

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

PRINTED: 07/20/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315431</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREPOINT HEALTH - BAYONNE HOSPITAL CENTER TCU</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>29 EAST 29TH STREET BAYONNE, NJ 07002</b>
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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	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted at this facility. The facility was found to be out of compliance with 42 CFR §483.80 and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.  Survey date: 06/21/2020  Census: 10	F 000		
F 885 SS=F	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii)  §483.80(g) COVID-19 reporting. The facility must—  §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—  (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within	F 885		7/14/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  06/24/2020
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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 885	<p>Continued From page 1</p> <p>72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to develop a process for notifying residents, their representatives and families each time a confirmed COVID-19 test result was identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. The deficiency occurred during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>During an interview on 06/21/2020 at 10:15 AM, the Administrator reported the facility followed the hospital's protocol for notifying residents and families of COVID-19 positive results.</p> <p>On 06/21/2020 at 1:00 PM, the Director of Quality presented an undated policy titled, "CarePoint Health Bayonne Medical Center. Covid-19 Preparedness." The section titled, "Notification of patients if subjected to a Covid + Patient" notes, "a. In the event a Covid - patient has inadvertently been exposed to a Covid + patient, the patient and/or next of kin will be notified by the Infection Control Manager."</p> <p>An interview was completed with the Director of Quality on 06/21/2020 at 1:10 PM. The Director stated, "There is no policy about notifying the other residents or families of a positive test result (of another resident or staff member). Residents who are positive or pending are kept in their rooms so there is no need to tell everyone else." After the surveyor explained the requirement to notify all residents and families of any COVID-19</p>	F 885	<p>The current Outbreak Response Plan policy will be revised to reflect the requirement of the notification of residents, residents □ families, visitors, and staff in the event of an outbreak of a contagious disease in the hospital. The director of nursing or designee will notify residents, their representatives or family member confirmed or suspected COVID-19 activity, mitigating actions taken by the hospital to prevent or reduce the risk of transmission, including if normal operations in TCU will be altered through phone call, email, mailed letter, or hospital website. The notification to inform residents, their representative or family member will occur by 5 pm the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other. Residents, their representatives or family member will receive cumulative updates to at least weekly or by 5 pm the next calendar day following the subsequent occurrence of either: Each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</p> <p>All residents, their representatives or family member may be affected by not receiving timely information about confirmed or suspected COVID-19 activity</p>		

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F 885	Continued From page 2 in the facility or new onset of respiratory symptoms, the Director of Quality said, "We will have to make a policy on notifying other residents and the families."  NJAC: 8:39-13.1 (c)	F 885	in the unit.  The Outbreak Response Plan policy will be revised to meet the requirement of notification of residents, their representatives or family member as required in CFR: 483.80(g)(3); F885.  The Administrator and the Director of Nursing will revise the Outbreak Response Plan. The Director of Nursing will monitor the effectiveness and timely reporting/notification to patients and families through patient and their representative's feedback. The policy and its implementation will be reviewed by the QAPI committee through designated communication channels annually or when changes are required as a response to the outbreak.  The policy revision as plan of correction will be completed on July 14, 2020.		