

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

PRINTED: 06/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2020
NAME OF PROVIDER OR SUPPLIER PREMIER CADBURY OF CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002		
(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) COMPLETION DATE	
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: 11/30/2020 Census: 112 Sample: 5	F 000			
F 880 SS=D	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		12/30/20	

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

TITLE

(X6) DATE

Electronically Signed

12/18/2020

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 facility documentation, it was determined that the facility failed to ensure that staff used proper Personal Protective Equipment (PPE) when caring for newly admitted residents who were on observation for signs and symptoms of Covid-19.</p> <p>This deficient practice was identified for 2 of 3 staff members observed for infection control practices on 1 of 2 units (Nelson 6) and, was evidenced by the following:</p> <p>On 11/30/2020 at 10:44 AM, the surveyor conducted a tour of the facility's COVID-19 under Observation Zone (an area for newly admitted or re-admitted residents, who came from the community or another healthcare facility, and are monitored for signs and symptoms of COVID-19). The surveyor observed a Certified Nursing Assistant (CNA #1) exiting room [redacted] wearing PPE which consisted of a white cloth gown, face shield, and surgical mask. CNA #1 was carrying a plastic bag from the room and was observed disposing of the bag into a closed container in the hallway. CNA #1 was then observed returning to the room wearing the same contaminated PPE.</p> <p>When interviewed at that time, CNA #1 stated that she should have taken off her gown before leaving room [redacted].</p> <p>On 11/30/2020 at 12:23 PM, the surveyor</p>	F 880	<ol style="list-style-type: none"> 1. CNA's #1 and #2 were both re-educated on proper PPE protocol and disposal of trash in the observation zone. 2. All residents in the observation zone have the potential to be affected by failure of staff not following proper PPE procedures. 3. All staff will be in-serviced by Staff Development or Infection Prevention Nurse on proper PPE usage and trash disposal on the observation unit. 4. Random PPE competencies will be completed weekly X 4 weeks then monthly X 3 months by the Staff Development RN. In addition random observations of staff compliance with the PPE protocol on the observation zone will be completed weekly X 4 weeks then monthly X 3 months by the Infection Prevention RN. <p>The audits will be reported monthly to the QAPI committee. Based on the findings the committee will make further recommendations as necessary.</p>		

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F 880	<p>Continued From page 3</p> <p>observed CNA #1 delivering a food tray into room [REDACTED] and then shutting the resident's door. When CNA #1 exited the room, she was wearing a surgical mask and face shield. When interviewed regarding the appropriate PPE to wear in the Observation Zone rooms, CNA #1 stated that gowns, face shields, masks, and gloves were required. CNA #1 further said that some staff wear KN95's and that it was a personal preference. CNA #1 added that she doesn't wear KN95's and usually does not work in the Observation Zone. CNA #1 noted that she had had education regarding proper PPE in all units.</p> <p>On 11/30/2020 at 12:13 PM, the surveyor then observed CNA #2 entering room # [REDACTED] on the Observation Zone with a disposable meal tray. The surveyor observed CNA #2 wearing a surgical mask. While at the doorway, she then donned an isolation gown and gloves before entering the room. CNA#2 then walked into room # [REDACTED] and assisted a resident with their meal tray.</p> <p>On 11/30/20 at 12:23, the surveyor interviewed CNA #2, who identified herself as an agency CNA. The CNA #2 stated she was updated on residents' statuses at the beginning of the shift and was educated on the proper PPE required for the unit. CNA #2 further stated she could wear a surgical mask in the hallway but needed to wear a KN95 mask, face shield, gown, and gloves when assisting the residents in their rooms. CNA #2 noted the required PPE was stored in the isolation cart located outside the residents' rooms. The surveyor inspected the isolation cart in the presence of CNA #2. The isolation cart contained the following PPE: KN95 masks, gloves, surgical masks, and reusable gowns. CNA #2 did not explain why she did not wear a</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>KN95 mask when assisting residents' with their lunch meal tray.</p> <p>During an interview with the Registered Nurse/ Unit Manager (RN/UM) on 11/30/20 at 12:35 PM, the RN/UM stated the required PPE for the Observation Zone consisted of the KN95 mask, gown, surgical mask, and gloves when assisting the residents in their rooms. The RN/UM further stated that staff was to remove the white gown, gloves and perform hand hygiene before leaving the resident's room.</p> <p>On 11/30/2020 at 1:50 PM, the surveyor interviewed the Registered Nurse/Infection Preventionist (RN/IP), who stated that the required PPE on the Observation Zone, during direct resident care, consisted of a surgical mask, gown, and gloves. The RN/IP then stated that the proper PPE for Droplet Precautions consisted of an N95 mask, face shield, surgical mask, gown, and gloves. The RN/IP added that the facility follows the Centers for Disease Control (CDC) guidelines as well as the NJ Department of Health's (NJDOH) guidelines, "Which ever is most stringent."</p> <p>According to the CDC (https://www.nj.gov/gov/health/cd/topics/covid2019healthcare.shtml) Covid-19 PPE is comprised of N95, gown, gloves, and eye protection.</p> <p>Full PPE is required for:</p> <ul style="list-style-type: none"> -Covid-19 positive. -Suspected of having Covid-19. -New and Re-admission. 	F 880			

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F 880	<p>Continued From page 5</p> <p>-Close contact/exposed to Covid-19 positive person.</p> <p>-Unit (or facility) wide when transmission is suspected or identified.</p> <p>Full PPE can be discontinued:</p> <p>-New and Re-admission-Upon completion of 14-day quarantine.</p> <p>The guidelines from the New Jersey Department of Health (NJDOH) last updated 11/10/2020, and found at: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf, include the following guidelines:</p> <p>Regardless of cohort, all HCP should adhere to Standard Precautions and any necessary Transmission-Based Precautions according to clinical presentation and diagnosis, when caring for any patients/residents. Full Transmission-Based Precautions and all recommended COVID-19 PPE should be used for all patients/residents who are:</p> <ul style="list-style-type: none"> - COVID-19 positive - Suspected of having COVID-19 - New and re-admissions - Exposed to any COVID-19 positive person (e.g., HCP, visitor, roommate) - On a wing/unit (or facility-wide), regardless of the presence of symptoms, when transmission is suspected or identified <p>NJAC 8:39-19.4 (a)(b)(c)(d)</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315183	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/23/2020	Y3
NAME OF FACILITY PREMIER CADBURY OF CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	12/23/2020	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 _____	
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 11/30/2020		<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		