<p>Continued From page 5</p> <p>██████████, Covid-19 infection control information, a visitor logbook, and a screening log that captured symptom and exposure questions and the temperature recordings. There was no staff member observed at the table. The receptionist (Staff #1), who was seated at the reception desk, approached the table. The surveyor identified self and explained the purpose of the visit. Staff #1 explained that she needed to obtain the temperature. She attached the probe to the ██████████ inserted in the surveyor's ear and obtained a temperature of 95.0 degrees Fahrenheit (F). The surveyor asked if Staff #1 had any further questions, if there was a questionnaire to complete or a logbook that needed to be signed. Staff #1 responded, "No, you are good." The surveyor was asked to wait in the lobby, which was located behind the screening table, and Staff #1 returned to the reception desk. Staff #2, a Unit Secretary, then seated herself in the chair at the screening table.</p> <p>On 04/18/2020 at 9:28 PM, a resident was observed entering the facility by wheelchair that was being pushed by an EMS transport person. The resident was wearing a surgical mask and the EMS person was wearing a respirator. The EMS person stopped at the table for screening. Staff #2 asked the resident in Spanish how he/she was feeling. The resident replied that he/she was okay. Staff #2 took the resident's temperature and obtained a reading of 96.7 degrees (F). Staff #2 then took the EMS person's temperature and obtained a reading of 97.0 degrees (F). Staff #2 did not inquire if the EMS person had any symptoms and did not direct the EMS person to sign-in using the touchpad, visitor log or enter information on the screening</p>	F 880	<p>All results of these reviews and competencies will be reported to the QAPI committee monthly for 3 month</p> <p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>		

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F 880	<p>Continued From page 6</p> <p>logbook. The EMS person then wheeled the resident to the elevators, where he entered the elevator with the resident.</p> <p>On 04/18/2020 at 9:32 AM, the surveyor conducted an interview with Staff #1 and Staff #2. Staff #1 stated she fills in at the table when the staff assigned to the screening table are not available, such as break time. When asked about temperatures, she stated that a person with a temperature above 100.4 F would not be allowed in the facility. She was not sure what an acceptable low temperature was for a person and would only recheck the temperature if it was higher than 100.4 F. Staff #2 stated that the EMS person was transporting the resident back to his/her room and that all staff and visitors were supposed to sign-in through the touchpad and complete the symptom/temperature logbook. She continued that visitors were to sign-in through the touchpad, sign the visitor logbook and completed the symptom/temperature logbook. When asked why the surveyor and EMS person did not go through this screening process, Staff #2 stated that it was a mistake, and that both should have been screened in accordance with the policy.</p> <p>On 04/18/2020 at 1:12 PM, the Assistant Director of Nursing (ADON), who was also the Infection Control Coordinator, stated that all visitors and staff were screened upon entry. She stated that all staff enter through the front entrance and that both staff and visitors were to complete the questionnaire on the touchpad, sign-in on the logbook, answer the questions on the symptom logbook, have their temperatures taken, and then record the reading. The ADON stated that the front desk personnel should have screened the</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>		

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F 880	<p>Continued From page 7 surveyor and the EMS person upon entry.</p> <p>Review of the In-service records provided by the ADON, dated 03/11/2020, indicated that both Staff #1 and Staff #2 attended the training for the monitoring of all staff and non-residents entering the building for signs and symptoms of Covid-19 virus. The in-service included that the facility will screen every staff member and vendor who enters the building through the following steps: A questionnaire will be filled out asking if they have any signs or symptoms of Covid-19; if they have recently returned from international travel within 14 days; if in the last 14 days, have they come in contact with anyone that tested positive for Covid-19; and do they reside in a community where there are cases of Covid-19. Anyone entering the building will have their temperature taken and if anyone has a temperature of 100.4 or higher, they will not be allowed to enter the building. The in-service did not include information regarding low temperature readings.</p> <p>Review of the facility's Infection Control policy on Coronavirus (Covid-19) policy provided by the ADON, dated last revised 03/2020, indicated that visitors with known or suspected Covid-19 will be restricted from entering the facility and that the facility will monitor visitors entering the facility for signs and symptoms.</p> <p>b.) During the entrance conference on 04/18/2020 at 9:35 AM, the ADON stated that the facility had a census of 156 with 5-7 residents hospitalized. She stated there were 24 active Covid-19 positive residents with 10 PUIs that were tested for the virus with results pending. The ADON stated that there were three units on each floor and that the Covid-19 positive and</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>	

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F 880	<p>Continued From page 8</p> <p>PUI residents were not separated into one area and were on every floor and unit. The ADON stated that staffing has been a challenge and that staff were not designated to care for a specific cohort group. She explained that she had been in daily contact with the Local Health Department who advised that this was alright since they have to suspect that everyone has been exposed. In reference to PPE, the ADON stated they keep a daily inventory and report to the state portal, along with the staffing. She added that they are preserving and are currently fine with PPE. The ADON explained that the Administrator was unavailable until Monday; the former DON resigned and a new DON was to start on Monday. She added that there was another ADON who was currently out sick. The ADON stated she had also been sick on 4/16 and 4/17 and returned to work today, 4/18/2020.</p> <p>On 4/18/2020 at 10:34 AM, the surveyor toured the 3 units on the [REDACTED] floor. The surveyor noted that on rooms [REDACTED], and [REDACTED] there was signage on the doors to see the nurse before entering. The signs did not indicate the room was on isolation or the type isolation required. Outside of room [REDACTED], across from room [REDACTED], there was one 3-drawer, clear plastic bin (isolation set-up) that contained gowns only. There were no gloves or masks stored in the bin. There was no isolation set-up outside or near room [REDACTED] and [REDACTED]. The isolation set-up located outside of room [REDACTED] contained gloves only. There were no gowns or masks stored in the bin.</p> <p>On 04/18/2020 at 10:40 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated that the [REDACTED] floor census was 26, which included 15 Covid-19 positive and PUI</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>	

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F 880	<p>Continued From page 9</p> <p>residents, and that she and one Certified Nursing Assistant (CNA #1) were assigned to the floor and not any specific room. She stated that the signs posted on the resident room doors indicated that the resident was on isolation for Covid-19. LPN #1 stated the isolation was for droplet precautions and that the personal protective equipment (PPE) needed to care for the residents on isolation consisted of the use of gowns, gloves, masks, and face shields. LPN #1 stated that when going into the isolation room, she dons a surgical mask over the N95 (respirator mask), a gown, face shield, and gloves. Before exiting, she would remove and discard the gown, surgical mask and gloves. She would then perform hand hygiene and disinfect the face shield. She was unable to answer why the isolation bins were not stocked with the PPE needed to care for a resident on Covid-19 isolation for droplet precautions. LPN #1 stated PPE was ordered by administration and that she had just returned to work after being off a few weeks and she was still trying to get acclimated.</p> <p>On 04/18/2020 at 10:50 AM, the surveyor interviewed CNA #1 regarding PPE use in the isolation rooms. CNA #1 stated that she was told there was not a lot of PPE, so they need to preserve it. She stated that she tries to care for all non-Covid positive residents first and then care for the residents on isolation. CNA #1 explained that she does not change her mask and gown all of the time unless she was caring from a positive resident. CNA #1 stated the nursing staff were issued one respirator mask per day and that they use the surgical mask over the respirator when in the isolation room. CNA #1 stated she would let the LPN know if they were out of PPE in the isolation set-ups and they</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>		

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F 880	<p>Continued From page 10</p> <p>would get more but had not gotten the opportunity to do that yet.</p> <p>Review of the facility's Infection Control Policy on Coronavirus (Covid-19) policy provided by the ADON, last revised on 03/2020, indicated that immediate infection prevention and control measures will be put into place for a resident with known or suspected Covid-19. The policy included that the resident would be placed on Droplet Isolation.</p> <p>Review of the facility's policy on Transmission-Based Precautions provided by the ADON, dated revised 10/15/2019, indicated PPE must be readily available near the entrance to the resident's room for staff to use.</p> <p>On 04/18/2020 at 11:30 AM, the surveyor toured the 3 units on the [REDACTED] floor. Upon arrival on the floor, LPN #2 was observed holding a [REDACTED] while walking towards the medication cart, located near the nurses' station. LPN #2 placed the [REDACTED] on top of the medication cart while removed the keys from her right pant pocket to open the medication drawer.</p> <p>During an interview at that time, LPN #2 stated she had just used the [REDACTED] on a resident to obtain the [REDACTED] reading. When asked if the [REDACTED] was cleaned prior to placing it on top of the medication cart, LPN #2 stated, "No, I forgot." LPN #1 stated that she should have cleaned it with the disinfectant and wasn't thinking clearly. She elaborated that she was a new employee and just started a few days ago.</p> <p>The surveyor continued the tour of the floor and noted there was a sign on room [REDACTED] and</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>		

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F 880	<p>Continued From page 11</p> <p>█ that indicated to see the nurse before entering. Each room was occupied by one resident. There was no indication of the type of isolation required and there was no isolation set-up outside of room █. The isolation set-up outside of room █ and █ contained gloves, gowns, and surgical masks.</p> <p>During an interview with LPN #2 at 11:40 AM on 04/18/2020, she stated that the census on the floor was 28, which included 3 positive residents, and that she and two certified nurse aides were assigned to care for the floor with no designation of personnel to care for the Covid-19 positive residents. She stated that the door sign on the rooms indicated that the residents were on isolation precautions for Covid-19 and that staff were required to change their gown, gloves, surgical mask upon exiting the room.</p> <p>On 04/18/2020 at 11:44 AM, the surveyor conducted an interview CNA #1 and #2 who standing at the nurses' station together. Both CNAs stated they were new to the facility and that they were issued a respirator mask once a day. CNA #1 stated that she would wear her gown, gloves, mask, and faceshield into a Covid-19 positive room and then remove the gown and gloves and then wash her hands. CNA #2 stated that she would do the same, expect she would also remove the outer surgical mask that she would put on before going in and clean the face shield when she exited. They both stated that they try to leave the Covid-19 positive residents for last but they have to answer the call bells in those rooms and would go in and out as needed throughout their shift.</p> <p>On 04/18/2020 at 11:57 AM, the surveyor toured</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>	

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F 880	<p>Continued From page 12</p> <p>the 3 units on the [REDACTED] floor. During the tour, the surveyor observed that there was a sign on room [REDACTED] and [REDACTED] door that indicated to see the nurse before entering. Room [REDACTED] had one occupant and room [REDACTED] was occupied by two residents. There was no indication of the type of isolation required. Outside of both room, there was an isolation set-up that contained gloves, gowns and surgical masks.</p> <p>On 04/18/2020 at 12 Noon, the surveyor interviewed LPN #3 who stated that the census was 43, which included 2 Covid-19 positive residents. She stated there were 3 CNAs and 2 activity aides assigned to care for all residents with no designation of staff for the Covid-19 positive residents. LPN #3 stated she recently returned to work after being sick and she was originally assigned to the [REDACTED] floor but was pulled to the [REDACTED] floor today. When asked about the two residents in room [REDACTED], LPN #3 stated that only one of residents was Covid-19 positive (Resident #1) and the other resident (Resident #2) was not. LPN #3 stated that Resident #2 was not having any symptoms that she was aware of and had not been tested for the virus as of 04/18/2020.</p> <p>On 04/18/2020 at 12:11 PM, during the lunch meal tray pass, the surveyor observed an activity aide (AA #1), wearing a gown, face shield, respirator mask, and gloves as she pushed the meal tray delivery cart to room [REDACTED]. AA #1 removed a meal tray from the cart, entered room [REDACTED] and placed the meal tray on Resident #1's bedside table. She then returned to the food cart, removed a meal tray, entered room [REDACTED] and placed the meal tray on Resident #2's bedside table. Without removing her gloves and performing hand hygiene, AA #1 exited the room,</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>	

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F 880	<p>Continued From page 13</p> <p>returned to the cart and pushed the cart down the hallway to room [REDACTED]. She then removed a meal tray from the food cart and entered room [REDACTED], where she placed the tray on Resident #3's bedside table. She exited the room, returned to the cart, removed a meal tray and delivered it to Resident #4 in room [REDACTED]. The surveyor noted that rooms [REDACTED] and [REDACTED] did not have signage posted on the doors to see the nurse before entering.</p> <p>On 04/18/2020 at 12:14 PM, the surveyor interviewed AA #1 who stated the [REDACTED] floor had a lot of [REDACTED] residents. She continued that the activity aides assisted where they could during this time, which included passing the meal trays. The surveyor asked about the signage on room [REDACTED] door. AA #1 responded that it meant it was an isolation room for Covid-19. She stated that the staff do the best they can and that although she was supposed to change her gown, gloves and mask, she did not do it during the meal pass because she was just trying to get the residents their meals.</p> <p>On 04/18/2020 at 12:16 PM, the surveyor interviewed AA #2 regarding the door signage and associated infection control protocols. AA #2 stated that the sign on the door indicated an isolation room and that the staff should change their gowns and gloves.</p> <p>On 04/18/2020 at 12:20 PM, the surveyor interviewed LPN #3 who stated that the activity aides have been very helpful with passing the meal trays. She stated when going into an isolation room to deliver the trays, the procedure consisted of changing gloves and performing hand hygiene before exiting.</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>		

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F 880	<p>Continued From page 14</p> <p>The line listing document, provided by the ADON on 04/18/2020 at the entrance conference at 9:35 AM, showed that Resident #1 was Covid-19 positive. The line listing also revealed that Resident #2, #3, and #4 were not listed as having Covid-19, pending Covid-19 test results or were a person under investigation (PUI) for the virus. The ADON stated that the line listing was current.</p> <p>Review of Resident #1's physician order sheet revealed an order dated 04/02/2020 for a Covid-19 Swab. The Lab Results Report, dated 04/06/19, revealed that SARS-CoV-2 (Coronavirus Covid-19) was detected (positive for Covid-19).</p> <p>Review of Resident #2, #3, and #4's physician order sheets, progress notes, laboratory reports, and medication administration records revealed the resident were asymptomatic for Covid-19 and that there were no physician ordered tests or treatments for Covid-19.</p> <p>Review of the facility's Infection Control Policy on Coronavirus (Covid-19) policy provided by the ADON, last revised on 03/2020, indicated to limit only essential personnel to enter the room with appropriate PPE. The PPE included gloves, gown, respiratory protection, don mask when entering and exiting resident's room; eye protection that covers both the front and sides of the face, remove before leaving resident room. Hand hygiene using an alcohol-based hand sanitizer before and after all patient contact, contact with infection material and before and after removal of PPE, including gloves.</p> <p>On 04/18/2020 at 12:24 PM, the surveyor toured</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>	

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F 880	<p>Continued From page 15</p> <p>the 3 units on the [REDACTED] floor. Upon arrival the surveyor interviewed LPN #5 who stated the census was 47 with one positive resident in room [REDACTED]. LPN #5 stated that there was two CNAs assigned to the floor and that there was no designated staff to care for the Covid-19 resident. The surveyor noted that there was no signage on room [REDACTED] and that the room was occupied by two residents (Resident #5 and #6).</p> <p>LPN #5 reviewed the line listing document that showed that Resident #5 was Covid-19 positive. LPN #5 confirmed that Resident #6 was not on the line listing as having Covid-19, pending Covid-19 test results or was a person under investigation (PUI) for the virus. LPN #5 then entered the computer and confirmed that Resident #6 had not been ordered a test or was being treated for Covid-19. LPN #4 stated that Resident #6 was not exhibiting any symptoms congruent with Covid-19 and was a PUI. She stated further she was not sure why she was cohorted with a resident that was positive for Covid-19.</p> <p>Review of Resident #5's physician order sheet revealed an order dated 04/10/2020 for a Covid-19 Swab. The Lab Results Report, dated 04/17/19, revealed that SARS-CoV-2 (Coronavirus Covid-19) was detected (positive for Covid-19).</p> <p>Review of Resident #5's physician order sheets, progress notes, laboratory reports, and medication administration records revealed the resident was asymptomatic for Covid-19 and that there were no physician ordered tests or treatments for Covid-19.</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>	

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F 880	<p>Continued From page 16</p> <p>On 04/18/2020 at 12:43 PM, the surveyor toured the 3 units on the [REDACTED] floor. Upon arrival to the nurses' station, the surveyor observed LPN #4 with a [REDACTED] in her hand as she entered room [REDACTED]. The room had a sign on the door that indicated to see nursing before entering and was occupied by two residents (Resident #7 and #8). LPN #4 obtained the [REDACTED] on Resident #7, placed the [REDACTED] on the bedside table and then removed her gown and gloves. She balled the gown up and held it in her left hand. She then used her right hand, which held the used gloves, to pick up the [REDACTED] and exit the room. LPN #4 placed the [REDACTED] on top of the isolation set-up outside of room [REDACTED] and discarded the gown and gloves in the biohazard trash bin that was near the isolation set-up. Without performing hand hygiene, she removed the blue lid of the disinfectant, reached inside with her bare right hand, and removed a disinfectant wipe. LPN #4 then reached into the top drawer of the isolation set-up and removed a pair of gloves. She donned the gloves and used the disinfectant wipe to clean the [REDACTED].</p> <p>On 04/18/2020 at 12:48 PM, during an interview with LPN #4, she stated that Resident #7 was recently tested for Covid-19 with results still pending. She explained that Resident #8 has presumed exposed and was ordered a Covid-19 test and a [REDACTED]. She stated that room [REDACTED] was an isolation room and that all equipment should be cleaned before used on another resident. LPN #4 stated that there wasn't a biohazard bin outside of the room, which was why she walked the used gown and gloves down to room [REDACTED]. She stated that she should have performed hand hygiene after discarding the gown and gloves and that she should not</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>		

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F 880	<p>Continued From page 17</p> <p>have opened the container lid to remove the disinfectant wipe.</p> <p>Review of Resident #7's physician order sheet revealed an order dated 04/16/2020 for a Covid-19 Swab. The Lab Results Report, dated 04/17/19, revealed that SARS-CoV-2 (Coronavirus Covid-19) was detected (positive for Covid-19).</p> <p>Review of Resident #8's Medication Review Report, dated 04/19/2020, revealed an active order for a [REDACTED] and Covid-19 test, dated 04/16/2020. The medical record did not contain documentation that the Covid-19 test was performed.</p> <p>Review of the line listing that was provided by the ADON on 04/18/2020, revealed that Resident #7 has a pending Covid-19 test result and that Resident #8 was not on the line listing as a PUI with a Covid-19 pending test.</p> <p>Review of the facility's Infection Control Policy on Coronavirus (Covid-19) policy provided by the ADON, last revised on 03/2020, indicated dedicated or disposable patient-care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident.</p> <p>On 04/19/2020, the ADON was made aware of the above findings. She stated that she was off the last two days and the results of Resident #5 came in yesterday (04/17/2020) when she was not there. When asked why non-ill residents remained in the room with a person that was PUI and later tested positive, she stated that everyone was considered exposed and that the</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>	

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F 880	<p>Continued From page 18</p> <p>Local Health Department (LHD) was aware. Upon request for written documentation between the facility and the LHD, the ADON stated that the information was discussed over the telephone and they had nothing in writing. She stated that they cohort and separate residents that are positive and suspected and monitor for symptoms; however, they do not dedicate staff and do not have a specific floor or unit designated to cohort the Covid-19 positive and PUIs. She stated they talked about making a Covid-19 unit a few weeks ago but due to staffing were unable to do it.</p> <p>On 04/19/2020 at 10:00 AM, the surveyor spoke with the Administrator regarding the above issues. The Administrator stated that staffing has been a challenge and that they considered cohorting but the staff stated they would quit if they were designated to care for the Covid-19 positive residents. He stated the facility was in constant contact with the LHD, who stated that the entire building was assumed Covid -19 positive, and were following CDC guidelines. As far as the infection control issues, the Administrator stated that typically they have five unit managers that would be able to watch practices but they were all out sick.</p> <p>On 04/19/2020, a call was placed to the State Agency at the request of the Administrator and Owner. During the call, the Owner relayed the same information that was presented by the Administrator in the above interview.</p> <p>Review of the facility's Outbreak of Communicable Disease policy, dated last reviewed 01/2019, included that the Infection Control Coordinator and Director of Nursing will</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>		

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F 880	<p>Continued From page 19</p> <p>be responsible for receiving surveillance information and tabulating data and assigning nursing personnel, if appropriate to same resident group for the duration of the outbreak. The nursing staff would be responsible for initialing isolation precautions as directed or as necessary.</p> <p>Review of the NJDOH Communicable Disease recommendations for Long Term Care Facilities during Covid-19 Pandemic at https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_LTC_Recommendations.pdf, indicated: appropriate placement of PUI and positive COVID-19 case(s) and infection control precautions. For suspect or confirmed COVID-19 case(s), Standard and Transmission-based Precautions including use of a N95 respirator (or facemask, if unavailable), gown, gloves, and eye protection is recommended. Implement facility cohorting plan that allows for separation of residents, dedicating staff and medical equipment to each of these cohorts and allowing for necessary space to do so at the onset of an outbreak: Identify three cohort groups: 1.) "Ill" 2.) "Exposed" (not ill, but potentially incubating) and 3.) "Not ill/not exposed." Dedicate resident specific equipment and supplies. If not possible, restrict dedicated equipment within a specific cohort with routine cleaning and disinfection between resident use. HCP assigned to affected unit(s) should not rotate to unaffected units. This restriction includes prohibiting HCP from working on unaffected units after completing their usual shift on the affected unit(s). If a wing/unit has multiple ill residents, transition the impacted wing/unit to house only these</p>	F 880	<i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i>	

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F 880	<p>Continued From page 20</p> <p>residents when the facility cannot otherwise rapidly isolate them (i.e. "ill" cohort). If the facility is unable to effectively cohort the impacted wing/unit(s) then rapid isolation of the unaffected wing/unit(s) is imperative.</p> <p>On 04/18/2020 at 3:45 PM, the surveyor met with the ADON, who stated she was the only one available. The ADON was advised of the failure to appropriately identify and track residents who were asymptomatic and PUI, and cohort Covid-19 positive residents; appropriately cohort staff assignments to reduce the transmission of COVID-19 while ensuring PPE and isolation signage was provided. The ADON was further advised of the facility's staff improper infection control protocols for PPE use, disinfecting of resident equipment, and Covid-19 screening of visitors placed the non Covid-19 positive residents in an Immediate Jeopardy (IJ) situation. The ADON was unable to provide documentation to refute the surveyor's findings.</p> <p>The IJ began on 04/18/2020 at 3:45 PM and the immediacy was removed on 04/19/2020 at 10:23 AM based on an acceptable Removal Plan which included the following:</p> <p>Cohorting all Covid-19 positive residents on the [REDACTED] floor and using a separate wing on the [REDACTED] floor for the PUI residents with dedicated staff for each area. All asymptomatic residents on the [REDACTED] floor were moved to other floors. Staff were reeducated with return demonstration on hand hygiene and donning/doffing of PPE. Training in-service was given on isolation precaution and the proper disinfecting of equipment.</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>		

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F 880	<p>Continued From page 21</p> <p>The implementation of the removal plan was verified on-site on 04/19/2020.</p> <p>On 04/19/2020 at 9:45 AM, the surveyor toured all five nursing units, and verified through observation, interviews with facility staff and review of in-service education and revised facility documents that the Removal Plan had been implemented.</p> <p>NJAC 8:39-19.4; 27.1 (a)</p>	F 880	<p><i>The facility has requested an Informal Dispute Resolution to contest the deficiencies found during the survey.</i></p>	