

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

PRINTED: 10/05/2021
FORM APPROVED
OMB NO. 0938-0391

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 01/20/2021
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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 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Census: 203 Sample size: 8	F 000		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		3/16/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/18/2021
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <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 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, facility policy reviews, and New Jersey Department of Health (NJDOH) Executive Directive No. 20-206-1, revised 01/06/2021, it was determined the facility failed to use proper infection control practices to prevent the potential spread of infections by allowing residents who were presumptive for COVID-19 to come in close contact with residents who were negative for COVID-19, failed to encourage residents to remain on the isolation unit, and failed to encourage residents to wear a face covering. This deficient practice was evident on one of the four units toured on the [REDACTED] floor. This had the potential to affect 203 residents who resided in the facility, and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJDOH Executive Directive No. 20-026-1, revised 01/06/2021, revealed the following: 3. Cohorting, PPE and Training Requirements in Every Phase: ii. Facilities shall implement universal source control for everyone in the facility. All residents, whether they have COVID-19 symptoms or not, must practice source control when around others (surgical mask if supply is available) in accordance with CDC guidance at: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html. A face covering must NOT be worn by children under the age of two (2) or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Source control may be provided with cloth face coverings or facemasks.</p>	F 880	<p>1- The Facility identified residents that were non-compliant with infection control requirements including social distancing and donning of face masks in common areas completed education and correction of deficient practice immediately. Residents #10 and resident #14 were offered [REDACTED] cessation and both residents acknowledge understanding of the requirement and refused [REDACTED] cessation products. Resident #10 and resident #14 were reminded that there are assigned specific times to [REDACTED] separate from other residents. Both residents were reminded that congregating in a common areas during the 14 day isolation period is discouraged.</p> <p>2- All residents were at risk due to this deficient practice. All residents were educated on the requirement to wear a mask when outside of their room. All residents on isolation were educated that they are required to stay in their room for the duration of the 14-day isolation. Residents admitted within 14 days were educated on the specific independent times for [REDACTED] during the 14 day isolation.</p> <p>[REDACTED] cessation will be offered to all residents upon admission and continued cessation for any resident that would like to continue after the isolation period is complete.</p>		

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F 880	Continued From page 3 Reference: NJDOH Quick Reference: Executive Directive No. 20-026-1 Resumption of Services Guidance in all Long-Term Care Facilities - Infection Prevention & Control, last updated 01/22/2021, indicated, Cohorting - Maintain separation of COVID-19 positive and negative residents in accordance with NJDOH Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities at https://www.state.nj.us/health/cd/topics/covid2019_healthcare.shtml . Reference: NJDOH's Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities, dated 10/22/2020, indicated the following d) Cohort 4 - New or Re-admissions: This cohort consists of all persons from the community or other healthcare facilities who are newly or readmitted. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19. 1. On 01/18/2021 at 3:20 PM, residents (names unknown) were observed exiting and reentering the Yellow Zone (an isolation unit for new admissions); the residents were not wearing masks. They were observed walking into the [REDACTED] of the [REDACTED]-floor nurses' station area and/or into the [REDACTED] outside of the outdoor [REDACTED] area, and/or into the outdoor [REDACTED] area. On 01/18/2021 at 4:05 PM, Resident #10 (who resided in the Yellow Zone) was observed out of the Yellow Zone unit, standing at the [REDACTED]-floor nurses' station in the [REDACTED] of the [REDACTED] floor. The resident was not wearing a mask and was leaning	F 880	3-Corporate policies titles COVID 19 Outbreak Management and COVID 19 Room placement and Isolation policies were reviewed. ADON/ Staff educator educated Facility staff on deficiency, contributing factors, adherence to infection control practices, transmission-based precautions, and Covid-19 isolation. Facility identified full time infection preventionist and required CDC training was completed DIRECTED PLAN OF CORRECTION The facility shall provide in-service training to appropriate staff and validated competency by the DON, medical director, or Infection Preventionist, as follows: a. Module 1: Infection Control and Prevention-Required attendees: Topline staff and the Infection Preventionist b. Module 6B: Principles of transmission-based precautions- required attendees: All staff c. CDC COVID 19 Prevention Messages for Frontline Long-Term Care Staff- Keep COVID 19 Out! d. CDC COVID 19 Prevention Messages for Frontline Long-Term Care Staff- Use PPE correctly. Consultant/Instructor: Kathleen Flanagan RN- Regional Consultant Dates of Training Sessions: To be commenced effective January 21, 2021 and ongoing Targeted staff: All Staff Objectives		

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F 880	<p>Continued From page 4</p> <p>against the counter, which surrounded the nurses' station, while talking on his/her personal phone. While the resident was at the nurses' station, staff were seated on the inside of the counter near the resident. No staff encouraged the resident to wear a mask or return to the Yellow Zone.</p> <p>On 01/19/2021 at 9:54 AM, Resident #10 was observed seated in the [REDACTED] of the [REDACTED]-floor nurses' station; the resident was not wearing a mask. He/she was seated next to a resident (name unknown) who resided on a hall for residents who had tested negative for the COVID-19 virus. Neither of the residents were wearing a mask and their chairs were side by side. Resident #10 was observed sneezing into his/her hand then walked over to another resident (name unknown), who was also not wearing a mask while seated in the [REDACTED] and handed something to the resident. Resident #10 remained in the [REDACTED] area and [REDACTED] area [REDACTED] visiting with other residents until approximately 10:30 AM. Resident #14, in the [REDACTED], did not have their masks pulled up covering their mouth and nose. Staff did not encourage the resident to return to the Yellow Zone and/or don a mask.</p> <p>On 01/19/2021 around 12:30 PM, Resident #10 returned to the Yellow Zone. The resident sat down next to a resident (name unknown) who was also not wearing a mask. Their chairs were side by side in the hallway of the Yellow Zone. Social distancing (at least 6 feet apart) was not being practiced. It was observed that staff in the Yellow Zone did not separate the chairs and did not attempt to have the residents don a mask while they were out of their rooms.</p>	F 880	<p>a. All above staff will understand the significant effect of this deficiency</p> <p>b. All the above staff will understand their responsibilities in regards to contributing factors to the deficiency.</p> <p>c. All above staff will understand and verbalize importance of adherence to infection control practices</p> <p>d. Employees will understand the importance of resident adherence to social distancing and donning of face masks.</p> <p>e. Employees will understand the importance of residents on isolation remaining in their rooms and avoiding any outside of their room contact.</p> <p>f. Residents will be re-educated on appropriate infection control requirements including social distancing and donning of face masks.</p> <p>Course Outline</p> <p>a. Review of Statement of Deficiency; review Root Cause; and Contributing Factors</p> <p>b. Review of isolation and co-horting consistent with current CDC, CDS, NJDOH, and CMS requirements; appropriate PPE requirements, and monitoring residents for compliance with isolation requirements.</p> <p>c. Training of administration, medical director, infection preventionist, and nursing leadership.</p> <p>d. Training all direct care staff on maintaining isolation requirements during care to COVID exposed residents.</p> <p>e. Infection Preventionist, unit managers, nursing supervisors or designee will provide oversight related to nursing staff adherence to infection</p>		

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F 880	<p>Continued From page 5</p> <p>On 01/20/2021 at 11:00 AM, Resident #10 was observed in the lobby on the [REDACTED] floor. The resident was again not wearing a mask when he/she walked up to the nurses' station and asked Registered Nurse (RN #1) for a drink. The RN provided the resident with a refill of the resident's glass and the resident walked to the [REDACTED], turned around and returned to the Yellow Zone. Upon reentering the Yellow Zone, he/she sat in a chair in the hall next to another resident. Neither resident was wearing a mask.</p> <p>At 11:05 AM on 01/20/2021, RN #1 was interviewed. She stated she was familiar with Resident #10. She stated the resident resided in the Yellow Zone and was on isolation. She further stated the resident should wear a mask when out of his/her room. RN #1 stated they tried to educate the residents, but they did not listen. It was observed that RN #1 had not encouraged the resident to return to the isolation unit or wear a mask.</p> <p>It was observed that residents who resided in the Yellow Zone (isolation unit) were exiting and re-entering their unit multiple times a day during the three days of the survey, without wearing a mask.</p> <p>On 01/18/2021 at 4:45 PM, the Assistant Director of Nurses (ADON) was interviewed. She stated these residents should not leave the isolation unit. She was asked about residents who [REDACTED], if they were allowed to leave the isolation unit to go to the [REDACTED] area. She said the facility tried to educate the residents about remaining in the isolation unit, but they were sometimes non-compliant. She stated they should not leave the unit, but if they did, they should wear a mask. She stated there was a [REDACTED] schedule posted</p>	F 880	<p>control and isolation guidelines</p> <p>f. Corrective action will be initiated upon identification.</p> <p>g. Evaluation/auditing tool will be utilized to monitor effectiveness of these interventions.</p> <p>h. Regional Director will oversee effectiveness of above interventions.</p> <p>i. Review of audit processes will be completed by facility's Regional Director.</p> <p>j. The Regional Nurse will perform review of above implementation and provide feedback on plan of correction. Newly admitted residents will be educated on COVID 19 restrictions regarding smoking. Education on [REDACTED] cessation will be provided to all new residents and at the end of quarantine in the event the residents would like to continue with smoking cessation measures.</p> <p>4- Infection Preventionist /designee will perform Covid-19 infection control rounds, including observation of adherence to COVID 19 isolation requirements; adherence to resident social distancing; and resident compliance with face mask requirements q shift x 1-week, daily x 4 weeks, and weekly x12 weeks and then monthly until compliance is met. The administrator/ designee will conduct weekly audits of all admissions/ readmissions for appropriate isolation requirements including notification on admission of isolation requirements including [REDACTED] cessation for 14 days for 4 weeks and then monthly until compliance is met. The results of the audits will be presented at monthly QAPI.</p>		

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F 880	<p>Continued From page 6</p> <p>in the Yellow Zone that told the residents when they could [REDACTED]. They were supposed to stick to the schedule and staff was to ensure the residents wore a mask.</p> <p>On 01/20/2021 at 3:00 PM, the Director of Nurses (DON) was interviewed. The DON stated that if a resident from the Yellow Zone left the isolation unit, they should wear a mask. She stated some of the new admissions [REDACTED] so they went outside to [REDACTED]. She stated they should be wearing a mask. When the DON was informed of the surveyor's observations, she stated the residents should be wearing a mask and staff should encourage them to stay in the isolation unit. She further stated they should be practicing social distancing. The DON stated the staff could not force the residents to be compliant.</p> <p>The facility policy, dated 07/25/2020, titled, "Covid-19 Admissions," indicated: " ...Procedure: all new admissions, should be considered as a potential exposure to the COVID-19 virus. The following guideline provides steps to be taken to limit exposure to other residents following admission New admissions should be placed on droplet and isolation precautions for 14 days"</p> <p>The facility policy, undated, titled "PPE Guide for Staff and Residents," indicated: "...Yellow Zone ...Residents to wear face or cloth masks when out of room."</p> <p>The facility policy, dated 07/25/2020, titled "COVID-19 Isolation-Room Placement," indicated: "The Yellow Zone was comprised of new admissions and re-admissions. The residents who resided in the Yellow Zone were suspected positive residents and were to be</p>	F 880			

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F 880	Continued From page 7 placed in isolation for 14 days. The residents who resided in the Yellow Zone were to wear a face mask or cloth covering to contain secretions when out of their room." New Jersey Administrative Code § 8:39-5.1(a)	F 880			