

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2020
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NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844
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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: 5/11/2020	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		6/8/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/25/2020
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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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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>	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 review of pertinent facility documents, it was determined that the facility failed to ensure: a.) the portable hand hygiene dispensers contained the appropriate alcohol concentration, and b.) alcohol-based hand gel was easily accessible in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19. This deficient practice was identified when touring on 3 of 4 nursing units ([REDACTED]) and the evidence was as follows:</p> <p>On 5/11/2020 at 9:20 AM, the surveyor interviewed the Assistant Director of Nursing/Infection Preventionist (ADON/IP), who stated that the facility was implementing infection control measures due to a COVID-19 outbreak. The ADON/IP confirmed that all staff were in-serviced on proper hand hygiene, and the training included competencies (the ability of personnel to apply their skill and knowledge to perform a duty correctly).</p> <p>At 11:20 AM, the surveyor toured the [REDACTED] unit in the presence of the Assistant Director of Nursing/Infection Preventionist (ADON/IP) and an Occupational Therapist (OT). The surveyor observed available at the nurse's station one small container of hand sanitizer wipes with 65.9% alcohol by volume. There was also another container of hand sanitizer wipes on top of the nurse's medication cart. The surveyor observed that in each resident room, there was</p>	F 880	<p>COVID- 19 Focused Infection Control Survey: May 11, 2020</p> <p>Plan of Correction: F880 SS=E Date of Completion: June 8, 2020</p> <p>Corrective Action(s): Swapped out the alcohol-free hand sanitizers with ABHG in all resident rooms, nurse station and carts. All nursing staff received in-service education and CNA #3 and CNA #4 were individually reeducated on the day of the deficient practice for the need to wear gloves while passing trays on the COVID unit. All nursing staff received in-service education and CNA #5 was individually re-educated on the need to wash hands with soap and water or use ABHG for hand hygiene prior to entering residents' rooms.</p> <p>Identifying Other Residents: All residents have the potential to be affected.</p> <p>Measures Put into Place: The Administrator/Designee in-serviced the Director of Central Supplies, and Housekeeping department on the appropriate hand sanitizers that are to be ordered and placed in the dispensers, in</p>		

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F 880	<p>Continued From page 3</p> <p>also a hand sanitizer station secured to the wall. The product brand was visible from the dispenser on the wall, but the active/inactive ingredients of the hand sanitizer product was not visible.</p> <p>At 11:25 AM, the surveyor observed a Certified Nursing Aide (CNA #1) exit a room of a resident that was non-ill and not exposed to COVID-19. The surveyor observed CNA #1 activate the dispenser of hand sanitizer in the resident's room and walk down the hallway and enter another resident's room who was identified by the ADON/IP to be non-ill and not exposed to COVID-19.</p> <p>At 11:28 AM, the surveyor observed a Licensed Practical Nurse (LPN) standing at the nurse's station pick up the container of hand sanitizer wipes with 65.9% by volume and remove one. She then cleansed her hands using the wipe.</p> <p>At 11:30 AM, the surveyor interviewed CNA #1 in the presence of another CNA (CNA #2). CNA #1 stated that she was trained on infection control measures related to COVID-19, and the training included in-service competencies on hand hygiene. The CNA #1 stated that she washed her hands with soap and water between caring for residents, but that the facility also had hand sanitizer stations in each of the resident rooms that they can use as well. The CNA #2 confirmed that she also uses soap and water to wash her hands in addition to using the hand sanitizer stations in the room between residents.</p> <p>At 12:03 PM, the surveyor entered the [REDACTED] Unit in the presence of the ADON/IP and the OT. The surveyor observed a small container of hand sanitizer wipes with 65.9% alcohol by volume</p>	F 880	<p>accordance with the Center of Diseases Control and Prevention guidelines for infection control to mitigate the spread of COVID- 19. Additionally, Central Supply Director was in-serviced on ensuring the items that were ordered were the items received, and to escalate any discrepancy to the order to Administration.</p> <p>Monitoring Measures The Director of Central Supplies shall inspect arriving deliveries of Hand Sanitizers, to ensure the appropriate ABHG are placed in Central Supplies storage for usage, and set aside any alcohol-free bottles for return to company. Housekeeping Director/ designee shall perform random weekly audits x 2 months then monthly x 4 months to ensure the appropriate ABHG are placed in dispensers. DON/designee shall perform random weekly audits of nursing staff x 4 weeks, then monthly for 3 months to ensure staff are wearing gloves during tray pass on COVID units, and that staff perform hand hygiene appropriately before entering residents' rooms. Results from observations shall be submitted to the QA committee monthly for 6 months for review, and action as needed, then quarterly thereafter until outcomes are met and sustained.</p>		

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F 880	<p>Continued From page 5</p> <p>not pass out trays on other units. She confirmed that the facility provided in-service training on hand hygiene and that using the sanitizer stations on the wall was effective against COVID-19.</p> <p>At 12:55 PM, the surveyor, ADON/IP, and OT prepared to exit the designated COVID-19 wing on the [REDACTED] Unit. Upon doffing and discarding the personal protective equipment (PPE), the surveyor observed the ADON/IP and the OT perform hand hygiene by using the hand sanitizer dispenser on the wall of the resident's room at the exit, and the OT stated that the hand sanitizer dispenser secured on the wall in the resident's room by the exit was appropriate prior to exiting the unit. The surveyor applied the sanitizer foam from the wall. The surveyor noted that when the foam dried, there was a slightly sticky film left on the hands. The surveyor was unable to visualize what active/inactive ingredients were in the hand sanitizer on the wall.</p> <p>At 1:00 PM, the ADON/IP and the OT showed the surveyor where the hand sanitizers were kept in the central supply room. The ADON/IP stated that the Housekeeping Director was not working today, but that the facility had an acting-Housekeeping Director from the corporate office covering for the Housekeeping Director for the interim. The acting-Housekeeping Director opened the room and showed the surveyor a supply of sanitizers that he confirmed were used for the dispensers in the wall of each resident room. The ADON/IP and OT confirmed that they believed these were what was available. At that time, the surveyor observed the labeling on the hand sanitizers which reflected, "Alcohol Free Foaming First Aid Antiseptic Hand Cleanser."</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>There was one active ingredient listed, "Bezethonium Chloride 0.20%." The surveyor did not use the product for hand sanitation for the duration of the survey. The surveyor showed the ADON/IP and the OT the labeling of the product and asked them what they noticed when reading the label. The OT stated, "It's alcohol-free." The ADON/IP and OT acknowledged this product was in all the portable hand dispensers on the unit to their knowledge. They confirmed that the hand sanitizer was recommended by the CDC to contain at least 60% alcohol to be effective against COVID-19, and should be an alcohol-based hand gel (ABHG). The ADON/IP and OT acknowledged that they did not realize that the dispensers contained alcohol-free hand sanitizers but acknowledged it was slightly "sticky."</p> <p>On 5/11/2020 at approximately 1:10 PM, the surveyor toured the [REDACTED] Unit identified as the dementia unit by the ADON/IP. The surveyor observed that in each resident room, there was a hand sanitizer station secured to the wall. The product brand was visible from the dispenser on the wall, but the active/inactive ingredients of the hand sanitizer product was not visible. The ADON/IP and the OT opened two hand sanitizer dispensers on the unit to show the surveyor what product was inside. The surveyor observed that the hand sanitizer contained the Alcohol-Free hand sanitizer in each dispenser including a portable dispenser attached to the PPE bin outside the resident's room which also contained the Alcohol-Free hand sanitizer. The ADON/IP was unable to show the surveyor a wall dispenser in a resident room or around the unit that contained ABHG.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>At approximately 1:13 PM, the surveyor observed the Registered Nurse/Unit Manager (RN/UM) perform hand hygiene at the sink with soap and water. The surveyor observed that there was no container of the alcohol-based hand wipes at 1 of the 2 nurses stations on the unit and there was no ABHG or wipes accessible on top of the nursing carts.</p> <p>At 1:18 PM, the surveyor observed a CNA #5 enter the room of a resident who was on droplet precautions for a confirmed positive COVID-19 diagnosis. The CNA #5 applied a pair of gloves without performing hand hygiene and assisted the unsampled resident to the wheelchair and then to the bathroom. After providing care to the resident, the CNA #5 removed her gloves and applied hand hygiene at the sink in the resident's room using soap and water.</p> <p>At 1:34 PM, the surveyor observed the ADON/IP perform hand hygiene using the Alcohol-Free hand gel from resident Room 204.</p> <p>At 1:45 PM, the surveyor interviewed CNA #5 who stated that she was in-serviced on hand hygiene related to the prevention of transmission of COVID-19. The CNA #5 stated that she was trained to use soap and water or the sanitizer in the resident rooms, which stated stated that she though it had alcohol in it. At that time, the surveyor observed the RN/UM enter his office to get a container of the alcohol-based hand sanitizer wipes to put at the nurse's station. He stated that there was another container of the hand sanitizer wipes in the activity room and one container was by the other nurse's station area.</p> <p>At 2:01 PM, the surveyor observed a</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>housekeeper doff and discard a gown and a pair of gloves and perform hand hygiene at the sink of a resident room using soap and water. The surveyor attempted to interview the housekeeper regarding who was responsible for replacing the hand sanitizers in the resident rooms, but the housekeeper stated that she did not speak English.</p> <p>At 2:06 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) on the [REDACTED] unit. The LPN stated that she was in-serviced on hand hygiene and that although the facility inservices her that it was okay to use hand sanitizers in the resident rooms, she preferred to use soap and water. The surveyor asked why she preferred using soap and water over hand sanitizer, and the LPN stated, "I don't use the [sanitizer] pumps in the room because I don't like them." She added that the sanitizer in the rooms make her hands "dry" and "hurt", so instead she used soap and water or she takes a hand sanitizer wipe form the container. She then pointed to the container of wipes at the nurse's station. The surveyor observed that it was the same wipes with the 65.9% alcohol by volume wipes. She stated that the alcohol wipes don't dry out her hands like the sanitizer in the dispensers do. She wasn't sure what the product was in the sanitizer dispensers in each of the resident rooms, confirming it was because she doesn't like to use it anyway.</p> <p>At 3:08 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) who acknowledged that they were not aware that the hand sanitizer dispensers in the resident rooms contained alcohol-free hand sanitizer. The DON</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>stated that it was a "shock" to see the label reflected alcohol free. The LNHA further stated that they had found some packages of ABHG labeled as Foaming Hand Sanitizer with Vitamin E with 67% alcohol as the active ingredient. The LNHA reported that they had replaced the Alcohol-Free hand gels with the appropriate ABHG they had available but that it wasn't enough for all the resident rooms.</p> <p>At 4:01 PM, the LNHA stated that there were 107 resident rooms plus hand sanitizer dispensers on the PPE isolation carts. The LNHA stated that they had 39 ABHG available in the central supply that were replaced on the [REDACTED] Unit and the sub-acute rehab unit and the front desk. He added that they just ordered 20 more cases today, but that he reviewed the purchase orders and that the company must have delivered the wrong product.</p> <p>At 4:24 PM, the LNHA provided the surveyor with three purchase orders for 36 cases containing six products per case (for a total of 216 products) of the Alcohol Based hand sanitizer foam delivered on 3/17/20, 3/18/20 and 3/31/20 respectively. The LNHA acknowledged that although the correct ABHG product was ordered, it must not have been delivered appropriately, and subsequently got missed when refilling the hand sanitizer dispensers throughout the building. He stated that a designated CNA who worked in central supply was responsible to ensure accuracy of order delivery but stated that the COVID-19 outbreak may have impacted the accuracy of the delivery and the facility subsequently using the unintended product.</p> <p>A review of the facility's Enhanced Respiratory</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>Outbreak Surveillance dated 2/24/20 included, "In-service staff on infection control procedure and precautions, respiratory hygiene/cough etiquette and frequent hand hygiene with alcohol-based hand sanitizer or perform proper hand washing for 20 seconds." It further included that the Central Supply Coordinator to monitor supply of PPE ...and alcohol-based hand sanitizer daily, and place orders timely to prevent shortages."</p> <p>A review of the What You Need to Know About Coronavirus Disease 2019 (COVID-19) from the CDC dated 2/21/20 and attached to a facility In-Service Record training dated 3/12/20 included, "There are simple everyday preventative actions to help the spread of respiratory viruses. These include ... Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available."</p> <p>A review of the Infection Prevention and Control Program dated 1/9/2020 included, health care workers can reduce risk of infection by "cleaning hands with an alcohol-based hand rub or soap and water, also known as practicing hand hygiene." It further included to, "perform hand hygiene prior to wearing and after removing gloves." The facility's infection program not address the use of an Alcohol-Free hand foam with the active ingredient Benzethonium Chloride 0.20% that the facility was actively using.</p> <p>A review of the most recent Hand Hygiene Recommendations Guidance for Healthcare Providers about Hand Hygiene and COVID-19 provided by the CDC</p>	F 880			

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F 880	Continued From page 11 and last updated on 4/27/20 included, "CDC recommends using ABHR with greater than 60% ethanol or 70% isopropanol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink." NJAC 8:39-19.1, 19.2, 19.4, 19.5	F 880			