

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2020
NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		
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F 000	INITIAL COMMENTS Survey Date: 11/18/20 Census: 195 Sample: 3 (Employees) 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 facility assessment	F 880		11/30/20	

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

TITLE

(X6) DATE

Electronically Signed

11/30/2020

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>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. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 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 other facility documentation, it was determined that the facility failed to use proper infection control practices in a manner to prevent the potential spread of infection and/or cross-contamination according to the facility policies by a.) not posting signage to indicate what type of isolation precautions were to be utilized by staff on the PUI (presumptive positive, under investigation) unit and not consistently applying personal protective equipment (PPE) on a unit for residents on transmission-based precautions b.) allowing resident's who were considered presumptive for Covid-19 virus come in close contact with residents that were negative for the Covid-19 virus c.) and disinfecting protective face shields/eye wear after exiting the presumptive Covid-19 Unit.</p> <p>This deficient practice was identified on █ of 4 units toured and was evidenced by the following:</p> <p>The facility policy with revised date of 07/25/2020 and titled, "Covid-19 Isolation-Room Placement (C-IC-42)" was comprised of general co-horting guidelines which indicated the following cohorts:</p> <ul style="list-style-type: none"> -Covid-19 positive/suspected-positive/symptomatic residents. -Negative-negative test -Exposed-exposure to resident with Covid 	F 880	<p>1) " The facility identified residents that were appropriate for COVID-19 quarantine zones. Room changes were completed for the identified residents immediately.</p> <p>" No residents were negatively affected by the deficient practice</p> <p>2) " All residents' medical records were reviewed to ensure appropriate COVID-19 quarantine placement for each resident. Signs and bins have been placed outside resident rooms. Residents have been restricted from leaving their rooms. Residents have been educated on wearing a mask.</p> <p>3) " A facility wide re-education with all staff was initiated by the Assistant Director of Nursing services/Educator to include COVID-19 isolation room placement and appropriate zone placement for all residents.</p> <p>" Facility wide education about proper PPE usage was conducted. The education included donning, and doffing protocol and how to dispose of used PPE.</p>		

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F 880	<p>Continued From page 3</p> <p>positive</p> <ul style="list-style-type: none"> -New Admission/re-admission -Unknown-residents untested -Covid recovered-Residents who have met the time-based strategy <p>Room Placement is as follows:</p> <p>Red Zone:</p> <ul style="list-style-type: none"> -Covid-19 Positive: This unit was comprised of Covid-19 confirmed cases. These residents are put in an isolation room and can cohort with other residents who have confirmed case of Covid-19. Staff to initiate contact and droplet precautions. Employees and other direct care staff providers should wear gown, gloves eye protection (goggles or a face shield) when caring for positive or symptomatic residents under suspicion for Covid-19 infection. <p>Yellow Zone:</p> <ul style="list-style-type: none"> -Exposed roommate of Covid-19 Resident: These resident are place in a private room and can cohort with another exposed resident with no active symptoms if exposure is within 3 days of each other. The clinical team will closely monitor residents for 14 days and provide and assist residents with wearing surgical mask or procedural mask and assess the residents ability to tolerate the mask. Patients should wear a facemask or cloth covering to contain secretions when out of their room. Door to the room should be closed as tolerated. Employees and other direct care staff providers should wear gown, gloves eye protection (goggles or a face shield) when caring for an exposed resident. 	F 880	<p>It also included what PPE is to be worn in what zones, as well as proper sanitization protocols and hand washing.</p> <p>" All unit managers will conduct audits of their respective units. Weekly x4 and subsequently monthly x3. The audits will be conducted for all new admissions and readmissions, as well as for appropriate room and zone placement.</p> <p>4) " The Assistant Director Of Nursing Services/Educator will conduct random audits on new admissions and readmissions to ensure appropriate room and zone placement.</p> <p>" The findings will be brought to the monthly QAPI meeting and recommendations resulting from the QAPI meeting will be implemented to ensure continued compliance with infection control is maintained.</p>		

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F 880	<p>Continued From page 4</p> <p>-Patients under suspicion are comprised of residents with suspected Covid-19. Residents are on droplet precautions and contact precautions. Resident to wear a surgical mask or procedural mask. Door should remain closed. Employees and other direct care staff providers should wear gown, gloves eye protection (goggles or a face shield) when caring for residents under suspicion.</p> <p>-New admissions and Re-admissions: These residents are placed in private rooms or they can cohort with another recent new admission with known or suspected Covid-19 if within last 5 days. New admissions should be placed on isolation precautions for a duration of 14 days or as long as they remain asymptomatic. The clinical team will closely monitor residents for 14 days for any signs or symptoms of Covid-19. Patients should wear a facemask or cloth covering to contain secretions when out of their room.</p> <p>The policy also noted that residents on affected units should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of Covid-19 status.</p> <p>Green Zone:</p> <p>-Covid Recovered residents -Covid Negative asymptomatic residents</p> <p>1.)</p> <p>On 11/18/20 at 9:42 AM, the surveyor toured the [redacted] floor unit that consisted of 4 units = [redacted], [redacted] and [redacted]. On the [redacted] and [redacted] Units ([redacted] Zone), the surveyor observed staff wearing N-95 mask with face-shields in the hallways and at the nurse's station. Outside the [redacted] and [redacted] Units, the</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>surveyor observed a 3-tier bin of Personal Protective Equipment (PPE) and a white trash can located outside the closed double doors leading to both the [redacted] and [redacted] hallway. The surveyor observed that neither unit [redacted] or [redacted] had signs posted of what specific PPE that the staff should be utilizing on the designated units.</p> <p>On 11/18/20 at 9:43 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN UM) who stated she was the unit manager for the [redacted] Unit and [redacted] Unit. The RN UM stated that the [redacted] Unit had a mix of residents that included both Long Term Care (LTC) residents and rehabilitation (rehab) residents. She further stated that the [redacted] Unit had a mix of LTC and rehab residents and a designated and separated Covid-19 Positive Unit. The Covid-19 positive Unit was behind a zippered curtain at the end of the hallway. On [redacted] and [redacted] units (not the Covid Unit) the staff were to wear an N-95 mask with a face shield and wear a gown and gloves prior to entering a resident's room to do direct patient care. The gown and gloves were to be discarded in the trash can in the resident's room prior to exiting the room. The RN UM stated that staff were to wear a N-95 mask, a face shield, gown and gloves when entering the Covid Unit on [redacted] and there was a bin of PPE located outside the Covid positive/Red Zone Unit.</p> <p>On 11/18/20 at 9:54 AM, the surveyor toured the [redacted] Unit and observed that the unit did not have any isolation or precaution signs on the residents' room doors or bins containing PPE outside any resident's room. At that time the surveyor interviewed the IP who confirmed that the unit was considered a [redacted] Unit" which contained both new admissions under 14- day precautions</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>and LTC residents. The IP also confirmed that only one 3 tier bin of PPE was located at the end of the hallway and that none of the resident's rooms had PPE available outside their rooms or signs posted on their doors. The IP stated that she considered the hallway of [REDACTED] Unit not to be contaminated and that staff should not be wearing gowns in the hallways. At this time the surveyor observed a therapist wearing a N-95 mask, face shield, gown and gloves actively treating and touching a resident in their room on the [REDACTED] Unit. The surveyor observed the therapist exit the resident's room into the hallway then re-enter the same resident's room 2 times wearing the same PPE. The IP stated that staff should not leave the residents' room wearing a gown and gloves. The surveyor interviewed the Physical Therapist (PT) who stated she just was treating the above-mentioned resident in their room. The PT stated that she was to wear a N95 mask, face shield, gown and gloves when treating a new admission resident. The PT stated that she could wear the gown and gloves outside a resident's room on the [REDACTED] Unit ([REDACTED] Zone) into the hallway but not off the unit.</p> <p>On 11/18/2020 at 10:00 AM, the surveyor interviewed the Director of Nursing (DON) who described the types of cohorts there were in the facility. She indicated that there was a [REDACTED] Zone which was comprised of Covid-19 negative residents that were asymptomatic, the [REDACTED] Zone was comprised of persons under investigation (PUI), Presumptive positive for Covid-19 due to exposure in the hospital or community which were new admissions and re-admissions and the [REDACTED] Zone which contained all Covid-19 positive residents. According to the DON there was specific PPE that staff were</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>required to wear when on these zones. On the [REDACTED] Zone staff were required to wear isolation gowns, KN95 mask, gloves, goggles or face shields. On the [REDACTED] Zone staff were required to wear isolation gowns, N95 mask, gloves, goggles or face shields. On the [REDACTED] Zone staff were required to wear only simple mask or KN95 mask. The DON also stated that the only PPE being reused were the goggles and face shields. She stated that staff were required to disinfect the goggles or face shields when coming out of the [REDACTED] Zone or the [REDACTED] Zone to prevent spread of the virus.</p> <p>On 11/18/20 at 10:31 AM, the surveyor observed a staff member posting 3 signs to the wall outside the [REDACTED] Unit above the 3-tier bin of PPE which instructed staff how to don (apply) and Doff (remove) PPE according to CDC guidelines. The surveyor observed the same 3 signs posted above the 3-tier bin of PPE outside the [REDACTED] Unit. These signs were not present when the surveyor toured the unit at 9:42 AM.</p> <p>On 11/18/2020 at 10:50 AM. the surveyor observed the [REDACTED] Unit. There was a sign posted on the double closed door to "See Nurse". There were no signs posted to indicate what type of "Zone" or unit this was. The surveyor observed an isolation cart that was set up before entering the [REDACTED] Unit. The sign posted above the isolation cart had instructions from the Center for Disease Control (CDC) that staff were to don (apply) an isolation gown, gloves, respirator or mask, goggles and/or face shield prior to entering the unit. The surveyor observed staff through the window in the hallway of the [REDACTED] unit. Staff were not wearing isolation gowns while in close proximity to residents. Some of these residents</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>were wearing simple mask and some were wearing the mask under their chins and not covering their mouths and noses rendering the mask useless.</p> <p>On 11/18/2020 at 11:00 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) for the [REDACTED] unit who was observed wearing a N95 mask and goggles. LPN #1 stated that the [REDACTED] unit was for new admissions and sub-acute residents. She indicated that the residents on that unit came from the hospital so were considered exposed to Covid-19. She added that the residents were on contact precautions because of exposure but were not quarantined. She stated that a resident could leave their rooms but needed to wear a mask. She stated that she was just informed that morning that the staff were required to wear an isolation gown in the hallway of the [REDACTED] Zone and that the Unit Manager or Infection Preventionist (IP) just put the signs up on the wall on what type of PPE that staff was required to wear before entering [REDACTED] (Zone) Unit. "Those signs were not there early this morning or yesterday when I worked."</p> <p>On 11/18/2020 at 11:05 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) for [REDACTED] unit who stated that she was not aware that the residents were on a 14-day quarantine nor was she aware that the [REDACTED] unit was a [REDACTED] Zone. "I was told to wear a gown, N95, goggles and gloves when in residents' room for direct patient care." CNA #1 stated that there were some residents on the [REDACTED] hallway that were wearing simple mask and some not wearing masks at all. "We were told not to wear an isolation gown in the hallway, but no signs were posted so I didn't know." She stated that she was</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>designated to stay on that unit and did not work on other units.</p> <p>On 11/18/2020 at 11:15 AM, the surveyor observed a Physician Therapy Assistant (PTA) in the hallway through the window of the [REDACTED] Zone not wearing an isolation gown while in the hallway. The surveyor observed residents in the hall of the unit some wearing masks and some were not wearing masks. The surveyor also observed that the PTA did not clean her goggles upon exiting the unit. The PTA was interviewed at that time and stated that she was to wear full PPE while in the resident's room but not in the halls, even though some residents are in the halls. "I do just what they told me."</p> <p>On 11/18/2020 at 11:25 AM, the surveyor interviewed CNA #2 who stated that she is working on the [REDACTED] unit [REDACTED] Zone. She stated that the residents on that unit were new admissions and that they were on isolation for 14 days in case they had Covid-19. CNA #2 further stated that "I would consider the hall on [REDACTED] to be contaminated because some resident on the hall are not wearing a mask." She added that she wears full PPE while in the resident's room but did not wear an isolation gown in the hallway. She revealed that there were no signs posted as to what PPE staff was required to wear before entering the [REDACTED] unit.</p> <p>On 11/18/2020 at 11 :30 AM, the surveyor interviewed a Nurse Practitioner (NP) who was observed entering the [REDACTED] unit wearing just a N95 mask and a face shield and no other PPE. She stated that she was new to the facility and did not know that the [REDACTED] unit was a [REDACTED] Zone because there were no signs posted to indicate as such.</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>On 11/18/20 at 10:42 AM, the surveyor observed a staff member exit the [redacted] Unit [redacted] Zone wearing a N-95 mask, face shield, disposable blue gown and gloves. The surveyor interviewed the staff member who stated she was a speech therapist (ST) and was just treating a resident in their room in the [redacted] Unit. The ST stated that she was told she could wear the same gown to treat several residents in the [redacted] Unit.</p> <p>On 11/18/20 at 11:07 AM, the surveyor observed a staff member put a white 3 tier bin containing PPE outside resident room [redacted] at the end of the [redacted] Unit [redacted] Zone adjacent to the Covid + Unit. The staff member stated he worked in central supply and was just told to put the bin there, but he doesn't know why. The surveyor observed that the room did not have signs posted indicating any isolation or precautions and the residents were not in their room. The surveyor interviewed CNA #3 who stated that the two residents from Room [redacted] were not in their room but off the unit by the nurse's station. CNA #3 stated " the 2 residents in this room [redacted] are not on any precautions."</p> <p>On 11/18/20 at 11:15 AM the surveyor interviewed the RN UM for Units [redacted] who stated that Room [redacted] were residents admitted within the last 14 days and on observation for symptoms of Covid-19. The RN UM confirmed that Room [redacted] did not have an isolation sign posted on the door or PPE bin outside the room. The RN UM stated that a resident in Room [redacted] was admitted from home the previous night for a 30-day respite stay. The RN UM stated that the resident was not on quarantine but on a 14-day observation which included taking vital signs</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>every shift and monitoring symptoms of Covid -19. The RN UM confirmed that the room did not have an isolation sign posted on the door or a bin of PPE outside the resident's room. The RN UM confirmed that these 2 rooms on the [REDACTED] Unit were new admissions within 14 days and on observation. The RN UM then confirmed that on the [REDACTED] Unit there were 6 rooms that had new admissions within the last 14 days that did not have an isolation sign on the resident's room doors or PPE located outside the rooms. The RN UM stated, "I thought they [the signs and bins] were at the residents' rooms(new admissions), I am not sure why they were not there."</p> <p>On 11/18/2020 at 11:50 AM, the surveyors interviewed the RN UM for Unit [REDACTED] who stated that the [REDACTED] Unit was comprised of new Admissions, re-admissions and some long-term care residents that were exposed. She added that the residents on that unit were "presumptive" for Covid-19 because they had been in the community and were considered possibly exposed to Covid. She confirmed that the unit was a [REDACTED] Zone and that the residents on that unit were on contact and droplet precautions for 14 days. She admitted that there were no signs posted to inform staff what type of [REDACTED] was nor were there signs posted as to what type of isolation and PPE was to be worn. She added staff should have known through morning report. "There were no signs or isolation bins this morning because the residents were asymptomatic."</p> <p>The DON and Infection Preventionist (IP) were interviewed at 12:20 PM and stated that [REDACTED] hallway was considered an all "presumptive" unit ([REDACTED] Zone) because it was a mixture of new</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>admissions from the hospital and exposed Long-term Care residents. The DON confirmed that all staff were supposed to wear full PPE which included N95 or KN95 mask, gown, gloves, goggles or face shield prior to entering [REDACTED] hall. The IP and DON agreed that all staff should be utilizing full PPE prior to entering the [REDACTED] Zone and that signs should have been posted so that staff knew exactly what PPE was to be worn.</p> <p>On 11/18/2020 at 01:05 PM, the surveyor interviewed the Director of Rehabilitation (DOR) who admitted that she as well as her staff were confused about what type of residents were on the [REDACTED] Zone. She stated that there was confusion on whether the residents on that unit were presumptive for Covid-19 or just on precautions for Covid-19. She admitted that her staff was confused on what type of PPE was to be worn when on the Yellow Zone.</p> <p>On 11/18/2020 at 02:10 PM, the surveyor interviewed the IP who stated that "unfortunately" that staff got confused on what PPE should be worn with specific cohorts and that re-education will have to be provided to all staff.</p> <p>2.)</p> <p>On 11/18/20 at 9:54 AM, the surveyor toured the [REDACTED] Unit / [REDACTED] Zone and observed that the unit did not have any isolation or precaution signs on the resident's rooms doors or bins containing PPE outside any resident's rooms. At that time, the surveyor interviewed the IP who confirmed that the unit was considered a [REDACTED] Unit" which contained both new admissions under 14- day precautions and LTC residents. The surveyor observed several residents who were wearing</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>masks leaving and entering the [REDACTED] Unit. The IP stated that the residents were tested for Covid-19 when then were admitted and have been tested weekly and have been negative. "These residents are awake, alert and oriented and can leave the unit to smoke."</p> <p>On 11/18/20 at 11:07 AM, the surveyor observed a staff member put a white 3 tier bin containing PPE outside a resident's room [REDACTED] at the end of the [REDACTED] Unit/ [REDACTED] Zone adjacent to the Covid + Unit. The staff member stated he worked in central supply and was just told to put the bin there, but he doesn't know why. The surveyor observed that the room did not have signs posted indicating any isolation or precautions and the residents were not in their room. The surveyor interviewed CNA#3 who stated that the two residents from Room [REDACTED] were not in their room but off the unit by the nurse's station. CNA #3 stated " the 2 residents in this room [REDACTED] are not on any precautions."</p> <p>On 11/18/2020 at 11:25 AM, during the interview with CNA #2, the surveyor observed multiple residents exiting the [REDACTED] Zone some wearing surgical masks and some without masks. The residents that exited the [REDACTED] Zone were sitting and intermingling with Covid-19 negative residents that were sitting near the nurse's station. CNA #2 stated that she was not sure if the residents from the [REDACTED] Zone should be near residents from the [REDACTED] Zone.</p> <p>On 11/18/20 at 11:34 AM, the surveyor interviewed LPN #2 who stated that she thought the 2 residents from room [REDACTED] Zone) were admitted longer then 2 weeks ago but was</p>	F 880		

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F 880	<p>Continued From page 14</p> <p>not sure. LPN #2 stated that both residents from room [REDACTED] were off the 1 [REDACTED] unit and were sitting in the hallway by the nurse's station because they were a fall risk. LPN #2 confirmed the identity of the 2 residents sitting in the hallway by the nurse's station located off the 1 [REDACTED] Unit and the surveyor observed the 2 residents sitting in wheelchairs near the nurse's station with other residents within 6 feet. LPN #2 then confirmed that both residents in room [REDACTED] were under the 14 day admission precaution.</p> <p>On 11/18/2020 at 11:50 AM, the surveyors interviewed the Registered Nurse Unit Manager (RN UN) who stated that residents were allowed off the [REDACTED] unit because they were asymptomatic. "I guess I wouldn't know if a presumptive resident had Covid-19. I'm not saying yes or no that if a resident who was presumptive could potentially infect a resident who was negative by being in the hallway with them. We don't consider them under quarantine like the Covid-19 positive residents, so they are not expected to stay in rooms. We test weekly and encourage mask."</p> <p>On 11/18/2020 at 02:10 PM, the surveyor interviewed the IP who confirmed that residents that were on the [REDACTED] Zone should be wearing masks and should not be coming off the [REDACTED] Zone and be in close contact or mingling with the residents from the [REDACTED] Zone.</p> <p>3.)</p> <p>On 11/18/2020 at 10:50 AM. the surveyor observed staff through the window on the double doors to [REDACTED] unit and did not observe staff cleaning their goggles or face shields after exiting</p>	F 880			

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F 880	<p>Continued From page 15 the unit.</p> <p>On 11/18/2020 at 11:05 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) for [REDACTED] unit who admitted that she did not clean her goggles after leaving the [REDACTED] Zone because there was no where to clean them and that she didn't know she had to. She stated that she was designated to stay on that unit and did not work on other units.</p> <p>On 11/18/2020 at 11:25 AM, the surveyor interviewed CNA #2 who admitted to not cleaning her face shield after exiting the [REDACTED] Zone because "there was nowhere to clean the face shield right now."</p> <p>On 11/18/2020 at 11:50 AM, the surveyors interviewed the Registered Nurse Unit Manager (RN UM) who stated that she did not know why there was no disinfectant in the [REDACTED] Zone for staff to clean their contaminated face shields or goggles after exiting the unit.</p> <p>The surveyor interviewed the IP at 12:20 PM who admitted that she and the RN UM for [REDACTED] unit were responsible to assure that disinfectant was available for staff to clean goggles and face shields after exiting the [REDACTED] Zone.</p> <p>The policy with a revised date o 6/1/2020 and titled, "Covid-19 Prevention (C-IC-36) indicated that this guidance is based on the currently limited information available about 2019-nCoV related to disease severity, transmission efficiency and shedding duration. The policy also indicated that the facility should have established policy for isolating and monitoring new</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>admissions for a period of time to protect in-house residents. (see Covid -19 admission policy (C-IC-41))</p> <p>The facility policy with a revised ate of 6/25/2020 and titled, " Covid-19 Admissions (C-IC-41)" indicated that the facility had established policies to attempt to prevent and control the spread of Covid-19, this included but is not limited to admissions and readmissions. The policy indicated that all new admissions should be considered as potential exposure to Covid-19 virus. According to the "Room Assignment" all new admissions should be placed on droplet and isolation precautions for 14 days and that the health care provider (HCP) should wear and N95 or higher level respirator(or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gowns when caring for these residents.</p> <p>The facility policy with a revised date of 4/26/2020 and titled, "Covid-19 Environmental Management" indicated that staff were to ensure that isolation carts with isolation supplies and isolation signs were outside of the resident's room.</p> <p>The facility policy with revised date of 12/2019 and titled, "Isolation Precautions (C-IC-9)" indicated that transmission-based precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infection that can be transmitted to others.</p> <p>According to this policy droplet precautions are defined as transmission occurs with organisms in the respiratory tract. Droplets are generated when the person coughs, sneezes or talks.</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>Organisms are contained in the droplets and can travel from 3 to 10 feet.</p> <p>Contact transmission is defined as transmission occurs through direct contact with the organism and then contact with another person or surface. This policy also indicated that residents on contact precautions or droplet precautions that an "isolation sign" was to be placed at the door of the resident's room, identifying type of infection, location of infection and type of precautions are required.</p> <p>The facility policy with a revised date of 8/24/20 and titled, "Covid PPE Eye Protection (C-IC-53)" indicated that if a resident were on modified Contact and droplet Precautions:</p> <ul style="list-style-type: none"> -Staff and Resident to wear mask (prevents droplets to be expectorated if coughing or sneezing). -Staff and Residents wearing mask during care keeps any potential "exposure" at a low risk to maintain the safety of the staff. -Gowns and goggles/face shields are warranted for the following: Resident currently on isolation for: new Admission-14 days <p>The policy also indicated that Eyewear should be disinfected in between care/close contact with residents who is not masked.</p> <p>The facility with revised date of 08/25/2020 and titled, "Covid-19 Outbreak Management (C-IC-37)" indicated that residents with confirmed or suspected cases of Covid-19 will be cared for in accordance with guidelines as defined by the CDC and Federal and State Health Care Regulations. Our ultimate goals are to prevent disease transmission, treat symptoms and provide care necessary to optimize residents' overall health. The policy also indicated:</p>	F 880			

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F 880	Continued From page 18 - that New Admissions and Readmissions are to be on droplet and contact precautions, assure that all residents in affected units remain in their rooms. -Facility should establish system to make all PPE easily accessible to staff. -Implement Social Distancing Measures and remind residents to practice social distancing, wear cloth face covering when out of room. NJAC 8:39-19.4(a)(1-2)(c)	F 880			