

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

PRINTED: 09/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 325 JERSEY STREET TRENTON, NJ 08611
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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: 6/29/2020 Census: 104	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 conducted according to §483.70(e) and following accepted national standards;	F 880		8/24/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/09/2020
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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	Continued From page 1 §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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure: a) staff properly used personal protective equipment (PPE) according to facility policy and b) perform proper hand hygiene when caring for COVID-19 suspected residents in the Yellow Admission Zone (1 of 4 Zones observed). This deficient practice was evidenced by the following:</p> <p>On 6/29/20 at 9:38 AM, during an entrance conference with the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON) and Infection Preventionist (IP), the ADON stated that the facility was co-horting residents in four zones: Green, Orange, Yellow and Red. The Green Zone included residents who have never tested positive for Covid -19 and have continued to test negative, the Orange Zone (Recovery Zone) included residents that were post 14 days isolation and have had no further symptoms of Covid -19, the Yellow Zone included Persons Under Investigation (PUI) and new admissions, and the Red Zone included Covid positive residents. The [REDACTED] unit contained a Green Zone, an Orange Zone, a Yellow Zone and a Red Zone. The Yellow Zone had 9 residents and the Red Zone had one positive Covid resident. The [REDACTED] was considered an Orange Recovery Zone and the [REDACTED] contained both an Orange Zone and a Green zone.</p> <p>On 6/29/20 at 11:19 AM the surveyor donned a</p>	F 880	<p>1. A Directed Plan of Correction has been completed which includes a Root Cause Analysis (RCA) which assisted with performing a systematic review of the findings identified.</p> <p>Conclusion of RCA: In an attempt to preserve as much PPE as possible, facility had extra PPE stored in a locked area. All Nursing Supervisors now have access to the locked PPE storage area. Nurse involved was re-educated about Nursing Supervisors' accessibility to secured PPE, to seek help regarding PPE when needed and about sanitizing of goggles and wearing PPE. CNA involved did not return to work after the survey therefore was unavailable for re-education.</p> <p>Residents in rooms [REDACTED] and [REDACTED] were monitored by Nursing staff for signs and symptoms of fever, coughing, shortness of breath, decreased oxygen saturation, changes to their blood pressure or pulse, gastrointestinal problems, mental status and fatigue for a 14-day period post the deficient practice. There were no changes to the residents' clinical condition noted and they remained on transmission-based precautions during this period. Staff members have been re-educated on the proper hand washing technique for standard precautions and wearing goggles in designated areas as per PPE</p>		

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F 880	<p>Continued From page 3</p> <p>gown, gloves, a N-95 mask with a surgical mask over the N-95 mask and a face shield and toured the Yellow Zone on the [REDACTED]. The surveyor observed rooms [REDACTED] each had a yellow colored sign attached to the wall outside their room which indicated that staff is to wear a N-95 mask, a surgical mask over the N-95 mask, goggles or face shield and gloves. The surveyor observed 3 tier plastic bins containing PPE located outside the residents' rooms in the Yellow Zone.</p> <p>At 11:28 AM, while observed meal delivery, the surveyor observed CNA #1 wearing an N-95 mask with a surgical mask over the N-95 mask without goggles during meal delivery to the residents in the Yellow Zone.</p> <p>At 11:45 AM, the surveyor interviewed CNA #1 who stated that she wasn't wearing a face shield or goggles in the Yellow Zone because she was not given goggles or a face shield upon entering the facility. CNA #1 stated that sometimes the facility does not have all the PPE that is needed and further stated "it's like pulling teeth to get the PPE we need." At 11:50 AM, CNA #1's coworker (CNA #2) gave CNA #1 a pair of goggles. CNA#1 then stated, "See it's almost 12 noon and I just got goggles to wear."</p> <p>At 11:05 AM, the surveyor interviewed LPN #1 who stated she was the dedicated nurse in the Yellow Zone. During observations of the yellow zone from 11:05 AM to 12:00 PM, the surveyor observed LPN #1 not wearing goggles while entering and exiting resident's rooms in the Yellow Zone.</p> <p>At 12:00 PM, the surveyor interviewed LPN #1</p>	F 880	<p>guidelines for transmission-based precautions.</p> <p>2. All residents have the potential to be affected. Residents in the Green, Yellow, Red, and Orange zones have been evaluated for any negative effects from these deficient practices and none have been found.</p> <p>3. Directed In-Service Training will be completed for Top-Line Staff / Infection Preventionist by the use of the recommended CDC training videos: "Module I - Infection Prevention & Control Program," COVID-19 Prevention Messages for Front-Line Long-Term Care Staff: Keep COVID-19 Out!" and "COVID-19 Prevention Messages for Front-Line Long-Term Care Staff: Clean Hands - Combat COVID-19." Clinical staff will be re-educated on: proper hand washing techniques between resident care including use of sanitizing gel or hand washing with soap and water, hand washing between delivery of resident trays, entering and exiting resident rooms, wearing and sanitizing goggles for standard precautions and transmission-based precautions while in the designated zones. The facility Infection Control Plan for COVID-19 was reviewed and no revisions were necessary.</p> <p>The facility Administration will continue to maintain an ample supply of PPE, including eye protection, and will assure that all staff members are re-educated on the location of the PPE. The facility Administration will continue to assure that PPE is provided upon staff members'</p>		

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F 880	<p>Continued From page 4</p> <p>who stated that goggles were not needed in the Yellow Zone. LPN #1 stated that originally goggles were worn in the Yellow Zone but since there was a lack of supplies, the Yellow Zone changed to not wearing goggles or face shields. LPN #1 could not recall when the policy was changed but stated she was informed verbally.</p> <p>On 6/29/20 at 11:28 AM, during lunch tray delivery in the Yellow Zone, the surveyor observed CNA#1 entering and exiting resident's rooms without performing hand hygiene between residents. The surveyor observed CNA#1 enter and exit rooms [REDACTED] and [REDACTED] and delivered lunch trays to the residents performing hand hygiene between residents.</p> <p>During an interview with CNA #1 at 11:45 AM, CNA#1 stated that during lunch meal delivery there was not time to wash hands or use hand gel between residents because the food will get cold. The CNA #1 stated that there was not hand sanitizer in each resident's room, but each resident's room has a bathroom with a sink.</p> <p>At 1:05 PM the surveyor interviewed CNA#1 who stated that the Yellow Zone is considered the caution zone and the residents in the Yellow Zone may or may not be positive for Covid-19. CNA #1 stated she was taught to wear goggles in the Yellow Zone and that when she arrived for work on this day, she was only given a N-95 mask and not goggles. The CNA#1 further stated that she was supposed to receive all PPE that is needed for the unit when entering the facility.</p> <p>At that time, CNA #1 stated that hand hygiene was to be performed before entering a resident's room and after exiting a resident's room and</p>	F 880	<p>entry into the facility.</p> <p>4. The Director of Nursing (DON)/designee will complete and document a weekly audit x 4 weeks and then monthly x 3 months or until 100% compliance is reached to ensure that clinical staff are washing their hands between resident care, delivery of meal trays, when entering and exiting resident rooms, wearing goggles at appropriate times and sanitizing them as per PPE guidelines for transmission-based precautions. The DON/designee will audit proper donning of PPE by staff members three times per week for two weeks and weekly for one month. The outcomes of the audits will be reviewed monthly by the Quality Assurance/Performance Improvement Committee for further evaluation and direction.</p>		

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F 880	<p>Continued From page 5</p> <p>after removing gloves. CNA#1 confirmed that she did not wash her hands or use hand gel between resident's room when delivering the lunch trays. CNA #1 stated "I didn't wash my hands. I should have washed my hands between residents."</p> <p>During an interview with the Administrator, DON, ADON and IP on 6/29/20 at 1:58 PM, the ADON stated that residents in the Yellow Zone are on Standard and Droplet Precautions and staff are to wear a N-95 mask with a surgical mask over top of the N-95 mask, a face shield or goggles and gloves upon entering a residents' room. The ADON stated that each room in the Yellow Zone is considered an isolation room and PPE is to put on prior to entering the room and removed prior to exiting a room. The IP stated that PPE was stored in her office and the administrator's office and all supervisors have access to obtain supplies. The IP further stated the if the staff did not have the appropriate PPE, the staff should have informed the supervisor and PPE would have been given to staff. The ADON stated that the goggles are reusable and were to be cleaned with germicidal wipes and stored in a brown paper bag in the unit managers office. The ADON stated that the same goggles could be worn from room to room in the yellow zone if the staff stayed in the yellow zone.</p> <p>During the interview, the IP confirmed that staff was to perform hand hygiene, either washed their hands or used hand sanitizer, between residents when delivering lunch trays and entering and exiting a residents' room.</p> <p>The surveyor reviewed in-services with sign-in sheets and competencies provided by the facility</p>	F 880			

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F 880	<p>Continued From page 6 which included the following:</p> <p>CNA #1 attended the following in-services and competency: " 3/18/20- Training on Coronavirus- which included hand hygiene and isolation " 3/24/20 -Donning and Doffing of PPE and N-95 Usage " 5/13/20- PPE Policy Addendum Covid-19 which included a policy that staff is to wear the N-95 mask covered with an isolation face mask, goggles and or face shield while on the yellow admission zone. " 6/3/20- Covid-19 updated Zones and PPE- which included PPE reminders that Yellow Zone requires Standard and Droplet Precautions. Staff is required to wear gloves, N95 mask with isolation/surgical mask over N95, face shields and goggles " 3/28/20 -Hand Hygiene competency</p> <p>LPN #1 attended the following in-services: " 5/28/20- Covid -19 Symptom and PPE addendum for Covid-19 " 6/3/20-Covid-19 updated Zones and PPE- which included PPE reminders that Yellow Zone requires Standard and Droplet Precautions. Staff is required to wear gloves, N95 mask with isolation/surgical mask over N95, face shields and goggles</p> <p>A review of the facility's policy titled " Handwashing/Hand Hygiene," revealed to use an alcohol based hand rub containing at least 62% alcohol: or alternately, soap (antimicrobial or non-antimicrobial) and water for situations that included before and after entering isolation precaution settings: and before and after assisting a resident with meals.</p>	F 880			

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F 880	Continued From page 7 A review of the facility's policy titled, Personal protective Equipment policy addendum Covid-19, with a revised date of 5/12/20, revealed that the presumptive Yellow Zone are for Persons Under Investigation for COVID-19 and residents newly admitted to the facility that require the resident to be on a 14 day monitoring and droplet precautions. The policy further reflected that staff caring for residents in the yellow admission zone will wear the N95 mask, covered with an isolation face mask, goggles or face shield. The policy also included that handwashing/gel sanitizer will be completed prior to exiting a resident's room. NJAC 8:39-19.4(a)1,2	F 880			