

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

PRINTED: 07/22/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
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NAME OF PROVIDER OR SUPPLIER ALARIS HEALTH AT CEDAR GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 110 GROVE AVE CEDAR GROVE, NJ 07009
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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: 6/24/20 Census: 131	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		6/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/16/2020
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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, and review of pertinent facility documents, it was determined that the facility failed: a.) to ensure the proper use and storage of Personal Protective Equipment (PPE); b.) proper storage and care of [REDACTED]; and, c.) proper disposal of garbage in accordance with the Center for Disease Control and Prevention (CDC) guidelines for infection control to mitigate the spread of COVID-19. This deficient practice was identified on 1 of 3 nursing units ([REDACTED] Unit), and was evidenced by the following:</p> <p>On 6/24/2020 at 8:50 AM, the survey team interviewed the Administrator, who stated that the facility was implementing additional infection control measures due to the COVID-19 outbreak. The Administrator informed the survey team that the [REDACTED] Unit was a non-COVID unit, which meant that the residents were negative with no exposure.</p> <p>At 8:56 AM, the surveyor and the Director of Nursing (DON) entered the [REDACTED] Unit. The DON informed the surveyor that the facility had no shortages with staffing or PPE. She stated that the staff and residents were being tested for COVID-19 weekly and that they had designated staff working on the [REDACTED] unit. She further noted that all staff was educated and in-serviced about COVID-19 infection control, including sanitation, handwashing, and proper PPE use.</p> <p>At 9:08 AM, the surveyor toured the [REDACTED] unit with the Registered Nurse/Unit Manager (RN/UM) and observed the Certified Nursing Aide #1 (CNA#1) in the room of Resident#1 and 2. CNA#1's surgical mask (also called a medical</p>	F 880	<p>The C.N.A. and the housekeeper were immediately in-serviced by the DON and the Housekeeping Director respectively.</p> <p>All residents have the potential to be affected by the same deficient practice.</p> <p>All nursing staff were in-serviced by the unit manager on their respective units on the proper use of mask, [REDACTED].</p> <p>All housekeeping staff were in -serviced by the housekeeping director not to bring garbage from one room to another, to wash hands before and after use of gloves and not to keep gloves in their uniform pockets.</p> <p>Unit manager/Supervisor will check every shift on rounds that all nursing staff and residents are wearing their masks properly.</p> <p>Unit manager/Supervisor will check every shift on rounds that all [REDACTED] and hung properly on the bed frame.</p> <p>Unit manager/Supervisor will check every shift on rounds that all [REDACTED] are cleaned after emptied and stored in a plastic bag.</p> <p>Housekeeping Director/Supervisor will check on his rounds daily and randomly that the housekeepers are not bringing garbage from one room to another.</p> <p>Housekeeping Director/Supervisor will check on his rounds daily and randomly that the housekeepers are washing hands</p>		

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F 880	<p>Continued From page 3</p> <p>mask) a loose-fitting disposable mask that protects the wearer's nose and mouth from contact with droplets, splashes, and sprays that may contain germs) was not covering her nose and mouth. The surveyor observed that Resident #1 and Resident #2 were not wearing masks.</p> <p>At that time, the RN/UM then instructed CNA#1 to position the mask properly to cover her nose and mouth. The RN/UM further stated that surgical masks should be worn at all times for infection control purposes. The RN/UM said that CNA#1 told her that she was not comfortable wearing the mask.</p> <p>At 9:10 AM, the surveyor and the RN/UM went back to Resident #1 and Resident # 2's room and observed CNA#1 with the surgical mask under her chin. Again, the RN/UM instructed CNA#1 to position the mask correctly to cover her nose and mouth.</p> <p>At 9:16 AM, the surveyor and RN/UM observed Resident #3 in bed with his/her eyes closed. Resident #3's [REDACTED]. The surveyor observed a [REDACTED] on the grab bar in Resident #3's bathroom. The RN/UM stated that the [REDACTED] should be contained in a [REDACTED] on the resident's bed's metal frame, not on the floor. The RN/UM further stated that the [REDACTED] should have been cleaned and stored in a plastic bag.</p> <p>At 9:20 AM during an interview, CNA#2 stated that Resident #3's [REDACTED] should have been in a [REDACTED] of the Resident's bed and that the [REDACTED] should have been cleaned and stored in a</p>	F 880	<p>before and after use of gloves and not keeping gloves in their uniform pockets.</p> <p>Unit manager/Supervisor will report any variance findings to the ADON/DON daily. DON will report any variance findings and resolution to the Administrator weekly and quarterly at the QA meeting for the next 2 quarters.</p> <p>Housekeeping Director/Supervisor will report any variance findings to the Administrator daily.</p> <p>Housekeeping Director/Supervisor will report any variance findings and resolution quarterly at the QA meeting for the next 2 quarters.</p>		

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F 880	<p>Continued From page 4 plastic bag.</p> <p>At 9:26 AM, the surveyor and the RN/UM observed a Housekeeping Staff (HS) leave a room after collecting the trash and, with the same gloves, entered another Resident room bringing the garbage from the first room into the room. The HS then removed her gloves and reached into her uniform to obtain a new pair of gloves without first washing her hands and then took both bags of garbage to the soiled utility room.</p> <p>Simultaneously, the surveyor interviewed the HS, who stated, "I did not touch anything in the residents' rooms except the garbage. That's why I didn't wash my hands." The surveyor asked the HS why she brought the garbage from one room to another. The HS did not respond.</p> <p>At 9:44 AM, the surveyor interviewed RN/UM, who stated that the HS should not bring garbage from one room to another and should not use gloves from her uniform pocket because of contamination. She further noted that "the HS should know better because of the in-services provided to them about COVID and infection control."</p> <p>At 9:55 AM, the surveyor interviewed CNA#1, who stated, "I know I should be wearing a mask all the time, but at times I can't help it, and I have to remove it." She indicated that she received in-services about COVID-19 and the proper use of PPE.</p> <p>At 10:06 AM, the surveyor interviewed the Housekeeping Manager (HM), who stated that the HS received in-services about COVID-19, infection control, proper use of PPE, and proper garbage disposal. The HM further noted that the</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>HS did follow the facility's policy and procedure. The HS should have washed her hands before and after glove use, should not keep gloves in her uniform pockets, and should never bring garbage from one resident room to another to prevent cross-contamination.</p> <p>At 11:35 AM, the surveyor interviewed the RN assigned to Resident #3, who stated that the [REDACTED] should have been placed inside a [REDACTED]</p> <p>At 11:48 AM, the survey team met with the Administrator, DON, and Vice President of Operations (VPO) and discussed the above concerns. The Administrator, DON, and VPO all verbalized that staff should wear masks when on the units and when providing resident care. The VPO stated that staff should not be storing gloves in their pockets as this was an infection control concern, and the facility provides boxes of gloves in every room. The Administrator, DON, and VPO acknowledged that the indwelling urinary catheter bag should have been inside a privacy bag and hung on the bed, not on the floor, and the urinal should be cleaned after each use and stored in a plastic bag in the Resident's bathroom.</p> <p>At 12:10 PM, the surveyor interviewed the Assistant Director of Nursing (ADON), who stated that she was covering for the Infection Control Preventionist Nurse. The ADON indicated that staff was provided in-service education about COVID-19, infection control, hand hygiene, proper use of PPE, and care of the indwelling urinary catheter. The ADON stated that the staff should always wear masks and not bring garbage from one room to another. Additionally, staff should perform hand hygiene in between the use</p>	F 880			

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F 880	<p>Continued From page 6 of gloves, not use gloves stored in uniform pockets, and that [REDACTED] should be placed in a [REDACTED].</p> <p>A review of the facility's COVID-19 Use of Facemask Policy with an approved date of 3/26/2020 included, "All staff will be required to wear a facemask for the duration of their shift to reduce the risk of potential exposure and transmission of COVID-19"</p> <p>A review of the facility's Catheter Care Policy that the administrator provided, dated 8/24/11, included, "Indwelling catheter care will be done at least daily following proper infection control techniques ...Provide privacy bag over urinary collection bag."</p> <p>A review of the facility's Handwashing Policy/Procedure with a revised date of 10/2/18 did not include any information about when to change the gloves.</p> <p>A review of the facility's Basic Cleaning Procedures: Procedure for Emptying Trash with a revised date of 3/2016 included, "Remove trash bag from the can...Place bag in a proper receptacle on Utility Cart or trash bin."</p> <p>A review of the Strategies for Optimizing the Supply of Facemasks About Coronavirus Disease 2019 (COVID-19) from the CDC dated 3/17/20 included, "HCP should leave patient care if they need to remove the facemask."</p> <p>A review of the Hand Hygiene Guidance from the CDC with a review date of 1/30/20 indicated, "Healthcare personnel should use an alcohol-based hand rub or wash with soap and</p>	F 880		

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F 880	Continued From page 7 water for the following clinical indications: after touching a patient or the patient's immediate environmentor contaminated surfaces, ...immediately after glove removal." At 1:00 PM, no additional information was provided by the facility. NJAC 8:39-19.4 (a) (1) (5) NJAC 8:39-19.7 (h)	F 880			