

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/30/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARKER AT MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>395 SCHOOL HOUSE ROAD MONROE, NJ 08831</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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities, infection control regulations and has implemented Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Survey date: 06/30/20</p> <p>Census: 83</p>	S 000		
S1340	<p>8:39-19.4(a)(1-6) Mandatory Infection Control and Sanitation</p> <p>(a) The facility shall develop, implement, comply with, and review, at least annually, written policies and procedures regarding infection prevention and control which are consistent with the most up-to-date Centers for Disease Control and Prevention publications, incorporated herein by reference, including, but not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Guidelines for Handwashing and Hospital Environmental Control;</li> <li>2. Guidelines for Isolation Precautions in Hospitals;</li> <li>3. Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly;</li> <li>4. Prevention of Nosocomial Pneumonia;</li> <li>5. Prevention of Catheter Associated Urinary Tract Infections; and</li> </ol>	S1340		

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

TITLE

(X6) DATE

07/09/20

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S1340	<p>Continued From page 1</p> <p>6. Prevention of Intravascular Infections.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to ensure that a.) staff utilize personal protective equipment (PPE) and b.) hand hygiene (HH) was performed to limit the potential spread of COVID-19 (COVID).</p> <p>The deficient practice occurred on 1 of 1 units designated for COVID positive residents and 1 of 1 units designated as an observation/COVID exposed unit.</p> <p>At 10:30 AM, during an interview with the Administrator, in the presence of another surveyor, the Administrator stated the staff is assigned one surgical mask and one N95 mask weekly unless the masks are soiled or ripped, and they will receive a replacement.</p> <p>At 11:50 PM, during a tour of the COVID positive and observation unit, the surveyor interviewed the Recreation Coordinator (RC) who stated she was assigned solely to the COVID positive and observation unit, and she was educated on COVID and PPE use.</p> <p>At 12:30 PM, the surveyor observed the RC enter a COVID positive resident room with a meal tray. The RC was wearing a surgical mask, gloves, gown, head covering and goggles. The door to the resident's room was open and the surveyor observed the RC place the tray on the table in front of the resident who was not wearing a mask.</p>	S1340		

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S1340	<p>Continued From page 2</p> <p>The RC opened a hand wipe that was located on top of the resident's meal tray and wiped the resident's hands. The RC doffed (removed) the gloves, gown and head covering prior to exiting the resident's room. She walked into the hallway and used hand sanitizer. The surveyor noted that the RC did not remove the surgical mask that was worn over her N95 mask. The surveyor interviewed the RC at that time who stated she does not change the surgical mask, and it is worn for one week.</p> <p>At 12:40 PM the surveyor observed the RC, wearing the same surgical mask, enter a resident's room on the observation section of this unit without performing hand hygiene or donning gloves. She used her un-gloved hand to remove a beverage cup from a meal tray located at the resident's bedside and placed the cup alongside of the tray on top of the resident's bedside table.</p> <p>At 12:45 PM surveyor interviewed the RC who stated she "probably was supposed to use hand hygiene and put on gloves" before she went into the room.</p> <p>At 12:45 PM the surveyor interviewed a housekeeper (HK) assigned to the Covid positive and observation units. The housekeeper stated when exiting the COVID positive room the surgical mask what was worn over the N95 mask was not to be removed or changed upon exiting the room.</p> <p>At 2:00 PM, two surveyors interviewed the Infection Preventionist (IP) regarding using the same surgical masks to care for residents who are COVID positive and COVID negative. She stated the surgical mask that was worn inside of the room with the COVID positive resident should have been discarded inside of the room because</p>	S1340		
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S1340	<p>Continued From page 3</p> <p>it is potentially contaminated. She stated hand hygiene should be performed prior to entering another resident's room.</p> <p>The Hand Washing/Hand Hygiene Policy, December 2019 revealed hand hygiene is the primary means to prevent the spread of infections. Use and alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water before and after entering isolation precaution settings. Single-use disposable gloves should be used when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.</p> <p>Education records provided by the IP, revealed the RC was educated on: Handwashing/hand sanitizer on 04/01/20; a competency skills checklist for hand hygiene and hand sanitizer use was completed 04/10/20 PPE donning and doffing on 04/15/20; the PPE protocol for COVID + residents, importance of hand hygiene and donning and doffing PPE and surgical mask to not contaminate self on 06/19/20; PPE procedure and donning and doffing off PPE, including a surgical mask on 06/20/20. An infection control quiz was completed by the HK on 06/11/20</p> <p>NJAC 8:39-19.4(a)</p>	S1340		