

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

PRINTED: 03/03/2022
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 01/22/2021
NAME OF PROVIDER OR SUPPLIER PREMIER CADBURY OF CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002		
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 1/22/2021</p> <p>Census: 110</p> <p>Sample: 11</p> <p>A COVID-19 Focused Infection Control survey was conducted by the New Jersey Department of Health on 1/20/2021 and 1/22/21. 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 Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p> <p>COVID-19 (Coronavirus Disease 2019) is a disease caused by the coronavirus SARS-CoV-2. COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes.</p> <p>The facility failed to implement mitigation strategies to prevent the transmission of COVID-19 by not appropriately identifying residents exposed to COVID-19 as persons under investigation (PUI) for the virus.</p> <p>The facility's failure to identify residents on the [redacted] and [redacted] units as exposed to [redacted] and implement strategies to prevent the spread [redacted], posed a serious and immediate threat to the safety and wellbeing of all non-ill residents.</p>	F 000			

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

TITLE

(X6) DATE
02/08/2021

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 000	Continued From page 1 This resulted in an Immediate Jeopardy (IJ) situation that began on [REDACTED] when the facility was notified of a confirmed positive staff member. The facility administration was notified of the IJ on 1/20/21 at 2:40 PM. On 1/20/2021 the facility submitted a Removal Plan by e-mail to The New Jersey Department of Health (NJ DOH). PART B On 1/22/2021 during an Onsite Removal Plan Verification survey, the facility was found to be out of compliance. The surveyor observed three rehab staff enter a PUI room without donning (putting on) an isolation gown which was required to be worn. The immediacy was removed on 01/22/21 at 3:21 PM, based on an acceptable revised Removal Plan that was implemented by the facility after the surveyors identified the continued deficient practice and verified by the surveyors during the Onsite Removal Plan Verification survey conducted on 1/22/21.	F 000			
F 880 SS=K	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	F 880		2/17/21	

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F 880	<p>Continued From page 2 program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</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</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review, and review of other facility documentation, it was determined that the facility failed to implement mitigation strategies to prevent the transmission of COVID-19 by not appropriately identifying residents exposed to COVID-19 as persons under investigation (PUI) for the virus.</p> <p>This deficient practice was identified for 7 of 89 residents (Resident #2, #6, #7, #8, #9, #10, and #11) on [redacted] nursing units ([redacted] and [redacted]) reviewed for a known exposure to [redacted] during a Focus Infection Control Survey on [redacted].</p> <p>On [redacted] and [redacted], the facility became aware that two staff members, Physical Therapist</p>	F 880	<p>During the observation on 1/20/21 and 1/22/21 the surveyor observed : 1.) [redacted] who were identified as [redacted] potentially being exposed to [redacted] by failure of facility to implement mitigation strategies to prevent the transmission of [redacted] by placing residents under Observation/PUI for the virus. 2.) Failure for facility to complete contact tracing for the two employees identified to have possibly exposed the [redacted] residents. 3.) Three Rehab staff members entered Observation/PUI rooms without donning appropriately before entering an isolation room.</p> <p>1 a. Two staff members were identified that could have possibly exposed the [redacted]</p>	

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F 880	<p>Continued From page 4</p> <p>Assistant (PTA) #1 and a Certified Nursing Assistant (CNA), were confirmed ^{Executive Order 26, 4.b.} [redacted] ^{Executive Order 26, 4.b.} [redacted] PTA #1 tested ^{Executive Order 26, 4.b.} [redacted] ^{Executive Order 26, 4.b.} [redacted] and had direct contact on ^{Executive Order 26, 4.b.} [redacted] and ^{Executive Order 26, 4.b.} [redacted] with six residents who were not previously infected with ^{Executive Order 26, 4.b.} [redacted] within the last ^{Executive Order 26, 4.b.} [redacted]. The CNA tested positive for ^{Executive Order 26, 4.b.} [redacted] and had direct contact on ^{Executive Order 26, 4.b.} [redacted] with one resident on the ^{Executive Order 26, 4.b.} [redacted] unit who was never ^{Executive Order 26, 4.b.} [redacted]. The seven exposed residents resided in the ^{Executive Order 26, 4.b.} [redacted] (Executive Order 26, 4.b.) zones of the ^{Executive Order 26, 4.b.} [redacted] units. The facility failed to identify the residents residing on both ^{Executive Order 26, 4.b.} [redacted] exposed to ^{Executive Order 26, 4.b.} [redacted] as ^{Executive Order 26, 4.b.} [redacted] (PUI) in an effort to mitigate the spread of the virus.</p> <p>The facility's failure to identify residents on the ^{Executive Order 26, 4.b.} [redacted] and ^{Executive Order 26, 4.b.} [redacted] units as exposed to ^{Executive Order 26, 4.b.} [redacted] and implement strategies to prevent the ^{Executive Order 26, 4.b.} [redacted] posed a serious and immediate threat to the safety and well-being of all non-ill residents.</p> <p>This resulted in an Immediate Jeopardy (IJ) situation that began on 1/13/21 when the facility was notified of the ^{Executive Order 26, 4.b.} [redacted] staff member. The facility administration was notified of the IJ on 1/20/21 at 2:40 PM.</p> <p>On 1/22/2021 during an Onsite Removal Plan Verification survey, the facility was found to be out of compliance. The surveyor observed three rehab staff enter a ^{Executive Order 26, 4.b.} [redacted] room without donning (putting on) an isolation gown which was required to be worn.</p>	F 880	<p>residents: Contact tracing was completed immediately on 1/20/21 for the CNA who worked on 1/18/21 and for the PTA who worked on 1/11/21 and on 1/12/21. The ^{Executive Order 26, 4.b.} [redacted] who were identified for possible ^{Executive Order 26, 4.b.} [redacted] exposure were immediately moved to the Observation/PUI zone on ^{Executive Order 26, 4.b.} [redacted] (of which ^{Executive Order 26, 4.b.} [redacted] ^{Executive Order 26, 4.b.} [redacted]).</p> <p>The Root Cause Analysis was done to identify breakdowns in the process and systems that contributed to the events and how to prevent future events. The facility conducted a RCA with the assistance of the Infection Preventionist, QAPI committee, and Administrative staff.</p> <p>(1) The Root Cause Analysis revealed that lack of oversight and awareness of the current guidelines on contact tracing and appropriate utilization of PPE within an observation area thus leading to failure to maintain transmission-based precautions all contributed to the main problem.</p> <p>What Happened? 1. The apparent cause of this was due to non-deliberate lack of understanding by Management staff concerning Contact Tracing with positive staff/residents that would decrease exposure of ^{Executive Order 26, 4.b.} [redacted] and maintain transmission-base precautions was determined to be the Root Cause of this systemic failure.</p> <p>How it Happened?</p>	

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F 880	<p>Continued From page 5</p> <p>The immediacy was removed on 01/22/21 at 3:21 PM, based on an acceptable revised Removal Plan that was implemented by the facility after the surveyors identified the continued deficient practice and verified by the surveyors during the Onsite Removal Plan Verification survey conducted on 1/22/21.</p> <p>The evidence is as follows:</p> <p>On 1/20/21 at 9:30 AM, the surveyors met with the Administrator, Director of Nursing (DON), the Infection Preventionist (IP), and the Executive Director (ED) in the conference room. The IP stated the [redacted] unit consisted of a [redacted] and a [redacted] Executive Order 26, 4.b.) and the [redacted] unit consisted of a [redacted] and a [redacted] Executive Order 26, 4.b.) . The IP further stated that staff wear N95 masks and eye protection in the green zones and full personal protective equipment (PPE), which included N95 masks, eye protection, gown, and gloves when staff entered resident rooms on the yellow and red zones. The Administrator stated that the facility had Executive Order 26, 4.b.) residents who resided in the Executive Order 26, 4.b.) and Executive Order 26, 4.b.) Executive Order 26, 4.b.) who resided in the Executive Order 26, 4.b.) on Executive Order 26, 4.b.) The Administrator also stated there were Executive Order 26, 4.b.) residents but that Executive Order 26, 4.b.) residents are placed in the Executive Order 26, 4.b.) . The Administrator further noted that Executive Order 26, 4.b.) staff members who Executive Order 26, 4.b.) for Executive Order 26, 4.b.) had not yet recovered.</p> <p>On 1/20/21 at 9:50 AM, Surveyor #2 toured the facility and observed all the resident rooms in the Executive Order 26, 4.b.) did not have signage for transmission-based precautions (TBP) or PPE</p>	F 880	<p>Facility failed to follow CDC guidelines for Contact Tracing.</p> <p>Corrective Action</p> <ul style="list-style-type: none"> *Staff/Administrative staff were educated on CMS guideline for Contact Tracing. *Facility will now perform Contact Tracing on all residents/staff who are COVID-19 positive. * Possibly exposed residents will now be placed in Observation/PUI zone for 14 days and swabbed for COVID-19 as per CDC/CMS/NJDOH guidelines. *Contact Tracing will be discussed in monthly QAPI meetings for the duration of the pandemic with recommendations based upon outcomes. <p>Responsible Individual</p> <p>The Infection Preventionist will be responsible for maintaining Contact Tracing forms for resident and staff positive for COVID-19 on an on-going basis and throughout the pandemic.</p> <p>What Happened?</p> <p>2. The apparent cause of this was due to non-deliberate non-compliance of staff's failure to understand the importance of practicing continuous and appropriate use of PPE and maintaining infection control practices.</p> <p>How it Happened?</p> <ul style="list-style-type: none"> *Lack of continuous observation on units and review by management regarding appropriate PPE utilization and maintenance of infection control practices was determined to be the Root Cause of this systemic failure. <p>Corrective Actions</p>

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F 880	<p>Continued From page 6</p> <p>supply bins outside of resident rooms.</p> <p>On 1/20/21 at 10:35 AM, the DON emailed Surveyor #1 a copy of the facility's line list (a spreadsheet containing information related to the facility's Executive Order 26, 4.b. positive staff and residents and used as a tool for infection control tracking). A review of the line list included two direct care staff members, PTA #1, who Executive Order 26, 4.b. for Executive Order 26, 4.b. and a CNA who Executive Order 26, 4.b.</p> <p>During an interview with the surveyors on 1/20/21 at 11:45 AM, the IP stated the CNA Executive Order 26, 4.b. on Executive Order 26, 4.b. and was sent home to quarantine for ten days. The IP further said she did not know if the CNA worked 48 hours prior to her Executive Order 26, 4.b. or which residents the CNA had direct contact with. At 12:05 PM, the IP stated the CNA worked on Executive Order 26, 4.b. and was assigned to Resident #6, who resided in the Executive Order 26, 4.b. of Executive Order 26, 4.b. and had never been Executive Order 26, 4.b. The IP further stated Resident #6 was not moved to the Executive Order 26, 4.b. or placed on Executive Order 26, 4.b.</p> <p>During an interview with the surveyors on 1/20/21 at 12:30 PM, the IP stated PTA #1 Executive Order 26, 4.b. Executive Order 26, 4.b. and was sent home to quarantine for ten days. The PTA worked on Executive Order 26, 4.b. and had direct contact with residents in the Executive Order 26, 4.b. of Executive Order 26, 4.b. and Executive Order 26, 4.b. Review of the PTA's schedule for the two days included Resident #2, #7, #8, #9, #10, and #11, who were Executive Order 26, 4.b. The IP further stated that none of the residents on the PTA's schedule that resided in the Executive Order 26, 4.b. were moved into</p>	F 880	<p>* In order to ensure staff is following TBP and Proper PPE usage, observation of staff will be performed daily/weekly/monthly. Findings will be reported to the QAPI committee monthly and recommendations will be made based upon outcomes.</p> <p>* All staff will continue to receive on-going education and competencies on TBP and proper PPE usage. Responsible Individual *The Infection Preventionist will be responsible for maintain on-going education and competencies on TBP and proper PPE usage.</p> <p>2 b. Three Rehab staff members</p> <p>The 3 Rehab staff members were immediately in-serviced on Transmission Based Precautions, Infection Control and a PPE competency was performed on 1/22/21. Contact tracing was completed on all three employees on 1/22/21. (no other residents or staff members were affected) All three employees were immediately disciplined and sent home for quarantine on 1/22/21. (all three remained negative and are now back to work)</p> <p>2.) Others having the potential to be affected by the deficient practice: a.All residents have the potential to be affected by this deficient practice. The facility developed a "Contact Tracing" policy and all staff were educated on the policy and procedure. The facility will</p>		

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F 880	<p>Continued From page 7</p> <p>the Executive Order 26, 4.b., but that all residents in the facility were monitored for signs and symptoms of Executive Order 26, 4.b. three times per day and were tested for Executive Order 26, 4.b. two times per week. The IP further stated that the purpose of staff wearing full PPE in the Executive Order 26, 4.b. and Executive Order 26, 4.b. zones is to prevent the spread of infectious droplets from room to room.</p> <p>A review of the facility's Executive Order 26, 4.b. and Executive Order 26, 4.b. roster, updated Executive Order 26, 4.b. 1, and the facility's floor plan verified the Executive Order 26, 4.b. Executive Order 26, 4.b. to the Executive Order 26, 4.b. positive staff remained in the Executive Order 26, 4.b.</p> <p>On 1/20/21 at 2:40 PM, the surveyors met with the Administrator, DON, IP, ED, and Regional Nurse in the conference room. The ED stated that the facility utilized Executive Order 26, 4.b.. The Executive Order 26, 4.b. were for healthy and recovered residents, the Executive Order 26, 4.b. was for residents such as Executive Order 26, 4.b., and the Executive Order 26, 4.b. was for Executive Order 26, 4.b. residents. The Regional Nurse stated that residents exposed to Executive Order 26, 4.b. would be placed in the Executive Order 26, 4.b. where staff wear full PPE when entering resident rooms. The IP noted that the Executive Order 26, 4.b. Executive Order 26, 4.b. positive staff should have been moved to the Executive Order 26, 4.b. zone upon receiving the Executive Order 26, 4.b. test results.</p> <p>This resulted in an Immediate Jeopardy (IJ) situation that began on 1/13/2021 when the facility was notified of a confirmed positive staff member. The facility's Administrator, DON, IP, ED and Regional Nurse were notified of the IJ on 1/20/21 at 2:40 PM.</p>	F 880	<p>continue with performing contact tracing for any resident or staff that is tested positive to ensure possible exposure of COVID-19 does not occur. Staff will be quarantined if needed and residents placed in the Observation/PUI area if needed. Facility will continue to perform routine COVID-19 swabbing for residents and staff as per CDC/CMS/NJDOH guidelines.</p> <p>b. The Infection Control Preventionist (ICP)/Director of Nursing will provide in-service to staff on Transmission Based Precautions (PPE) ,Infection Control (PPE) and Contact Tracing. The facility will continue with performing contact tracing for any resident or staff that is tested positive to ensure possible exposure of COVID-19 does not occur, staff will be quarantined if needed and residents placed under Observation/PUI area if needed. Facility will continue to perform routine COVID-19 swabbing for residents and staff as per CDC/CMS/NJDOH guidelines.</p> <p>c. Contact tracing will be completed per the CDC guidelines for any employee or resident that has a positive COVID-19 result (to be overseen by Infection Preventionist/Director of Nursing.)</p> <p>3.) Facility on 2/17/21 was approved and retained a full-time Certified Infection Control Practitioner (ICP)for a minimum of 40 hours per week that will provide onsite and remote oversight for all shifts and weekends for at least 6 months or until further notice from DOH(submitted on</p>		

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F 880	<p>Continued From page 8</p> <p>On 1/20/2021 the facility submitted a Removal Plan by e-mail to The New Jersey Department of Health (NJ DOH) which identified the seven residents that had been affected would be moved to the [REDACTED] zone where each resident room included signage for [REDACTED] and three-compartment storage bins that contained the appropriate PPE for each room. Additionally, the Removal Plan included that the facility would educate all staff on contact tracing, TBP, and PPE.</p> <p>On 1/22/2021 during an Onsite Removal Plan Verification survey, the facility was found to be out of compliance. The surveyor observed three rehab staff enter a PUI room without donning (putting on) an isolation gown which was required to be worn.</p> <p>Review of the facility's COVID-19 Infection Control policy, revised 1/20/21, included, "The facility will do contact tracing per CDC/regulatory guidelines for residents and employees who are positive" and "Residents who are exposed to employees or other residents who are positive will then be placed on observation/quarantine x14 days with the appropriate PPE based on Transmission Based Precaution (gown, gloves, mask/eye protection, N95)."</p> <p>Review of the facility's Outbreak Plan, revised 1/20/21, included, "Staff members who are tested positive who have worked in the facility, contact tracing be done indicating residents/employees and/or units/floors/areas in the facility that need to be quarantine/under observation."</p> <p>Review of the NJ DOH guidelines, Testing in</p>	F 880	<p>2/5/21). Consultant will provide reports to Communicable Disease Services on a weekly basis every Friday by 1:00 pm. These reports shall include timely updates regarding the outbreak investigation, identified cases, and the progress of infection prevention.</p> <p>A. Top line staff/Infection Preventionist will complete Module 1-Infection Prevention and Control Program and Nursing Home Infection Preventionist training Course Module 6B-Principles of Transmission Based Precautions by 2/15/21.</p> <p>B. Staff/topline staff/Infection Preventionist will watch Nursing Home Infection Preventionist Training Course Module 6B-Principles of Transmission Based Precautions by 2/15/21.</p> <p>C. Frontline staff will watch Nursing Home Infection Preventionist Training Course Module 6B-Principles of Transmission Based Precaution, CDC COVID-19 Prevention Messages for Front Line Long-term Care Staff: Keep Covid-10 Out! They will also watch CDC COVID-19 Prevention Messages for Front Line Long-term care staff: Use PPE Correctly for COVID-19 by 2/15/21.</p> <p>D. Staff will be educated on Transmission Based Precautions, (PPE), Infection Control (PPE), and Contact Tracing by 2/15/21.</p> <p>E. Facility will perform ongoing PPE competencies daily/weekly/monthly and will be brought to QAPI monthly with recommendations.</p> <p>F. Facility will complete the Long-Term Care Infection Control Self Assessment</p>		

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NAME OF PROVIDER OR SUPPLIER PREMIER CADBURY OF CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002		
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F 880	<p>Continued From page 9</p> <p>Response to a Newly Identified COVID-19 Case in Long-Term Care Facilities, updated 10/29/20, included, "Identify close contacts including 48 hours prior to symptom onset/date of specimen collection of associated case, if applicable" and "Quarantine close contacts for 14 days from last exposure and provide care using all COVID-19 recommended personal protective equipment (PPE)."</p> <p>Review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel, dated 3/23/20, included "Preferred PPE - Use N95 or higher respirator, face shield or goggles, one pair of clean, non-sterile gloves, isolation gown."</p> <p>Review of the U.S. CDC guidelines, Clinical Questions about COVID-19: Questions and Answers, updated 1/7/21, included, "Place exposed patients who are currently admitted to the healthcare facility in appropriate Transmission Based Precautions and monitor them for the onset of COVID-19 until 14 days after their last exposure" and "If a person has clinically recovered from SARS-CoV-2 infection and is then identified as a contact of a new case 3 months or more after the date of symptom onset of their previous illness episode, then they should follow general quarantine recommendations for contacts."</p> <p>PART B</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was</p>	F 880	<p>by 2/15/21.</p> <p>G. Compliance of in-service training to appropriate staff with competency validated by attendance sheets signed off by Director of Nursing/Infection Preventionist to front line staff and topline staff in regards to Infection Control/Transmission Based Precautions and PPE will be completed by 2/15/21.</p> <p>H. Transmission Based Precautions/Infection Control Procedures will be reviewed for any changes daily and on-going basis. The facility disciplines will be updated as necessary for any changes from the current CDC/CMS/NJDOH guidelines by the Infection Preventionist and presented to all employees in order to promote current education and correct management oversight on a daily and ongoing basis.</p> <p>Infection Prevention and Intervention 4.)The Infection Preventionist/Director of Nursing /other Nursing leadership management will conduct rounds throughout the facility to ensure staff are exercising appropriate use of PPE to ensure infection control practices weekly x 3 months and ongoing until the end of the pandemic.</p> <p>a. Staff noted not in compliance will be in-serviced immediately with disciplinary action taken if warranted.</p> <p>System Changes</p> <p>* The facility will develop and implement an infection sign and symptom tracking tool to monitor all residents and staff for communicable, respiratory infection daily</p>		

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F 880	<p>Continued From page 10</p> <p>determined that the facility failed to wear the required PPE in resident rooms on TBP. This deficient practice was identified for 2 of 19 residents (Resident #2 and #6) in the unit's reviewed for TBP.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/22/21 at 9:56 AM, Surveyor #2 entered the zone and observed signage, which revealed that rooms were Executive Order 26, 4.b. Each resident door had signage that it was an observation room, to follow all isolation protocols, to follow required PPE (with written instructions and pictures), sequence for donning (putting on) and doffing (removing) PPE, and instructions for Nurses/Aides and Housekeeping/Therapy about gown usage.</p> <p>On 1/22/21 at 10:33 AM, Surveyor #2 observed PTA #2, an Executive Order 26, 4.b., and an Executive Order 26, 4.b. enter the room, where Resident #2 and #6 resided. The three rehab staff members did not don an isolation gown and wore N95 masks, eye protection, and gloves when entering the resident room.</p> <p>On 1/22/21 at 10:34 AM, Surveyor #2 observed PTA #2 exit the resident's room and walk to the utility room where the surveyor heard the water running for 23 seconds, exit utility room, and return down the hallway near room. When interviewed at that time, PTA #2 stated that N95 masks, goggles, gowns, and gloves were to be worn in the PUI resident rooms. The PTA noted</p>	F 880	<p>and ongoing.</p> <ul style="list-style-type: none"> * The facility will develop and implement an infection sign and symptom tracking tool to monitor all staff for respiratory infection when callouts are made from work daily and ongoing. * Nursing leaders have been educated on the tracking tool. * The Infection Control Preventionist has completed the CDC Infection Preventionist training in order to help facilitate enhanced compliance with infection control and prevention. <p>Monitoring</p> <p>The Director of Nursing and Infection Preventionist along with other Nursing leadership have and will continue to conduct rounds throughout the facility ensuring staff are exercising appropriate use of PPE and ensuring infection control procedures are being followed. On the spot education and discipline will be provided if warranted. Corrective actions and reviews indicated above will be documented, reviewed, and analyzed prior to being presented to the monthly QAPI meetings until the pandemic is lifted. recommendation will be based upon outcomes. The Long Term Care Infection Control Self-Assessment has been completed and will be updated as needed with input from our Infection Control Practitioner consultant, Infection Control Preventionist, Director of Nursing, and other Nursing leadership along with our Medical Director. The Assessment Tool will be presented at the monthly QAPI meeting. The facility will be in</p>		

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F 880	<p>Continued From page 11</p> <p>the importance of wearing the correct PPE was "so the virus was not taken out of the room." PTA #2 acknowledged the posted PPE signage on the resident's doorway and that she did not don a gown while in room [REDACTED]</p> <p>On 1/22/21 at 10:37 AM, Surveyor #2 observed Executive Order 26, 4.b. wearing gloves, N95 masks, and face shields. The [REDACTED] removed his gloves and used hand sanitizer before exiting the room. When interviewed at that time, the [REDACTED] stated goggles, N95 mask, gown, and gloves were to be worn in the PUI resident rooms. The [REDACTED] acknowledged the posted PPE signage on the resident's doorway and that he did not don a gown while in room [REDACTED]. The [REDACTED] stated the importance of wearing proper PPE was for infection control. During the [REDACTED] interview, the surveyor observed the [REDACTED] exit room [REDACTED] and don a gown in the hallway outside of the next resident room.</p> <p>During an interview with Surveyor #2 on 1/22/21 at 10:58 AM, the [REDACTED] acknowledged he did not don a gown before entering room [REDACTED]. He further stated that an N95, face shield, gown, and gloves were to be worn in PUI resident rooms. The [REDACTED] also acknowledged the posted PPE signage on the resident's doorway and stated the importance of proper PPE is "to not spread the virus."</p> <p>During an interview with Surveyor #2 on 1/22/21 at 11:03 AM, the Unit Manager (UM) stated an N95 mask, goggles or face shield, gown, and gloves were required in PUI resident rooms. The UM further noted the importance of wearing PPE was "to protect residents and self, prevent</p>	F 880	<p>compliance with regard to this deficiency and the corrective actions and competencies mentioned above by 2/17/21 to ensure the deficient F880 SS=K practices detected on 1/20/21 and 1/22/21 will not reoccur.</p>	

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F 880	<p>Continued From page 12 spreading the virus," and "if not wearing the correct PPE while caring for a positive resident, you are exposed."</p> <p>During an interview with Surveyor #2 on 1/22/21 at 11:16 AM, the Director of Rehab (DOR) stated the required PPE in a [redacted] room was N95 masks, face shield or goggles, gowns, and gloves. The DOR noted the importance of wearing proper PPE was to decrease cross-contamination. The DOR further stated that rehab staff were in-serviced by the DOR or IP on donning/doffing PPE, cross-contamination with [redacted] handwashing, proper techniques, and TBP signage. A review of in-services held on [redacted] validated signatures identifying that the above rehab staff attended the in-service conducted that day.</p> <p>During an interview with the surveyors on 1/22/21 at 12:15 PM, the DON acknowledged the [redacted] exposed residents were moved to the [redacted] on 1/20/21, where required PPE in resident rooms included N95 masks, eye protection, gowns, and gloves. The DON stated the importance of wearing the correct PPE in the yellow zone was to prevent the spread of [redacted]. The DON further stated that PTA #2, the [redacted], and the [redacted] should have donned a gown before entering room [redacted].</p> <p>The immediacy was removed on 01/22/21 at 3:21 PM, based on an acceptable revised Removal Plan that was implemented by the facility after the surveyors identified the continued deficient practice and verified by the surveyors during the Onsite Removal Plan Verification survey conducted on 1/22/21. The revised Removal</p>	F 880			

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

PRINTED: 03/03/2022
FORM APPROVED
OMB NO. 0938-0391

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F 880	<p>Continued From page 13</p> <p>Plan included that the three rehab staff who did not follow TBP were re-educated and disciplined. The revised Removal Plan also addressed any future non-compliance of staff not following TBP and an audit schedule to ensure staff are following TBP.</p> <p>A review of the facility's COVID-19 Infection Control policy revised 1/20/21, revealed, "Healthcare personnel (HCP) can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE)" and, "When COVID-19 is identified in the facility, staff wear all recommended PPE (gloves, gown, eye protection, and respirator or face mask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (refer to CDC guidelines for conservation and use of PPE)."</p> <p>A review of the facility's Infection Control-Transmission Based Precautions policy, revised 1/20/21, revealed, "Droplet Precautions: Obtain equipment from Central Supply. Assure that all necessary materials are present, i.e., gowns, masks, goggles, face shields, B/P cuff, stethoscope, and thermometer."</p> <p>Review of the U.S. CDC's guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, updated 4/30/20, included, "All recommended COVID-19 PPE should be worn during care of residents under observation, which includes the use of an N95 or higher-level respirator (or facemask if a respirator is not</p>	F 880			

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F 880	Continued From page 14 available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown." NJAC 8:39-19.4 (a)(b)(c)(d); 27.1(a)	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315183	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/18/2021	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 _____	02/17/2021	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
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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 1/22/2021		<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		