

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

PRINTED: 12/02/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315429</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLOVER REST HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 WASHINGTON STREET</b> <b>COLUMBIA, NJ 07832</b>		
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT#: NJ143423</p> <p>CENSUS: 27</p> <p>SAMPLE SIZE: 7</p> <p>Based on observations, interviews, review of medical records, and other pertinent facility documentations on 3/5/2021, it was determined that the facility failed to ensure that appropriate transmission based precautions were practiced by healthcare staff while caring for residents who were placed on Persons Under Investigation ( PUI) and isolation droplet precautions for possible exposure to COVID-19. The staff were not using appropriate Personal Protective Equipment ( PPE) according to the Centers for Disease Control ( CDC) guidelines, New Jersey Department of Health Executive Directive Number ( NO) 20-026 and facility polices and procedures for infection control when entering a PUI resident room and then leaving to enter 2 non-PUI residents rooms. The facility also failed to implement mitigation strategies to prevent the transmission of COVID-19 by not appropriately identifying a resident as a PUI/isolation droplet precaution. The resident tested positive and was symptomatic for COVID -19 during a acute care hospital in-patient admission. The resident was re-admitted back to the facility and co-horted with another resident who was non- PUI.</p> <p>The facility's failure to adequately monitor staff not using PPE appropriately and co-hort residents properly posed a serious and immediate threat to the safety and well-being of all non-PUI residents residing in the facility.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

04/05/2021

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 000	Continued From page 1  On 3/5/2021 an Immediate Jeopardy ( IJ) situation was identified at 3:10 p.m. and reported to the Administrator and the Director of Nursing. The facility was presented with the IJ template that described the deficient practices.  On 3/5/2021, the facility provided an acceptable IJ Removal Plan at 4:37 p.m.  On 3/9/21, the surveyors did a revisit to verify the Removal Plan was implemented. The facility implemented the Removal Plan, which included educating all facility staff on quarantining, PUI contact, droplet precautions, donning (putting on) and doffing (removing) of the appropriate PPE in PUI/droplet isolation rooms with return demonstrations done with the Infection Preventionist.	F 000			
F 880 SS=K	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	F 880		3/10/21	

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F 880	<p>Continued From page 2</p> <p>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;</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>	F 880			

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F 880	Continued From page 3  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.  §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: C#: NJ143423  Based on observations, interviews, review of medical records, and other pertinent facility documentation on 3/5/2021, it was determined that the facility failed to ensure that appropriate Transmission Based Precautions ( TBP) were practiced by healthcare staff while caring for a resident ( Resident #2) who had been placed on Persons Under Investigation ( PUI) and isolation droplet precautions for possible exposure to COVID-19. The staff were not using appropriate Personal Protective Equipment ( PPE) according to the Centers for Disease Control ( CDC) guidelines, New Jersey Department of Health Executive Directive Number ( NO) 20-026 and facility polices and procedures for infection control when entering a PUI resident room and leaving to enter 2 non-PUI residents rooms ( Resident #5 and Resident #6) . The facility also failed to implement mitigation strategies to prevent the transmission of COVID-19 by not appropriately identifying a resident ( Resident #5) who had been positive and symptomatic for COVID -19 during a acute care hospital in-patient admission from [REDACTED] . Resident #5 was re-admitted back the facility on [REDACTED] as a non-PUI, but the resident was still having	F 880	The following plan of correction is written in accordance with federal and state conditions for continued facility certification under Medicare and Medicaid. This plan of correction is not intended to imply that the facility concurs with the surveys written findings.  F880 Completion Date: March 10, 2021  How the corrective action will be accomplished for those residents found to have been affected by the deficient practice?  Resident 5 ( [REDACTED] ) and Resident 6 ( [REDACTED] ) had the potential to be affected. Residents 5 and 6 are being observed and monitored closely for infection including checking Temperatures and o2 saturations and are being tested for Covid as per NJDOH, Executive Directives, and CDC requirements.  All available staff members including Certified Nursing Assistants, Licensed Practical Nurses, Director of Rehab, and Occupational assistants were instructed to		

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F 880	<p>Continued From page 4</p> <p>residual effects of the virus according to the documentation noted in the resident's Care Plan on [REDACTED]. On [REDACTED], Resident #5 was placed in a room with another resident ( Resident #4) who was non-PUI. Resident #4 was discharged from the facility on [REDACTED].</p> <p>The facility's failure to adequately monitor staff not using PPE appropriately and co-hort residents properly posed a serious and immediate threat to the safety and well-being of all non-PUI residents residing in the facility.</p> <p>On 3/5/2021 an Immediate Jeopardy ( IJ) situation was identified at 3:10 p.m. and reported to the Administrator and the Director of Nursing. The facility was presented with the IJ template that described the deficient practices.</p> <p>On 3/5/2021, the facility provided an acceptable IJ Removal Plan at 4:37 p.m.</p> <p>On 3/9/21, the surveyors did a revisit to verify the Removal Plan was implemented. The facility implemented the Removal Plan, which included educating all facility staff on quarantining, PUI contact, droplet precautions, donning (putting on) and doffing (removing) of the appropriate PPE in PUI/droplet isolation rooms with return demonstrations done with the Infection Preventionist.</p> <p>This deficient practice was identified for 4 of 4 staff members, who provided care to residents on the B hallway, who were designated PUI or non-PUI for 3 of 7 sampled residents ( #2,#5, and #6) reviewed for infection control practices. Also, the facility failed to follow its policies titled "Admission/Re-Admission Policy and Procedure</p>	F 880	<p>wear required PPE including gowns, gloves, masks, and eye protection according to the Centers for Disease Control (CDC) guidelines, New Jersey Department of Health Executive Directive Number 20-026, and facility policies and procedures when entering PUI rooms and instructed on proper removal when exiting PUI rooms. Staff provided return demonstrations on same. Our infection preventionist continues to conduct in-service education on PPE and its importance with residents who are PUI. This education includes ensuring that each new admission has the appropriate signage and PPE container at the room entrance when required. The IPN is also in-servicing on the importance of reading the requirements for entering the room prior to entrance, quarantining, PUI contact, and droplet precautions. The IPN/designee are also continuing to observe how staff don and doff PPE with PUI residents.</p> <p>In services include: Handwashing technique 3/8 P&amp;P regarding infection prevention 3/8 P&amp;P regarding donning and doffing PPE 3/8 Informational video of transmission based precaution 3/9 Transmission based precautions 3/9 P&amp;P regarding prevention and management of Covid 19 3/9</p> <p>The CNA was removed from duty. She is no longer employed at the facility.</p>	

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F 880	<p>Continued From page 5 for COVID-19," "Coronavirus Disease (COVID-19) Infection Prevention and Control Measures," and "Outbreak Response Plan." the deficient practices were evidenced by the following:</p> <p>During a B hallway tour on 3/5/2021 at 9:56 a.m., a member of the survey team observed the Certified Nursing Assistant (CNA) in a PUI/isolation droplet precaution room occupied by Resident #2. The CNA was at the resident's bedside without wearing any PPE. The CNA only wore a surgical mask. The CNA then left the room, walked to the end of the hallway, and then into the main activity area where non-PUI residents were present.</p> <p>The surveyor at this time, had observed a plastic bin located outside Resident #2's PUI/isolation droplet precaution room. The PPE that was in the plastic bin were disposable gowns, goggles, surgical masks, gloves, plastic bags with a hand sanitizer bottle, and disinfecting wipes. The signage located outside of the room on the left side of the doorway indicated to "Stop" and "isolation/droplet precautions".</p> <p>During a second tour of the [redacted] hallway on 3/5/2021 at 10:15 a.m., the surveyor observed the Occupational Therapist (OT) in Resident #2 's PUI/ isolation droplet precaution room. The OT was at the resident's bedside, leaning over the bed and speaking with the resident. The OT wore a surgical mask and gloves only. The OT came out of the room and placed the gloves in the trash by the door and went to the end of the hallway towards a nursing station that is used for charting purposes only. No residents were present at that</p>	F 880	<p>Resident #5 was reviewed to ensure that he was appropriately coded as Persons Under Investigation/NON PUI in accordance with NJDOH and CDC guidelines. Proper precautions were implemented immediately if indicated.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>Nursing staff are monitoring other residents that may have been exposed and are at risk for infection are being monitored closely for signs and symptoms of infection including checking Temperatures and o2 saturations and are being tested for Covid per NJDOH, Executive Directives, and CDC requirements. Thus far, all tests have returned negative.</p> <p>All residents with PUI have the potential to be affected. All available staff that routinely enter patient rooms are being instructed to wear all necessary PPE including When entering the rooms of residents who are PUI and are being instructed on proper removal including not entering any other resident rooms until PPE are appropriately removed and red-bagged. This education began March 5, 2021 and was completed March 10th, 2021. Return demonstrations were provided to the infection preventionist/designee. Monitoring of staff by the IPN, DON, and designees is ongoing. All facility residents were tested for Covid</p>		

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F 880	<p>Continued From page 6 time in the area.</p> <p>According to the facility "Admission Record (AR)," Resident #2 was re-admitted to the facility on [REDACTED] from a acute care hospital; with diagnoses that included but were not limited to [REDACTED]. On admission to the facility resident had a rapid Covid-19 test that was negative.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the resident was [REDACTED]. The MDS also showed Resident #2 needed extensive assistance with Activities of Daily Living (ADLs).</p> <p>A review of the Progress Notes (PN) dated [REDACTED] at 4:29 a.m., showed "Resident will be placed on 14-day isolation droplet precaution per facility protocol ..."</p> <p>Review of a second PN dated [REDACTED] at 10:07 a.m. written by the Director of Nursing (DON), revealed that "Resident (#2) is quarantined in room for 14 days per (NJDOH) New Jersey Department of Health policy."</p> <p>During an interview on 3/5/2021 at 10:42 a.m., the OT stated when a resident is on PUI/ droplet isolation, "I wear the full PPE." The OT explained she wears "gown, face shield or goggles, N95 mask with surgical mask and gloves." The OT also stated she forgot to put on the PPE and said, "I should have worn the PPE."</p> <p>During an interview on 3/5/2021 at 11:20 a.m., the Certified Nursing Assistant ( CNA) stated to the</p>	F 880	<p>on Thursday, March 4, 2021 and tested negative for Covid.</p> <p>Staff is being tested twice weekly for Covid with no active cases amongst staff or residents occurring in the facility since December.</p> <p>Staff is being instructed to wear PPE including gowns, gloves, masks, and eye protection when entering the rooms of residents who are PUI and instructed on removal of PPE. Return demonstrations were provided to infection preventionist. Presently no negative impact on residents noted. Staff was in-serviced on quarantining, PUI contact, and droplet precautions. Staff was observed by infection preventionist/designee with a return demonstration on donning and removal of PPE and hand washing. The IPN and DON continue to monitor all staff to ensure compliance with infection control standards related to residents who are PUI.</p> <p>All new admissions and readmissions for the last 14 days were reviewed to ensure that they were appropriately coded as PUI/NON PUI in accordance with NJDOH and CDC guidelines. Proper precautions were implemented immediately if indicated.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>Policy and Procedures for correctly identifying PUI/NON PUI new admission</p>		

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F 880	<p>Continued From page 7</p> <p>surveyors, that before entering a PUI/droplet isolation precaution room, the staff has to wear PPE, including gown, gloves, goggles, or face shield, and an N95 mask. According to the CNA, before entering the PUI/droplet isolation room, she did apply the full PPE when she was in the resident's room. She also indicated for the surveyors to review the facility's camera.</p> <p>The surveyors reviewed the facility's video recording camera of the [redacted] hallway on [redacted] at 11:30 a.m., in the presence of the Administrator and the Director of Nursing (DON). The camera revealed the following:</p> <p>On 3/5/2021 at 9:42 a.m., the LPN went into the PUI/ isolation droplet precaution room occupied by Resident #2 wearing only a surgical mask. The LPN did not apply the required PPE per facility policy and NJDOH guidelines into the PUI/ droplet isolation precaution room. The LPN then came out of the room at 9:45 a.m. and into the hallway, spoke with other staff members, and then proceeded out of the area.</p> <p>On 3/5/2021 at 9:43 a.m., the Director of Rehabilitation (DOR) went into Resident #2 PUI/ isolation droplet precaution room without applying any required PPE and came out of the room at 9:47 a.m. The DOR then went into Resident #5 room, who was noted as non-PUI. Then DOR left that room went into a second non-PUI resident room , Resident #6 at 9:49 a.m.</p> <p>On 3/5/2021 at 9:57 a.m., the CNA went into the PUI/ droplet isolation precaution room wearing only a surgical mask without any N95 mask, gown, a face shield or goggles, or gloves. The CNA then came out of the room and walked down</p>	F 880	<p>residents were reviewed and updated if necessary to ensure that they were in accordance with and Federal and State guidelines.</p> <p>The determination was made to engage a certified Infection Prevention Consultant to review the facilities P&amp;P regarding Covid prevention, cohorting, and quarantine/isolation.</p> <p>The facility would further engage the IPC to do IC rounds, monitor its performance with an audit tool, and perform ongoing in-service trainings. The IPC will be on site</p> <p>At least 3 times per week for a minimum of 12 hours for 8 weeks and will provide training to all 3 shifts every week. This will continue 6 months(with same IPC or alternate if current one is unavailable) or until reevaluated by the NJDOH.</p> <p>Weekly updates will be forwarded to NJDOH including outbreaks of infection and infection prevention updates.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not occur?</p> <p>The Director of Nursing and/or designees will use a standardized audit tool to monitor employee usage of PPE when interacting with residents under quarantine. These audits will review a minimum of 5 staff members per week. These audits will take place at a minimum of once per 2 week period (as long as there are PUIs in the building) until 100%</p>		

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F 880	<p>Continued From page 8 the hallway.</p> <p>During an interview on 3/5/2021 at 11:20 a.m., the CNA stated, "I am confused about what residents are considered as quarantine and the number of days for the quarantine for COVID prevention." The CNA explained when a resident was a new admission or readmitted from the hospital; the residents were placed in rooms with current residents who were not on quarantine.</p> <p>During an interview on 3/5/2021 at 12:05 p.m., the DOR stated she did not wear the appropriate PPE into the PUI/ isolation droplet precaution room because she was in the room for less than a minute to fix Resident #2's leg rest for the wheelchair, so the full PPE was not needed. The DOR also stated she didn't have any contact with the resident.</p> <p>During an interview on 3/5/2021 at 12:25 p.m., the LPN stated if a resident was on PUI/ droplet isolation, "I wear a disposable gown, N95 mask with a surgical mask over it, goggles and gloves." The LPN also stated a Stop sign and isolation /droplet precaution signs were outside of Resident 2's door. The LPN further explained she did not wear PPE into the PUI/ isolation droplet precaution room because she did not have any patient contact, so PPE was not needed.</p> <p>During an interview on 3/5/2021 at 2:15 p.m., the DON stated the purpose of wearing the appropriate full PPE into a PUI/droplet isolation precaution room was to prevent the spread of COVID-19 infection between staff and residents. The DON also stated that residents are on isolation droplet precautions for investigative purposes, quarantined for 14 days for COVID-19</p>	F 880	<p>compliance has been achieved for 3 consecutive audits.</p> <p>A weekly audit of all admissions and readmissions will be done by the Director of Nursing and/or designee to ensure proper identification of PUI/non PUI. The results of these audits will be presented each month to the administrator to determine effectiveness and whether additional education is required. These audits will take place until 100% compliance has been achieved for 3 consecutive audits</p> <p>The results of these audits will be presented at the quarterly QAPI meeting. The QAPI committee will determine whether compliance has been achieved or whether additional measures are required.</p> <p><b>DIRECTED PLAN OF CORRECTION</b></p> <p>A certified Infection Prevention Consultant was retained on 3/8/21 to review the facilities P&amp;P regarding Covid prevention, cohorting, and quarantine/isolation. The facility engaged the Infection Prevention Consultant to do Infection Control rounds, monitor its performance with an audit tool, and perform ongoing in-service trainings. The IPC has committed to be on site at least 3 times per week for a minimum of 12 hours for 8 weeks and will provide training to all 3 shifts every week. This will continue for 6 months(with same IPC if available or substitute if unavailable) or until reevaluated by the NJDOH.</p>		

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F 880	<p>Continued From page 9</p> <p>infection, even if there are no signs or symptoms.</p> <p>During an interview on 3/9/2021 at 1:00 p.m., the DON stated to the surveyors, "I saw exactly what you all saw on the camera; the CNA, OT, DOR, and LPN all entered Resident #2's room without wearing any PPE." The DON explained before going into a PUI/ droplet isolation room, staff should wear an N95 mask with a surgical mask over it, a gown, goggles, or face shield, and gloves. The disposable gown, gloves, surgical mask, and goggles/face shield are removed upon exiting the room</p> <p>Resident #5 was not observed being on PUI/ isolation droplet precaution during the hallway tour on 3/5/2021 and 3/9/2021.</p> <p>According to the AR, Resident #5 was re-admitted to the facility on [REDACTED] from an acute care hospital with diagnoses that included but were not limited to [REDACTED]</p> <p>According to the MDS, an assessment tool dated [REDACTED] Resident #5 had a BIMS of [REDACTED], which indicated the resident was [REDACTED]. The MDS also indicated that Resident #5 needed extensive assistance with ADLs.</p> <p>Review of Resident #5' Care Plan dated [REDACTED] revealed under Focus: [REDACTED]: Resident #5 "previously tested positive for [REDACTED]-hospitalized [REDACTED] through [REDACTED] for [REDACTED] was treated for active infection and still has residual effects of the virus.</p>	F 880	<p>Weekly updates will be forwarded to NJDOH including updates regarding any infection outbreak investigation, identified cases and the progress of infection prevention.</p> <p>Facility conducted a Root Cause Analysis with Infection Preventionist, DON, Consultant Administrator, Corporate MD, and Chairman of the Board.</p> <p>ROOT CAUSE ANALYSIS:</p> <p>The Root Cause of the deficient practice was predicated on the understanding by 4 staff members, a CAN, LPN, Director of Rehab, and an Occupational assistant whose professional belief and best practice was to use full PPE for residents who were Covid 19 positive; or in quarantine for Covid 19 in which staff thought that we only need full PPE while providing direct care. This information was given over to facility staff from the corporate MD.</p> <p>WHY?</p> <p>a. In light of the fact that the patients had no "suspected" exposure they were told by the corporate MD that full PPE was required only when caring for the residents per federal and state guidelines.</p> <p>B. The staff had been informed on 1/12/21 by the CEO that Clover Nursing Home was not accepting any new admissions</p>		

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F 880	<p>Continued From page 10</p> <p>A review of the medical record progress note dated [REDACTED] at 3:10 p.m. by the DON, noted that the resident had [REDACTED] and [REDACTED] causing [REDACTED]. The resident was [REDACTED]. Vital signs were documented as : temperature was [REDACTED], heart rate [REDACTED], blood pressure [REDACTED] and oxygen saturation level [REDACTED] percent on room air. Resident was sleeping. A progress noted dated [REDACTED] at 6:35 am by a Licensed Practical Nurse ( LPN) noted the resident was very [REDACTED] and had slept the entire shift. On [REDACTED], at 1:41 p.m., the progress noted that the resident expressed feeling [REDACTED] to the LPN.</p> <p>Also noted in the Resident #5 MR, on the day of admission back into the facility on [REDACTED], the resident was placed in to the room with Resident #4. A review of Resident #4 MR, according to the AR, this resident was admitted to the facility from an acute care hospital in-patient stay on [REDACTED], with diagnoses which included but were not limited to [REDACTED].</p> <p>[REDACTED] Resident #4 had been placed on a PUI/ droplet isolation precaution from [REDACTED] through [REDACTED]. The resident discharged from the facility on [REDACTED] and was given a rapid COVID-19 test, which was negative.</p> <p>The MR showed no evidence that Resident #5 was placed on PUI/ isolation droplet precaution on the day of admission to the facility on [REDACTED] through [REDACTED] per the facility's policy and DOH guidelines.</p> <p>During a post-survey telephone interview on 3/10/2021 at 10:45 a.m., the surveyor asked the</p>	F 880	<p>with active Covid-19 and that new admissions had been screened for no known exposure and were coming from dedicated non Covid units in the hospital. Based on the weekly, bi-weekly reports, no staff nor residents were active with Covid- 19 or were in a Covid- 19 "exposed" period.</p> <p>As per corporate MD staff were informed in early February that PPE was not warranted for non- resident care tasks, such as emptying wastebaskets, or replenishing supplies when not providing resident care.</p> <p>Deficiency : Clover Rest Home was cited for failure to ensure that Infection Control Practices were followed in accordance with the Center for Disease Control Guidance, the Center for Medicaid and Medicare Services, and facility policy to implement mitigation strategies to prevent the transmission of COVID-19.</p> <p>The Root Cause of the deficient practice was in which staff thought that a recovered COVID-19 positive resident is not required to be in isolation or quarantine/observation if they are within the 90 days of being COVID -19 positive.</p> <p>Root Cause Analysis WHY? a) Facility thought that they were following the CDC (guidelines on CDC website Jan 8th 2021) and NJDHSS isolation and quarantine guidelines dated October 22nd 2020. These practices were identified in the Principles of Transmission Based Precautions. The rationale of admission and room assignment was</p>	

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F 880	<p>Continued From page 11</p> <p>DON why Resident #5 was not on PUI/ isolation droplet precaution upon admission and placed with a roommate. The DON stated that Resident #5 was [REDACTED] recovered in the hospital before coming back to the facility.</p> <p>During a telephone interview on 3/9/2021 at 11:22 a.m., the Medical Director (MD) stated staff did not need a Physician's Order for a newly admitted or readmitted resident to be on PUI/ isolation droplet precautions. The MD explained it is the facility's policy for the residents to be placed on quarantine for 14 days to prevent the spread of the COVID-19 infection, so staff should follow the policy.</p> <p>During an interview on 3/9/2021 at 1:00 p.m., the DON stated she obtained a Physician's order when a resident was on PUI/isolation droplet precautions and said the nurses were aware of calling the doctor for an order.</p> <p>A review of the COVID-19 [REDACTED] Clinic / Patient Information Log with clinic dates [REDACTED] and [REDACTED] provided on [REDACTED] from the Director of Nursing ( DON) indicated Residents #2, Resident #4 and Resident #5 were not [REDACTED]. Resident #6 had completed the [REDACTED]. Also, the staff who are employed at this facility at the time of the survey had not been [REDACTED] according to the DON.</p> <p>Review of facility policy titled "Admission/Re-Admission Policy &amp; Procedure for COVID-19" revised May 18, 2020 revealed under "Objective:" revealed "To implement proper infection control prevention and practices to prevent the development and transmission of COVID-19 and other communicable disease and</p>	F 880	<p>based on the Facility interpretation of the guidelines for this resident as being cleared on several different clinical spectrums, which included: a) pre-admission length of time from onset of symptoms b) improved covid 19 symptoms c) hospital discharge summary indicating that patient did not require isolation</p> <p>WHY ?</p> <p>b) The management team was involved deeply with daily and ongoing CDC/ DHSS trainings and was providing the oversight of all cohort management of residents without an in-house infection control preventionist. The corporate MD was consulted prior to admission and did not require quarantine as per her understanding of Federal and state guidelines.</p> <p>Topline staff; the Corporate MD, DON, and the Infection Preventionist was inserviced and trained on Nursing Home Infection Preventionist Training course Module 1 – Infection Prevention &amp; control Program All current Staff were inserviced on the Principles of Transmission Based Precautions, including topline staff and the Infection Preventionist with the video Nursing Home Infection Preventionist Training course Module 6B. All current Frontline Staff were inserviced on proper use of PPE for COVID -19 with the video titled CDC COVID-19</p>		

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F 880	<p>Continued From page 12</p> <p>infections." Under "Procedures: B. Resident will be assessed for symptoms such as cough, body aches, sore throat, shortness of breath, and other flu-like symptoms, the resident will immediately be placed on isolation precautions for 14 days ...E. Protective personal equipment (PPE) must be worn before entering room."</p> <p>Review of facility policy titled " Coronavirus Disease (COVID-19) Infection Prevention and Control Measures" revised April 2020 revealed, under "Policy Statement" "This facility recommended standard and transmission-based precautions ...to prevent the transmission of COVID-19 within the facility." Under "Policy Interpretation and Implementation" " ...12. For a resident with known or suspected COVID-19: a. Staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available ..."</p> <p>Review of the facility's Outbreak Response Plan revised November 2020 indicated that the facility would implement Transmission Based Precautions in accordance with Centers for Disease Control guidance.</p> <p>N.J.A.C. 8:39-19.4 (a) (b)</p>	F 880	<p>Prevention Message for Front Line Long-Term Care staff and Keep COVID-19 out. Staff that are out will attend the required in services within 3 days of their return.</p> <p><b>INFECTION PREVENTION AND INTERVENTION PLAN SYSTEM CHANGES:</b> The infection preventionist completed the CDCs infection prevention training. <b>MONITORING:</b> The infection preventionist consultant will conduct rounds throughout the facility with the DON and other nursing leadership a minimum of 2 times a week to ensure all staff is exercising appropriate use of PPE, ensure infection control procedures are being followed and transmission based precautions are being followed. This will continue for a minimum of 6 months or until reevaluated by the NJDOH.</p> <p><b>LONG TERM CARE INFECTION CONTROL SELF ASSESSMENT</b>  The long term care infection control self-assessment was completed by the DON with the guidance of the infection preventionist Consultant.</p> <p>Completion date for DPOC 4/20/21 Completion date for POC 3/10/21</p>		