

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5a005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 SICOMAC AVENUE WYCKOFF, NJ 07481</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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 65</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/16/2020. The facility was found not to be in compliance with the New Jersey Administrative CODE 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1299	<p>8:36-18.3(a)(5) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;</p>	A1299		

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

TITLE

(X6) DATE

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A1299	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to implement an Infection Prevention and Control Program (IPCP) designed to help prevent the spread of the COVID-19, or other infections. Specifically, the facility failed to ensure nursing staff offered hand hygiene to residents during medication pass and perform hand hygiene between residents' care for one (Certified Medication Aide) of one staff observed during medication pass. The deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents. The census was 65.</p> <p>Findings included:</p> <p>A Centers for Disease Control and Prevention (CDC) publication on Hand Hygiene Guidance, retrieved from: <a href="https://www.cdc.gov/handhygiene/providers/guidelin.html">https://www.cdc.gov/handhygiene/providers/guidelin.html</a> (updated 1/30/2020, retrieved on 11/19/2020), read in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected</p>	A1299		
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A1299	<p>Continued From page 2</p> <p>exposure to spores."</p> <p>On 11/16/2020 at 9:34 AM, the Certified Medication Aide (CMA) was observed as she pushed a medication cart and a mounted vital sign equipment towards Room [REDACTED]. Upon her arrival at the room door, she knocked and announced her presence. She told the resident she was there to pass medication and to record the resident's vital signs. After the announcement, the CMA pushed open the door and pushed the mounted vital sign equipment with one hand whilst simultaneously dragging the medication cart behind her. After she had entered the room, the CMA sat the vital sign equipment up directly in front of the resident who lived in the room. She wrapped the blood pressure (BP) cuff (a balloon-like portion of the blood pressure machine) around the resident's [REDACTED] and clipped a pulse oximeter (a tiny piece of device used to measure a person's blood oxygen level) on a finger on the same arm. She accessed the medication cart and reached for cards containing the residents' pill. The CMA poured the resident's pill in a small disposable clear cup. She reached for another bigger clear disposable cup on the medication cart which she used to fetch water from the sink. The CMA sat the cup containing water and the one with the pills on a bedside table which was positioned in front of the resident. She unwrapped the BP cuff and the unclipped the pulse oximeter from the resident's finger. The CMA immediately sat the equipment back on the mount. She advised the resident to take the pills which sat on the table and waited with the resident until the resident took all the pills. After the resident was done taking the pills, the CMA retrieved the two cups described above and placed them in the trash</p>	A1299		
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A1299	<p>Continued From page 3</p> <p>can. Afterwards, the CMA push the medication cart and dragged the vital sign machine behind her into the hallway. When out in the hallway, the CMA's next stop was room [REDACTED]. She repeated the exact sequence described above whilst in the room.</p> <p>After she was done providing care for the resident in Room [REDACTED], the CMA pushed the medication cart back to the medication storage room. She failed to offer hand hygiene to the residents when she passed the medication. The CMA failed to perform any sort of hand hygiene in between caring for the two residents in the event described above. By not performing hand hygiene between residents' care, the CMA failed to ensure she was not cross contaminating the residents with whatever contaminant was picked up on and within the residents' rooms.</p> <p>On 11/16/2020 at 9:52 AM, the CMA was interviewed. The CMA said she received training on frequent handwashing. She said she would offer hand hygiene to the resident and performed the same on herself. The CMA however acknowledged she did not perform hand hygiene nor offered the same to the residents she cared for in the events above. She said there was the potential to transmit infection when she failed to perform hand hygiene between residents' care. She said she would work on the identified concerns going forward.</p> <p>On 11/16/2020 at 12:48 PM, the Infection Control Preventionist (ICP) was interviewed. The ICP said she was part of the quality assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced with staff on weekly and as</p>	A1299		

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A1299	Continued From page 4  needed (PRN) basis. She enumerated the training she had provided to staff which included handwashing. The ICP went through an overview of the importance of hand hygiene. She said hand hygiene was a standard infection control practice in healthcare setting. She said the direct care staff's failure to perform proper hand hygiene was a fast way to spread germs. She said staff should perform hand hygiene when they went in the toilet, when they adjusted their masks, before they donned new gloves, between residents' care. She said she would provide education to staff on the identified concerns.	A1299		
A1303	8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services  (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:  7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:  i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;  ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;  iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and	A1303		

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A1303	<p>Continued From page 5</p> <p>iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to implement an Infection Prevention and Control Program (IPCP) designed to help prevent the spread of the COVID-19, or other infections. Specifically, the facility failed to ensure multi-use vital sign equipment (blood pressure curve and pulsed oximeter) was disinfected between residents' use for one (Certified Medication Aide) of one staff observed during medication pass. The deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents. The census was [REDACTED].</p> <p>Findings included:</p> <p>A publication by Occupational Safety and Health Administration (OSHA): Title 29 Part 1910.1030. Bloodborne pathogens. [Accessed on 11/19/2020 from <a href="http://www.ecfr.gov/cgi-bin/textidx?SID=4e5245f66094d270bc2bd93105f6a92d&amp;mc=true&amp;node=se29.6.1910_11030&amp;rpn=div8">http://www.ecfr.gov/cgi-bin/textidx?SID=4e5245f66094d270bc2bd93105f6a92d&amp;mc=true&amp;node=se29.6.1910_11030&amp;rpn=div8</a>], included the following: "Standard Precautions: equipment or items in the patient environment likely to have been contaminated with infectious body fluids</p>	A1303		
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A1303	<p>Continued From page 6</p> <p>must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient)."</p> <p>The cleaning and storage of patient care equipment policy was provided by the certified assisted living administrator (CALA) on 11/16/2020 at 4:11 PM. It read in pertinent part, "Nursing staff will disinfect all shared equipment with disinfectant wipes between each resident's use."</p> <p>On 11/16/2020 at 9:34 AM, the Certified Medication Aide (CMA) was observed as she pushed a medication cart and a mounted vital sign equipment towards Room [REDACTED]. Upon her arrival at the room door, she knocked and announced her presence. She told the resident she was there to pass medication and to record the resident's vital signs. After the announcement, the CMA pushed open the door and pushed the mounted vital sign equipment with one hand whilst simultaneously dragging the medication cart behind her. After she had entered the room, the CMA sat the vital sign equipment up directly in front of the resident who lived in the room. She wrapped the blood pressure (BP) cuff (a balloon-like portion of the blood pressure machine) around the resident's left arm and clipped a pulse oximeter (a tiny piece of device used to measure a person's blood oxygen level) on a finger on the same arm. She unwrapped the BP cuff and the unclipped the pulse oximeter from the resident's finger. The CMA immediately sat the equipment back on the mount. Afterwards, the CMA push the medication cart and dragged the vital sign machine behind</p>	A1303		

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A1303	<p>Continued From page 7</p> <p>her into the hallway. When out in the hallway, the CMA's next stop was Room [REDACTED]. She repeated the exact sequence described above whilst in the room.</p> <p>After she was done providing care for the resident in Room [REDACTED] the CMA pushed the medication cart back to the medication storage room. The CMA failed to disinfect the vital sign equipment after potentially exposing them to contaminant on and within the residents' rooms. The first attempt at disinfecting the equipment was made only when the CMA returned the equipment to the medication storage room.</p> <p>On 11/16/2020 at 9:52 AM, the CMA was interviewed. The CMA said she received training on cleaning of equipment. The CMA said she would disinfect the equipment before and after use with the resident. She acknowledged she did not have a disinfectant on her; hence she did not disinfect the identified equipment between residents' care. She said there was the potential to transmit infection when she failed to disinfect the identified equipment between residents' care. She said she would work on the identified concerns going forward.</p> <p>On 11/16/2020 at 12:48 PM, the Infection Control Preventionist (ICP) was interviewed. The ICP said she was part of the quality assessment (QA) committee and conducted training with staff on infection control and prevention practices. She said she in-serviced with staff on weekly and as needed (PRN) basis. She enumerated the training she had provided to staff which included cleaning of equipment. She said shared equipment should be cleaned between each use to prevent spread of infection. She said she</p>	A1303		



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A1303	Continued From page 8  would provide education to staff on the identified concerns.	A1303		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 5a005	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing		DATE OF REVISIT 12/17/2020	Y3
NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVENUE WYCKOFF, NJ 07481		

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A1299	Correction	ID Prefix A1303	Correction	ID Prefix	Correction
Reg. # 8:36-18.3(a)(5)	Completed	Reg. # 8:36-18.3(a)(7)(i-iv)	Completed	Reg. #	Completed
LSC	12/15/2020	LSC	12/15/2020	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	
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	

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 11/16/2020		<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		



DATE: 12/16/2020

TO: New Jersey Department of Health  
Attn.: Kiisha Johnson, RN, BSN, Supervisor of Inspections

FROM: Pamela J. Rooney, CALA, Administrator  
The Longview Assisted Living Residence at the Christian Health Care Center

SUBJECT: Plan of Correction following Focused Infection Control Survey

Pursuant to your request and in follow up to the survey that was conducted in The Longview Assisted Living at The Christian Health Care Center on 11/16/2020.

**Below is the Plan of Correction documentation for your review and consideration.**

#### A1299

- 1) **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:** Immediately following the occurrence as described, these infection control concerns were addressed and proper procedures reviewed and reinforced with the employee; i.e. review of proper Hand Hygiene techniques and frequency to include but limited to before and after care/contact. Rounding was conducted with employees on all shifts in the days and weeks following the survey, to review importance of infection control processes and procedures and to provide re-education. Starting this month, the Director of Infection Prevention and Control will provide formal inservices with all clinical staff, including a review of proper procedures for hand hygiene and infection control policy and procedures. **This will be completed by January 15, 2021.**
- 2) **How the facility will identify other residents having the potential to be affected by the same deficient practice:** To prevent future, similar events and to quickly identify non-compliance with infection control policy and procedures, the Director of Health Services, Director of Infection Prevention and Control Nurse, Pharmacy Consultant and/or designee will conduct Hand Hygiene audits, provide quarterly education during the oversight of medication administration during scheduled medication-pass observations and via random audits. Re-education of staff will be provided at time of any observation of non-compliance, as needed.
- 3) **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.** Training and observation-audit education will include that the designated nurse/Certified Medication Aide (CMA) demonstrates that their assigned medication cart is fully stocked with all needed infection control supplies before start of medication administration assignment; e.g. Hand sanitizer will be available on all medication carts for use by both employee and residents.
  - Random audits:** Director of Health Services, Director of Infection Prevention and Control and/or clinical staff designee to observe for proper Hand Hygiene and compliance with infection control policy and procedures.
  - Monthly monitor:** Director of Health Services will conduct Hand Hygiene monitoring with a random sampling of no less than 5 employees per month.
  - Quarterly observations:** Medication Pass Observations are conducted quarterly for each CMA employee which includes observations of compliance with proper medication cart set up, Hand Hygiene and compliance with infection control policy and procedures.
  - Annual Education:** Clinical education for Infection Control policy and procedures will be reviewed during

annual competencies for the Nurses, CMA and PCA staff.

- 4) **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes:** In addition to measures noted previously, to ensure correction, audits for occurrences of deficient practices is ongoing and re-education will be provided and/or scheduled on an as needed by the Director of Health Services, Clinical Education staff and/or the Director of Infection Prevention and Control.

## A1303

- 1) **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:** Immediately following the occurrence as described, these infection control concerns were addressed and proper procedures reviewed and reinforced with the employee; i.e. equipment to be properly sanitized between each use to prevent spread of infection. Rounding was conducted with employees on all shifts in the days and weeks following the survey, to review importance of infection control processes, review procedures and to provide re-education. Starting this month, the Director of Infection Prevention and Control will provide formal inservices with clinical staff including a review of infection control policy and procedures and the proper cleaning and storage of patient care equipment. **This will be completed by January 15, 2021.**
- 2) **How the facility will identify other residents having the potential to be affected by the same deficient practice:** To prevent future, similar events and to quickly identify non-compliance with infection control practices, the Director of Health Services, Director of Infection Prevention and Control, Pharmacy Consultant and/or designee will conduct audits on practice of disinfecting equipment between use, provide quarterly education during the oversight of medication administration and/or during use of other clinical equipment such as vitals, via random audits. Re-education to staff will be provided immediately at time of non-compliance, as needed.
- 3) **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.** Training and observation-audit education will include ensuring that the designated nurse and/or CMA employee demonstrates their compliance with infection control measures before, during and after use of clinical equipment.
  - Random audits:** Director of Health Services, Director of Infection Prevention and Control and/or clinical staff designee to observe for compliance with cleaning of equipment, proper infection control policy and procedures and will provide re-education/instruction as needed.
  - As needed:** Review of infection control policy and procedures during Clinical Staff meetings, CMA update meetings and rounding.
  - Quarterly Observations:** Medication Pass Observations are conducted quarterly for each CMA employee which includes observations of compliance with proper medication cart set up, Hand Hygiene and compliance with infection control policy and procedures.
  - Annual Education:** Clinical Education for Infection Control policy and procedures, including transmission based precautions will be reviewed during annual competencies for the Nurses, CMA/CNA staff.
- 4) **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes:** In addition to the measures noted previously, to ensure correction, audits for occurrences of deficient practices is ongoing and re-education will be provided and/or scheduled on as needed by the Director of Health Services, Clinical Education staff and/or the Director of Infection Prevention and Control.