

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

PRINTED: 04/29/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315377</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACTORS FUND HOME, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>175 WEST HUDSON AVE ENGLEWOOD, NJ 07631</b>		
(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: 12/15/2020  Census: 83  Sample: 3  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 as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=E	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	F 880		12/30/20	

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

TITLE

(X6) DATE

Electronically Signed

12/27/2020

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	<p>Continued From page 1</p> <p>conducted according to §483.70(e) and following accepted national standards;</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</p>	F 880			

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F 880	<p>Continued From page 2 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 review of records, it was determined that the facility failed to practice appropriate hand hygiene for 4 of 12 staff in accordance with the Centers for Disease Control and Prevention (CDC) guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/15/2020 at 10:34 AM, the surveyor observed the Occupational Therapist (OT) perform handwashing. The OT applied soap to his hands without first wetting his hands.</p> <p>During an interview at the time of observation, the OT acknowledged that he did not wet his hands before he applied soap and stated, "I should have wet my hands first."</p> <p>On 12/15/2020 at 11:11 AM, the surveyor observed the Certified Nursing Assistant (CNA #1) on the subacute unit perform hand hygiene. CNA #1 tore a piece of paper towel from a large roll and placed it directly on the counter. CNA #1 washed her hands for 25 seconds then removed the paper towel from the counter and dried her hands. Using the same paper towel, she turned off the faucet. Upon inquiry from the surveyor regarding this practice, CNA #1 replied, "I'm sorry I will wash them again." After rewashing her</p>	F 880	<p>The Actors Fund Home will ensure that it complies with all CDC guidelines for infection control practices to mitigate the spread of Covid-19.</p> <p>The Actors Fund Home in-serviced the four employees that did not demonstrate proper hand washing techniques on 12/15/2020. The Actors Fund Home Staff Educator spent time with each employee individually to ensure that they knew all of the steps, and the correct sequence and timing for proper hand washing. Each employee involved was able to correctly demonstrate the policy and to complete the skill perfectly. The staff educator completed core competencies on each of the employees that were involved, in addition they will be asked to complete this every 6 months.</p> <p>To ensure that these four employees knew how to properly wash their hands in the future and to make sure other employees did as well these four employees formed a Hand Washing Committee of Champions. Following their in-service and demonstration of proper technique, they were asked to create a hand washing video that the facility could use for all of its staff. This video was shared with the entire Actors Fund Home</p>		

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F 880	<p>Continued From page 3</p> <p>hands, CNA #1 again used the same paper towel to dry her hands and turn off the faucet.</p> <p>On 12/15/2020 at 11:21 AM, the surveyor observed CNA #2 on the subacute unit perform hand hygiene. CNA #2 applied soap without wetting her hands with water and then washed her hands for 7 seconds. The surveyor asked CNA #2 how long she should wash her hands. CNA #2 replied, "Do I remember? No." The surveyor asked if she had received education on hand hygiene that instructed to first apply water, then soap and to wash for 20 seconds. CNA #2 replied, "yes, you are right. I did it wrong."</p> <p>On 12/15/2020 at 11:25 AM, the surveyor observed the Registered Nurse (RN) on the subacute unit perform hand hygiene. The RN washed her hands for 12 seconds and used the same paper towel to dry her hands and turn off the faucet.</p> <p>During an interview with the RN after the observation, the RN stated she acknowledged she should have washed her hands for 20 seconds. The RN also stated, "I didn't use the same paper towel" and then further stated, "I thought I used a different paper towel."</p> <p>On 12/15/2020 at 12:15 PM, the Infection Preventionist Nurse (IPN) informed the surveyors that all staff members were educated and had competencies for handwashing. She further stated that the staff were fully aware that they should wet their hands prior to the application of soap and must use a clean paper towel when drying their hands.</p> <p>On 12/15/2020 at 12:20 PM, the surveyors</p>	F 880	<p>roster of employees.</p> <p>In addition, they were requested to randomly ask two employees per day to demonstrate how to wash their hands and to evaluate their technique and practice. Those core competencies will be handed to the facility Staff Educator for further follow up if necessary and will be reported to the Quality Control committee.</p> <p>To further ensure that this was not an issue with other employees, all Actors Fund Home employees were in-serviced with the Hand Washing Committee video, as well as a mandatory in-service performed by The Actors Fund Home Staff Educator on 12/20 &amp; 12/21.</p> <p>To ensure that The Actors Fund Home staff maintains the proper hand washing practice, The Actors Fund Home Staff Educator will also perform a monthly in-service reminder for all staff. In addition, The Actors Fund Home will have our Infection Control Preventionist monitor this on a monthly basis when she is here doing her audit.</p> <p>All of this information will be reported and monitored by the Infection Control Committee which meet on a month basis. All of this will be reported to the Quality Control Committee which meets quarterly.</p>		

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F 880	<p>Continued From page 4</p> <p>discussed the above concerns with the Administrator and the Director of Nursing (DON). No additional information was provided by the facility.</p> <p>A review of the facility's Handwashing Policy, dated revised on 03/10/2020, provided by the DON, indicated "Hand hygiene techniques: push watch up; turn on the water with a paper towel and adjust the temperature; clothes should not touch sink; wet your hands and wrists thoroughly, hold hands down to allow water to flow down from the wrists; apply an adequate amount of soap; lather all surfaces of hands, wrists, and fingers producing friction for at least 20-30 seconds; clean fingernails by rubbing fingertips against palms of opposite hand; rinse all surfaces of wrists, hands, and fingers keeping hands lower than the elbows and the fingertips down to allow soiled water to drain directly into the sink; do not splash water onto clothing; use clean, dry paper towel to dry all surfaces of hands, wrist, and throw the paper towel away; do not touch inside of sink at any time; shut off the water with a fresh towel and dispose of used paper towel in a wastebasket immediately after shutting off the faucet."</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 05/17/2020, included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the</p>	F 880			

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F 880	Continued From page 5 manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."  NJAC 8:39-19.4 (a) (1)	F 880		