

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

PRINTED: 02/18/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315485</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT WALL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2621 HIGHWAY 138 WALL, NJ 07719</b>
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(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
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F 000	INITIAL COMMENTS  Survey Date: 8/17/21  Census: 122  Sample: 5  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	F 880		1/29/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>09/06/2021</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</p> <p>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> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of 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 pertinent facility documentation, it was determined that the facility failed to ensure that infection control practices were followed in accordance with the Center for Disease Control Guidance for: a) handwashing, b) donning (putting on) and doffing (removal) personal protective equipment (PPE). This deficient practice was identified in 2 of 2 nursing units and was evidenced by the following:</p> <p>During the entrance conference on 8/17/21 at 9:20 AM, the Assistant Administrator (Assist Admin), in the presence of the Director of Nursing (DON) and survey team, stated that the facility cohorted residents in three zones: Green, Yellow, and Red. The Assist Admin stated that the Yellow Zone included residents who were considered persons under investigation (PUI) for possible exposure to COVID-19 and were placed on transmission-based precautions (TBP) for fourteen days. Staff were expected to don an N95 (respirator) mask, eye protection, gown, and gloves prior to entering the room. Staff were then expected to doff gown and gloves, perform hand hygiene using soap and water or alcohol-based hand rub prior to exiting the resident's room.</p> <p>1. On 8/17/21 at 11:15 AM, the surveyor</p>	F 880	<p>1)F0880, S/S=E</p> <p>2)Director of Nursing(DON)and Infection Preventionist(IP)conducted an audit and completed handwashing and donning/doffing personal protective equipment for staff.</p> <p>3)Observation audit of PPE and handwashing was completed on both units and no residents were affected.</p> <p>4)Director of Nursing and Infection Preventionist will in-service staff on hand hygiene and donning/doffing of personal protective equipment. Training will also include an observation of the return demonstration by staff.</p> <p>5)The DON or designee will conduct weekly audits related to the observation of three staff members weekly for four weeks, then five staff members monthly for two months in regards to hand hygiene and donning and doffing PPE.</p> <p>Results of these audits will be forwarded to the Administrator and presented to the Monthly Quality Assurance Committee</p>		

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F 880	<p>Continued From page 3</p> <p>observed the Housekeeper (HK) outside a PUI resident room on TBP. The HK was observed wearing an N95 (respirator) mask, eye protection, goggles, and gloves standing behind the housekeeping cart in front of the resident's room. The surveyor observed the HK remove the gloves from her hands and disposed of them on the housekeeping cart. The HK then immediately donned a new pair of gloves; There was no observed hand hygiene. The surveyor attempted to interview the HK, who informed the surveyor that there was a language barrier.</p> <p>On 8/17/21 from 11:17 AM to 11:40 AM, the surveyor observed the HK clean the PUI resident's room on TBP and observed the following:</p> <p>The HK entered the resident's room wearing full PPE, which included an N95 mask, gown, gloves, and eye protection with two cleaning product spray bottles. The HK sprayed the chemicals in the room, cleaned the room, and then placed the chemicals back on the housekeeping cart and grabbed the bathroom cleaning caddy. There was no observed glove change or hand hygiene. The HK then proceeded to the bathroom, cleaned the bathroom, and then placed the bathroom cleaner caddy back on the housekeeping cart. There was no observed glove change or hand hygiene. Then HK then grabbed the dry mop, swept the resident's floor, and returned the dry mop to the housekeeping cart. The HK immediately grabbed a wet mop and proceeded into the room.</p> <p>At 11:30 AM, the Assistant Director of Nursing (ADON) joined the surveyors and observed the</p>	F 880	<p>meeting for three months. this plan is being submitted based on receiving DPOC</p> <p>addendum for DPOC The following items were assigned and have been captured as part of F880 Below is the Root Cause analysis (RCA) The housekeeper indicated the he/she became very nervous with the observation and even told the surveyor the he/she had a language barrier because of his/her nervousness . The C.N.A. was aware of the process and timing of handwashing, including washing hands between glove changes. He /She used the Happy Birthday song but verbalized he/she was on "fast forward" when singing it in her head while being observed. Also trained regarding proper PPE use, including doffing proper PPE. The Physical Therapist indicated he/she received a text message form his/spouse and child, he/she had to leave the building related to a personnel concern. Training: Training for topline staff included Nursing Home Infection Preventionist Training Course. Module 1-infection Prevention &amp;Control Program and Module 5 Outbreaks all staff were included in the Nursing Home Preventionist Training Course; Module 7 Hand Hygiene ; Module 6A-Prnciples of Standard Precautions; Module 6B-Principles of Transmissions Based Precautions. Front line Staff received CDC Covid Prevention Messages for Frontline Long Term Care</p>		

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F 880	<p>Continued From page 4</p> <p>HK cleaning the resident's room. The HK mopped the resident's floor and removed her gown in the resident's doorway prior to exiting the room. With the same gloves on, the HK then pushed the housekeeping cart to another PUI resident's room on TBP. The HK immediately went into the bathroom, removed her gloves, washed her hands, and donned new gloves.</p> <p>On 8/17/21 at 11:41 AM, the surveyor interviewed the ADON, who stated that hands need to be washed every time that gloves are removed.</p> <p>On 8/17/21 at 11:42 AM, the surveyor re-interviewed the HK with the ADON translating. The HK also stated that when gloves are removed, hands need to be washed. The HK noted that she kept the gloves on from the resident's room to push the cart because the housekeeping cart was "dirty," she did not want to touch the cart without gloves.</p> <p>On 8/17/21 at 11:53 AM, the surveyor interviewed the Registered Nurse/Infection Preventionist (RN/IP), who stated that the HK should not be going in and out of a resident's room with a gown and gloves on. If the HK needed to return to the cart, they needed to remove their gloves, wash their hands, and don new gloves before touching the cart. The RN/IP stated that the HK should have changed their gloves multiple times when cleaning the resident's room and performed hand hygiene after each glove removal.</p> <p>On 8/17/21 at 12:09 PM, the surveyor interviewed the Director of Environmental Services (DES), who stated that he in-serviced staff on cleaning resident rooms and</p>	F 880	Staff. Keep Covid19 out.		

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F 880	<p>Continued From page 5</p> <p>handwashing. The DES said that the HK should have removed their gloves multiple times when cleaning a resident's room. Before touching the housekeeping cart, gloves should be changed, and hand hygiene should be performed. The DES stated that there was a separate HK and housekeeping cart for each resident area; The housekeeping cart used on the TBP rooms would not be used in well residents' rooms or enter that unit. The DES stated at the end of the shift, the housekeeping cart was cleaned and stored in a closet on that designated unit.</p> <p>2. On 8/17/21 at 10:55 AM, the surveyor observed the Certified Nursing Aide (CNA) dispose of soiled linen in the soiled utility room. At this time, the surveyor interviewed the CNA, who stated that she needed to wash her hands. The CNA said that process for washing your hands was to turn on the water, wet your hands, put on soap, lather hands with soap and water outside the flow of water for twenty seconds, rinse hands, using a paper towel, dry hands, grab a clean paper towel to turn off the faucet. The surveyor observed the CNA wash her hands and observed that the CNA lathered her hands with soap outside the flow of water for thirteen seconds. The surveyor interviewed the CNA on their observation, who replied that she did not count the seconds but sang the "Happy Birthday Song," which was sufficient time.</p> <p>3. On 8/17/21 at 11:30 AM, the surveyor, in the presence of the ADON, observed the [REDACTED] exit a PUI resident's room on TBP for COVID-19 with gloves on. The PT proceeded to the nurse's medication cart and removed the</p>	F 880			

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F 880	<p>Continued From page 6 gloves, and proceeded down the hall to exit. There was no observed hand hygiene.</p> <p>At this time, the surveyor interviewed the PT, who stated that he was covering the facility for the day but should have removed the gloves in the room and performed hand hygiene before exiting the room.</p> <p>On 8/17/21 at 1:00 PM, the surveyor addressed the above concerns in the presence of the Assist Admin and the DON.</p> <p>A review of the facility's "Handwashing/Hand Hygiene" policy dated reviewed 2/28/2020 included: that use an alcohol-based hand rub containing at least 62% alcohol; alternatively, soap and water for the following situations: after contact with objects in the immediate vicinity of the resident; after removing gloves; and before and after entering an isolation precaution setting. The policy also included that the use of gloves does not replace hand washing/hand hygiene. The procedure for handwashing included: wet hands first with water, apply soap and vigorously rub hands together, creating friction to all surfaces for a minimum of twenty seconds; rinse hands thoroughly under running water; dry hands thoroughly with paper towels, and then turn off the faucet with a clean, dry paper towel.</p> <p>A review of the facility's "Yellow Zone PPE Use" dated 6/12/2020 included always using clean gloves for each patient, procedure, and encounter performing hand hygiene after removing gloves.</p> <p>NJAC 8:39-19.4</p>	F 880			

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## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315485	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/29/2022	Y3
NAME OF FACILITY CARE ONE AT WALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HIGHWAY 138 WALL, NJ 07719		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/29/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
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LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/17/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		