

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

PRINTED: 10/13/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315268 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 11/01/2022 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER BROOKHAVEN HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 120 PARK END PLACE EAST ORANGE, NJ 07018 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | D 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 C #: Covid-19 Infection Control Survey Sample: 13 Census: 111 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not 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=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 | F 880 | | 12/5/22 | |

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

TITLE

(X6) DATE

Electronically Signed

11/24/2022

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>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 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</p> | F 880 | | | |

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| F 880 | <p>Continued From page 2</p> <p>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: C #: Covid-19 Infection Control</p> <p>Based on observation, interview, record review, and review of pertinent facility documents on 10/31/22 and 11/1/22, it was determined that the facility failed to follow appropriate infection control practices for doffing (take off) Personal Protective Equipment (PPE) prior to leaving the PUI (Person Under Investigation) resident room (Room #208), disinfect the EX Order 26 § 4b1 after each resident use to prevent the transmission of infection and follow the facility's policy titled EX Order 26 § 4b1</p> <p>This deficient practice was identified for 1 of 1 nursing staff and 2 of 13 sampled residents (Resident #12 and #13) reviewed for EX Order 26 § 4b1 and was evidenced by the following:</p> <p>According to U.S. CDC "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" Updated Sept. 23, 2022. Included under "Environmental Infection Control" indicated that "Dedicated medical equipment should be used when caring for a patient with suspected or confirmed SARS-CoV-2 infection. All non-dedicated, non-disposable medical equipment used for that patient should be cleaned and disinfected according to manufacturer's instructions and</p> | F 880 | <p>1. The following corrective actions have been accomplished for the identified deficiency: The employee who committed the infraction was immediately re-educated on Transmission-based Precautions protocols for PPE use including proper donning and doffing of personal protective equipment and proper disinfection/cleaning of re-usable PPE such as the face shield. The same employee was also re-instructed on sanitizing of BP apparatus and other portable equipment after each patient use.</p> <p>2. All residents have the potential to be affected by the deficient practice with regard to Infection Prevention and Control.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring:</p> <ul style="list-style-type: none"> • Root cause analysis will be conducted by the Infection Control Preventionist in conjunction with the QAPI committee. • In-service immediately initiated on the proper donning and doffing of PPE and proper cleaning of re-usable PPE. • In-service immediately initiated on the | | |

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| F 880 | <p>Continued From page 3</p> <p>facility policies before use on another patient". Under "Personal Protective Equipment" it was indicated that HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. Gloves 2. Goggles or face shield (if the item is reusable, place in designated receptacle for reprocessing, otherwise, discard in a waste container) 3. Gown 4. Mask or respirator 5. wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE.</p> <p>During entrance conference on 10/31/22 at 9:05 AM with the surveyor, the Director of Nursing (DON) in the presence of the Assistant Director of Nursing (ADON) confirmed that at the time of this survey there were 3 Residents who tested positive for Covid-19 and 11 Residents on PUI. The DON stated that full Personal Protective Equipment (PPE) which included gown, N95 mask, gloves, eye or face shield, is required prior to entering the Covid-19 positive or PUI rooms.</p> <p>Review of the facility's Line Listing (LL) provided by the facility on 10/31/22, revealed that the COVID-19 outbreak started on 10/10/22 and the last COVID-19 positive was on 10/24/22.</p> <p>Review of the Medical Records (MR) were as follows: 1. According to the Admission Record (AR),</p> | F 880 | <p>importance of properly cleaning/disinfecting of BP machines and other portable medical equipment after each patient use.</p> <ul style="list-style-type: none"> •A post-test is being completed after each in-service. •Topline staff were in-serviced on CDC Infection Prevention modules including Modules 1, 4, 5, 6A, 6B, 7, 11A, and 11B. •Frontline staff were in-serviced on CDC Infection Prevention modules including Modules 6A, 6B, 7, and 11B. Frontline staff were also educated with YouTube Infection Prevention videos including: "Keep COVID Out", "Sparkling Surfaces", "Clean Hands", "Closely Monitor Residents", and "Use PPE Correctly". <p>4. The Infection Control Preventionist will complete an audit on 5 employees per week to ensure that Transmission-Based Precaution protocols for PPE use and disinfection of BP machines and other portable nursing equipment are being followed for 90 days. The findings will be reported to the QAPI committee on a quarterly basis for 3 months.</p> | | |

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| F 880 | <p>Continued From page 4</p> <p>Resident #12 was readmitted to the facility on [REDACTED] with diagnosis that included but was not limited to: EX Order 26 § 4b1.</p> <p>Review of the Resident's Physician's Order Recap Report (ORR) revealed an order for Contact/Droplet Precautions every shift for Covid for 10 Days.</p> <p>2. According to the Admission Record (AR), Resident #13 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to: EX Order 26 § 4b1.</p> <p>Review of the Resident's Physician's ORR revealed an order for Droplet Precautions every shift for Covid for 14 Days.</p> <p>The surveyor reviewed the Daily Census Report (DCR) provided by the facility on 10/31/22 which revealed that Residents #12 and #13 were both in [REDACTED] rooms.</p> <p>On 10/31/22 at 10:55 AM, the surveyor toured the [REDACTED] unit on the second floor. Prior to entering a [REDACTED] room, there was a signage on the wall next to the door instructing what the staff should do, which included but not limited to the following: before entering the resident's room, don (put on) isolation gown, gloves, N95 mask, and face shield or eye protection and doff /dispose prior to leaving the room. The surveyor observed PPE bins outside each [REDACTED] rooms and inside the rooms next to the door were two black plastic bins, one for trash and another for dirty linens and gowns.</p> <p>During the tour, the surveyor observed the following:</p> | F 880 | | | |

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| F 880 | <p>Continued From page 5</p> <p>A Licensed Practical Nurse (LPN) entered room 202 with the rolling stand [REDACTED] machine to take Resident #12's [REDACTED]. After taking the Resident's [REDACTED], the surveyor observed the LPN doffed and disposed her gown in the black trash bin inside the room, then exited the room with the [REDACTED] equipment. The LPN parked the rolling stand [REDACTED] machine in the hallway then walked towards her medication cart to sanitize her hands with Alcohol Based Hand Rub (ABHR). The surveyor did not observe the LPN sanitize the [REDACTED] equipment nor sanitize or disposed her face shield before or after exiting room 202. The surveyor did not observe the LPN sanitize the [REDACTED] machine for the duration of the PUI unit tour.</p> <p>The surveyor continued to observe the LPN during the tour as she continued to use the same face shield on the PUI unit hallway. While the surveyor was standing in the hallway during the tour, the facility's Infection Preventionist Nurse (IPN) arrived on the unit to talk to the surveyor and at that time they both observed the LPN enter [REDACTED] Ex. Order 26.4(b)(1). The LPN donned a disposable gown prior to entering room 208 with the same face shield she was wearing prior. After attending to Resident #13, the LPN doffed and disposed her gown in the room, exited [REDACTED] Ex. Order 26.4(b)(1), then sanitized her hands with ABHR. She then, walked towards her medication in the hallway without disposing or sanitizing her face shield. The IPN stated "she should have removed her mask and face shield" and then approached and talked to the LPN.</p> <p>In addition, the IPN stated to the surveyor that she expects the staff to follow the infection control practices for donning and doffing of PPE in the</p> | F 880 | | | |

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| F 880 | <p>Continued From page 6</p> <p>PUI units and acknowledged that the LPN did not follow the appropriate procedure which is doffing the face shield inside the room or sanitizing it.</p> <p>On 10/31/22 at 1:36 PM, the surveyor interviewed the LPN who stated that residents in PUI units are quarantined and being observed for signs and symptoms of Covid-19. She further stated that there was a signage outside each room about PPE requirement and use. She explained that the [REDACTED] machine must be sanitized with the sanitizing bleach wipes after each patient use. The surveyor asked the LPN why she did not sanitize the [REDACTED] machine after taking Resident #12's BP. The LPN said she could not remember if she sanitized the [REDACTED] machine and did not elaborate the reason for not sanitizing or removing her face shield before exiting the PUI room. However, she acknowledged that she should have sanitized the [REDACTED] machine.</p> <p>During interview with the DON on 11/1/22 at 1:10 PM, she stated that the LPN should have followed the Transmission Based Precaution (TBP) protocols for PPE use and the [REDACTED] machine should have been sanitized after each patient use. She added that it was not acceptable and not according to the infection control facility policy.</p> <p>Review of the facility policy titled "Infection Control" "Clinical Operation" last reviewed 05/2022, under "Personal Protective Equipment", indicated: Before entering the room of a resident with known or suspected Covid-19, HCP must wear a gown, N-95 facemask, eye protection, and gloves. Under "Eye Protection", indicated: Put on eye protection upon entry to resident units. Reusable eye protection (goggles) or disposable</p> | F 880 | | | |

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| F 880 | Continued From page 7 face shield must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. ...face shield is reprocessed whenever it is visibly soiled or removed (e.g. when leaving the isolation area) prior to putting it back on. Review of the facility policy "Infection Control" last reviewed 05/2022, under "Purpose", indicated: Transmission-Based Precautions are used for residents who are known or suspected to be infected ...which require additional control measure to effectively prevent transmission. Under "Policy", indicated: 7. Availability of PPE supplies and resident care equipment. a. Dedicate resident care equipment. b. Proper cleaning and disinfection of shared resident equipment. NJAC 8:39-19.4 (a) 2 (l) | F 880 | | | |

POST-CERTIFICATION REVISIT REPORT

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|--|----|---|--|-----------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315268 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 1/3/2023 | Y3 |
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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 _____ | 12/05/2022 | 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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|---|------------------------|------|-----------------------|------|
| 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 11/1/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO