

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

PRINTED: 04/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2021
NAME OF PROVIDER OR SUPPLIER TEANECK NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1104 TEANECK ROAD TEANECK, NJ 07666		
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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 has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 2/10/21 Census: 82 Sample: 5	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		4/1/21	

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

TITLE

(X6) DATE

Electronically Signed

02/19/2021

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

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F 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 records, it was determined that the facility failed to: a) practice appropriate hand hygiene for 3 of 9 staff observed; and b) ensure that workers are knowledgeable of the cleaning chemical used in the workplace for 3 of 3 staff in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene, which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable.</p>	F 880	<p>F 880</p> <ol style="list-style-type: none"> 1. HK#1, HK#2, HK #3, and LPN #1 were in-serviced regarding the appropriate wearing and removal times of gloves as well as proper hand hygiene procedure. LPN #2, HK #1, HK #3 were in-serviced regarding the contact time of cleaning chemicals (sprays and wipes) utilized for disinfecting cleaning surfaces. 2. All residents have the potential to be affected by the deficient practice of failing to practice appropriate hand hygiene and having knowledge of the cleaning chemical used in the workplace in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19. 3. A Root Cause Analysis(RCA) was performed to determine the causation of deficient practices. The RCA concluded that the deficiency happened due to the need of increased monitoring and IP rounds, the need for appropriate hand hygiene standards, and the need for proper identification of cleaning chemicals in the work place. The Infection Control Preventionist (ICP) in-serviced all staff according to the U.S. CDC guidelines for 		

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F 880	<p>Continued From page 3</p> <p>The focus should be on cleaning your hands at the right times."</p> <p>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility, updated on 7/28/2020, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." Additional considerations for employers: "Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19. Develop policies for worker protection and provide training to all cleaning staff on-site prior to providing cleaning tasks. Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication Standard."</p> <p>1. On 2/10/21 at 9:00 AM, the surveyor, observed that Housekeeper#1 (HK#1) did not remove her pair of gloves and perform hand hygiene after exiting a non-COVID resident's room; HK#1 continued to wear her pair of gloves in the hallway.</p> <p>The surveyor interviewed HK#1 at that same</p>	F 880	<p>hand hygiene recommendations, guidance for healthcare providers for hand hygiene and COVID-19 with emphasis of appropriate times to clean hands, duration of hand washing procedure, and maintaining a clean environment during the hand washing process. The ICP further in-serviced all staff regarding the appropriate times to apply and remove gloves. Further education consisted of all facility employees reviewing CDC educational videos Use PPE Correctly, Clean Hands, Sparkling Surfaces and Keep Covid-19 out. Topline staff and infection preventionist viewed Module 1-Infection Prevention and Control Program. The Administrator in-serviced all staff regarding cleaning chemicals (sprays and wipes) that are used to disinfect cleaning surfaces as it pertains to their department.</p> <p>4. The ICP will randomly review proper hand washing procedure of 5 employees monthly for the next 2 months as well as monitor appropriate wearing of gloves of 5 random employees throughout the facility for the next 2 months. The administrator will randomly question 5 employees weekly for the next month to ensure that contact time of disinfecting chemicals are adhered to. Findings will reported at the next quarterly Quality Assurance meeting.</p> <p>Date of completion April 1, 2021</p>		

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F 880	<p>Continued From page 4</p> <p>time. The surveyor asked why she was wearing the gloves in the hallway and why she did not perform hand hygiene after exiting a resident's room; HK#1 replied, "I forgot to."</p> <p>At 9:06 AM, the surveyor observed the Licensed Practical Nurse#1 (LPN#1) wearing a pair of gloves in the nursing station. LPN#1 stated, "It's ok" to wear gloves in the nursing station.</p> <p>At 9:11 AM, the surveyor observed HK#2 wearing a pair of gloves in the hallway going to an elevator. HK#2 stated, "I can use gloves" in the hallway. He further said, "I even have gloves in my pocket."</p> <p>Afterward, the surveyor observed HK#2 performed handwashing for 27 seconds. HK#2 with soaped hands, turned off the faucet, and proceeded to lather hands. Then, HK#2 with soaped hands, touched and turned on the faucet to rinse both hands. HK#2 stated, "I'm conserving the water," which was why he touched the faucet in between handwashing.</p> <p>At 9:25 AM, the Registered Nurse/Supervisor (RN/S) stated that staff should not wear gloves in the hallways. She further stated that staff should remove gloves when exiting a resident room and perform hand hygiene immediately. She also noted that staff were educated about proper hand hygiene and the use of gloves.</p> <p>At 9:33 AM, the surveyor observed that HK#3 did not perform hand hygiene in between the change of gloves. HK#3 did not respond when the surveyor asked why she did not perform hand hygiene when she changes her gloves.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>At 9:38 AM, the Infection Preventionist Nurse (IPN), in the presence of the Licensed Nursing Home Administrator (LNHA), informed the surveyors that staff should not wear gloves in the hallway and the nursing station. The IPN stated that staff must remove gloves when exiting the resident's room and immediately perform hand hygiene for infection control. The surveyor asked the DON if staff were educated about the contact time of disinfecting spray and wipes in the facility. The DON replied, "that I don't know."</p> <p>At 10:49 AM, the Housekeeping and Laundry Director (HLD) stated that staff should not wear gloves in the hallway. The HLD further noted that staff were "probably rushing," as to a reason why they had their gloves in the hallway.</p> <p>2. On 2/10/21 at 9:00 AM, HK#1 informed the surveyor that she use disinfecting spray for cleaning frequently touched surfaces. HK#1 could not state the correct contact time (which is the amount of time that the disinfectant needs to stay wet on a surface to ensure efficacy) of the disinfecting spray.</p> <p>At 9:27 AM, LPN#2 informed the surveyor that she uses disinfecting wipes for cleaning frequently touched surfaces. LPN#2 was unable to state the contact time of the disinfecting wipes. She further said "No" when asked by the surveyor if she received education about the disinfectant's contact time.</p> <p>At 9:33 AM, the surveyor observed HK#3 used a disinfecting spray in the hallway handrails, elevator and immediately wiped with a rag. HK#3 did not respond when the surveyor asked about</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>the contact time for the disinfecting spray.</p> <p>At 10:49 AM, the Housekeeping and Laundry Director (HLD), during interview, informed the surveyors that housekeeping staff know "not to wipe it down immediately after spraying disinfectant."</p> <p>At that same time, the HLD informed the surveyors that HK#2 was previously given a verbal warning due to non-compliance with the use of gloves in the hallway.</p> <p>At 11:45 AM, the HLD could not provide a copy of education about disinfectants' contact time. The HLD acknowledged that no instruction was provided to staff about the contact time of disinfectant used in the facility.</p> <p>A review of the facility Handwashing/Hand Hygiene Policy and Procedure provided by the LNHA dated 2/21 included, "Hand hygiene is the final step after removing and disposing of personal protective equipment. The use of gloves does not replace handwashing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections." Also, "Washing hands: Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20-30 seconds (or longer) under a moderate stream of running water, at the desired temperature. Rinse hands thoroughly under running water. Hold hands lower than wrists and downward. Do not touch fingertips to the inside of the sink and keep fingers separated. Dry hands thoroughly with paper towels and discard in the garbage can. Turn off faucets with a clean, dry paper towel.</p>	F 880			

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F 880	<p>Continued From page 7 Discard towels into trash."</p> <p>A review of the facility Disinfecting Frequently Touched Surfaces Policy and Procedure provided by the LNHA dated 3/2020 included "It is the policy to clean frequently touched surfaces such as handrails and doorknobs etc., by spraying disinfectant and wiping them down with a rag across the handrails and doorknobs as well as other surfaces. At least three times a day and as needed. The housekeeping director will monitor this very carefully to assure it is being done properly."</p> <p>At 1:00 PM, the surveyor met with the LNHA, DON, and was aware of the above concerns. The facility provided no additional information.</p> <p>NJAC 8:39-19.4 (a) (1) (2) (n)</p>	F 880			