

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

PRINTED: 10/12/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1433 RINGWOOD AVE HASKELL, NJ 07420</b>
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F 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 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.</p> <p>Survey date: 1/15/2021</p> <p>Census: 176</p> <p>Sample: 5</p>	F 000		
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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</p>	F 880		5/14/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>01/26/2021</b>
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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 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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(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</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <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.</p>	F 880			

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F 880	<p>Continued From page 2</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 review of records, it was determined that the facility failed to a.) practice appropriate hand hygiene for 2 of 11 staff, and b.) ensure that workers were knowledgeable regarding the cleaning chemicals used in the workplace for 1 of 5 staff, in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility updated on 7/28/2020, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." Additional considerations for employers: "Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19. Develop policies for worker protection and provide training to all cleaning staff on-site prior to providing</p>	F 880	<p><b>IMMEDIATE ACTION:</b> On 1/15/2021 HK#1 was in serviced by Director of Housekeeping on policy on Surface Cleaning/ Microfiber cloth and Hand Washing/ Hand Hygiene. All surface areas were disinfected by HK again with at least one minute contact time which is the amount of time required for surface to remain wet for the germicidal activity to take place. HK # 2 was in serviced by Director of Housekeeping on policy on Hand Washing/ Hand Hygiene.</p> <p><b>IDENTIFY OTHERS:</b> On 1/15/2021 Director of Housekeeping/designee started competencies on handwashing/ hand hygiene and surface cleaning with all housekeepers and will continue until all housekeepers have completed.</p> <p><b>INSERVICES:</b> On 1/15/2021 all staff were in serviced by the Director of Housekeeping or In-service Coordinator on Surface Cleaning/ Microfiber cloth and Hand Washing/ Hand Hygiene and will continue until all staff receives the education.</p> <p><b>QAPI:</b> Director of Housekeeping will perform weekly audits on observation on handwashing and surface cleaning for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of</p>		

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F 880	<p>Continued From page 3</p> <p>cleaning tasks. Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication Standard."</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 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 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."</p> <p>1. On 1/15/21 at 8:55 AM, the Assistant Director of Nursing (ADON) informed the surveyors that there was 4 staff that tested positive for COVID-19. The ADON stated that two of the four staff who were tested positive were Housekeepers.</p> <p>At 9:52 AM, the surveyor observed Housekeeper #1 (HK#1) of the [REDACTED] unit apply a new pair of gloves without performing hand hygiene.</p> <p>Furthermore, HK#1 used [REDACTED] spray to disinfect the garbage receptacle, hallway</p>	F 880	<p>Housekeeping and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Housekeeping and will be ongoing until 100 percent compliant attained.</p> <p>DPOC: RCA was completed, after reviewing the incident with Director of Nursing, Director of Housekeeping, and Infection Control Nurse plus speaking to the two housekeepers, team have determined that regardless of staff having previous education on handwashing and infection control practices, the staff was nervous around the surveyors which lead them to not follow our policy. DPOC in-services has been initiated on 4/15/2021 and will be ongoing until all staff are able to complete. Topline staff and infection preventionist will view assigned video on Infection Prevention &amp; Control Program, Frontline staff will view assigned video on Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out!, Sparkling Surfaces, and Clean Hands.</p>		

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F 880	<p>Continued From page 4</p> <p>handrails, and the hand sanitizer dispenser. HK#1 wiped the objects down immediately without waiting for at least one minute of contact time which is the amount of time required for a surface to remain wet for the germicidal activity to take place.</p> <p>At 9:59 AM, the surveyor observed HK#1 perform handwashing for 18 seconds. HK#1 did not wet her hands before applying soap. HK#1 had no answer why she did not perform hand hygiene before applying a new pair of gloves or why she did not wet her hands before applying soap.</p> <p>When asked by the surveyor HK#1 was unable to as to why she did not wait for the contact time of [REDACTED] spray when for disinfecting frequently touched surfaces.</p> <p>2. On 1/15/21 at 10:06 AM, the surveyor observed HK#2 from the [REDACTED] unit did not perform hand hygiene after removing gloves when she exited the room of a resident. HK#2 did not respond when asked by the surveyor why she did not perform hand hygiene after removing gloves.</p> <p>At 10:17 AM, the Director of Environmental Services (DES) in the presence of the ADON and the Clinical Registered Nurse (CRN) informed the surveyor that HK#1 and #2 should have performed hand hygiene before applying and after removing gloves by use of soap and water or Alcohol-based hand rub (ABHR). The DES stated that when using soap and water, staff must wet hands before applying soap and scrub hands for 20 seconds.</p> <p>At 10:31 AM, the surveyors met with the Director</p>	F 880			

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F 880	<p>Continued From page 5 of Nursing (DON), LNHA, Infection Preventionist Nurse (IPN), and were made aware of the concerns. The IPN stated that HK#1 and 2 should have washed their hands before removing and after removing gloves and wet their hands before applying soap. She further stated that staff should follow the contact time of [REDACTED] spray.</p> <p>At 12:50 PM, the DES provided a copy of HK#1 and 2's Hand washing/Hand sanitizer/Respiratory Hygiene (COVID-19) dated [REDACTED] In-services. The provided in-services showed that both HK#1 and #2 attended and signed. Also, the DES stated that HK#1 acknowledged that she should have wet her hands before applying soap during handwashing and waited for one minute contact time when she used the [REDACTED] spray.</p> <p>A review of the Environmental Services In-service about Hand washing/Hand sanitizer/Respiratory Hygiene (COVID-19) provided by the DES dated [REDACTED] included "Practicing hand hygiene, and respiratory hygiene; before and after cleaning a room; immediately after touching body secretions, blood or contaminated items. Steps to wash your hands the right way: wet your hands with clean warm water and apply soap ..."</p> <p>A review of the facility's Hand Washing/Hand Hygiene Policy provided by the LNHA with a date of 4/2011 included "Employees will perform hand hygiene appropriate times to reduce the risk of transmission and acquisition of health care associated infections. Handwashing with soap and water: Turn the water on, using a gentle flow of water throughout the entire procedure; wet hands and wrists; apply soap, spreading over the entire skin area; scrub for at least 20 seconds; rinse hands and wrists thoroughly under running water, keeping hand away from the sides of the</p>	F 880			

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F 880	Continued From page 6 sink; dry hands thoroughly with a paper towel; turn off the faucet with a clean, dry paper towel." "Gloves: remove gloves after caring for a patient. Do not wear the same gloves for the care of more than one patient, and do not wash gloves between uses with different patients. Wearing gloves does not replace the need for completing recommended hand hygiene."  At 2:10 PM, the surveyors met with the LNHA and the DON and there was no additional information provided.  NJAC 8:39-19.4 (a) (1) (2) (l) (n)	F 880			