

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PREMIER CADBURY OF CHERRY HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2150 ROUTE 38 CHERRY HILL, NJ 08002</b>
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F 000	INITIAL COMMENTS  CENSUS :89  A Covid-19 Focused Infection Control Survey was conducted by the State Agency on April 30, 2020, and a removal plan revisit on May 11, 2020. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for Covid-19.	F 000		
F 880 SS=J	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		5/20/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/20/2020
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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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Census: 89</p> <p>Based on observation, interviews, and other pertinent facility documentation on 4/30/2020, it was determined that the facility staff failed to ensure that the appropriate transmission based precautions were practiced by healthcare staff while caring for both Covid-19 positive and PUIs (Persons Under Investigation), and non-ill residents by permitting health care staff to wear the same long sleeve paper isolation gowns from a Covid-19 positive resident room into a non-PUI, non-ill resident room. Health care staff were placing a short sleeve resident cloth gown over the long sleeve paper isolation gown, leaving the long sleeves exposed and providing care for a Covid-19 positive resident, removing the short sleeve resident cloth gown in the resident room, exiting the Covid-19 positive room, and caring for the non- PUI, non-ill residents leaving the contaminated long sleeves on the paper isolation gown exposed risking the likelihood of cross contamination.</p> <p>This deficient practice placed all residents at risk for contracting the Covid-19 virus in an immediate Jeopardy (IJ) situation. After office Supervisor review on May 5th, 2020, it was determined that due to the usage of short sleeve resident cloth gowns over the long sleeve paper isolation gowns in Covid-19 positive and non PUI, non-ill rooms, and the likelihood of cross contamination placed 46 Covid-19 negative</p>	F 880	<ol style="list-style-type: none"> <li>1. A plan was instituted immediately which included moving Covid positive residents on [REDACTED] unit to [REDACTED] unit for cohorting. The plan further included moving asymptomatic and Covid negative residents from [REDACTED] to [REDACTED]. In addition to cohorting, long sleeve disposable gowns were provided to staff to wear while caring for Covid positive residents to eliminate cross contamination.</li> <li>2. All residents have the potential to be effected by cross contamination by gown/sleeve exposure.</li> <li>3. In order to ensure that the deficient practice does not reoccur the following changes were put in place. Assignments were reviewed and residents were moved to cohort positive covid and non-PUI, non-ill residents in an assignment to limit/reduce cross contamination by staff. To extend the life of the available, PPE long sleeve disposable gowns were left in each COVID positive resident room for staff to wear over their long sleeve isolation gown while caring for these residents. These gowns ere labeled with staff name and placed on wire racks inside resident room doors to be worn each time staff enter the room. To decrease the use of long sleeve disposable gowns plastic sleeve extenders were purchased to wear with the hospital gown when caring for covid positive residents. Hooks were purchased</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>residents out of an 89 census, at risk for contracting the Covid-19 virus in an Immediate Jeopardy (IJ) situation. The IJ was identified and reported to the Director of Nursing (DON) on 5/5/2020 at 2:24 p.m., when the IJ template was provided to the DON. The IJ ran from 4/30/2020, until the facility provided an acceptable Removal Plan on 5/6/2020 at 3:40 p.m. This deficient practice was further evidenced by the following:</p> <p>During a tour on 4/30/2020, of the [REDACTED] unit at 09:30 a.m., with the DON, the staff were observed wearing long sleeve paper isolation gowns on the unit. Also observed on tour was a stack of short sleeve resident cloth gowns folded at the nurses station. The Director of Nursing (DON) stated that the facility does not have enough gowns (Long sleeve paper isolation ) and that the Administrator and the Central Supply manager have been in contact with the Local Department of Health. The DON further stated that the unit is mixed with Covid-19 positive residents, and residents not showing any signs of the virus, and all staff were caring for all the residents on the unit.</p> <p>During an interview on 4/30/2020 at 10:23 a.m., a facility staff nurse stated that the Certified Nursing Assistants (CNA's) on the unit are wearing long sleeve paper isolation gowns and putting a short sleeve resident cloth gown over them when going into Covid-19 positive rooms, removing the short sleeve resident cloth gown upon exiting the rooms, then caring for non-PUI, non-ill residents still wearing the same long sleeve paper isolation gown with the contaminated sleeves exposed.</p>	F 880	<p>and installed inside all positive and symptomatic resident rooms. The hooks will be marked with an "A" for aide and an "N" for nurse. The hospital gown will also be labeled with tape and specify nurse and aide for the shift and hung on the hooks to be used per shift. The disposable sleeve extenders will be placed in a plastic bag to be laundered.</p> <p>4. The staff was immediately in-serviced on the proper PPE usage. In order to ensure that the deficient practice does not re-occur, the ADON, unit managers and shift supervisors will perform random audits to ensure staff are wearing the appropriate PPE and following the appropriate protocol. The audits will take place weekly x 4 weeks and then bi-weekly x 8. ADON will report the findings to the QAPI committee. Based on these findings, further audits may be requested.</p>	

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F 880	<p>Continued From page 4</p> <p>During an interview on 4/30/2020 at 11:30 a.m., the Central Supply manager stated that the facility uses 50 to 60 long sleeve paper isolation gowns per day, and today the facility started directing the staff to save their gowns by putting them in a plastic bag when done with them. If the gowns were visibly soiled or ripped throw them out, go to the front desk and get another one from the Receptionist. The Central Supply manager further stated that they have been in contact with the Local Health Department (4/28/2020), and were told they are waiting for a gown shipment and when they arrive the facility will be contacted.</p> <p>During a tour of the Central Supply Department it was noted that there were approximately 300 long sleeve paper isolation gowns.</p> <p>During an interview on 4/30/2020 at 11:43 a.m., a CNA stated when entering a Covid-19 positive resident room compared to resident's that are asymptomatic is that they put on a short sleeve resident cloth gown over the long sleeve paper isolation gown, when they have completed the resident care, they put the short sleeve resident cloth gown in a red linen bag, and leave the room in the long sleeve paper isolation gown.</p> <p>During an interview with the DON on 4/30/2020, at 12:52: p.m., the DON stated that there is a gown shortage and care givers are putting short sleeve resident cloth gowns over long sleeve paper isolation gowns and her only concern at this time is gown supply.</p> <p>During an interview with the DON on 4/30/2020, at 1:35 p.m., the DON was asked what the facility was going to do about staff wearing long</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>sleeve isolation gowns under a short sleeve resident cloth gown, since the sleeves of the isolation gown would be exposed as the CNA's are only changing the short sleeve resident cloth gown therefore it would lead to cross contamination when caring for Covid-19 positive resident, and residents that are non-PUI, non-ill. The DON responded by saying "I don't know , I'll call corporate."</p> <p>At 2:30 p.m., the DON handed this Surveyor a written document titled "Plan related to Covid-19 Positive Residents."</p> <p>The written plan included on April 30, 2020: All positive Covid residents on [REDACTED] hall will be moved to [REDACTED] hall 1. All asymptomatic or negative Covid on [REDACTED] hall 1 will be moved to [REDACTED]. This action was not directed by the Surveyor.</p> <p>The written plan also included: May 1, 2020: All positive Covid residents on [REDACTED] hall 2 will be moved to [REDACTED] hall 2 and all negative/asymptomatic from [REDACTED] hall 2 will be moved to hall 2.</p> <p>May 4, 2020: All remaining Covid positive residents on [REDACTED] will be moved to [REDACTED] and all remaining [REDACTED] negative or asymptomatic residents will be moved to [REDACTED]</p> <p>Until this is accomplished all staff will be given an extra disposable gown to wear over their existing gown and will remove this gown in between rooms.</p> <p>Going forward all new admissions/readmissions or converted status residents will be placed on</p>	F 880			

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

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F 880	Continued From page 6 ■.  After office Supervisor review on May 5th, 2020, it was determined that due to the usage of short sleeve resident cloth gowns over the long sleeve paper isolation gowns in Covid-19 positive and non- PUI, non-ill rooms, and the likelihood of cross contamination an Immediate Jeopardy (IJ) was cited at 2:27 p.m. The IJ ran from 4/30/2020, until the facility provided an acceptable removal plan on 5/6/2020 at 3:40 p.m.  All residents were put at risk for contracting the Covid-19 virus by the staff placing a short sleeve resident cloth gown over a long sleeve paper isolation gown upon entering rooms to care for Covid-19 positive residents, and exiting the rooms after removing the short sleeve resident cloth gown while continuing to wear the long sleeve paper isolation gown with the sleeves expose while caring for PUI, and non-ill residents risking the likelihood of cross contamination.  The IJ was identified and reported to the DON on 5/5/2020, at 2:24 p.m., and was lifted on 5/6/2020 when the facility provided an acceptable Removal Plan at 3:40 p.m.  The removal plan was verified on the revisit of 5/11/2020.  NJAC 19.4 (a)	F 880			