

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

PRINTED: 03/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2019
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT SUMMIT RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 20 SUMMIT STREET WEST ORANGE, NJ 07052
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(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
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F 000	INITIAL COMMENTS C #: NJ00125266, NJ00126082 Census: 144 Sample Size: 7	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 conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880		7/23/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/07/2019
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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>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. 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: #: NJ00126082</p>	F 880	<p>F880= Complaint Survey July 2019 Infection Prevention & Control</p>		

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F 880	<p>Continued From page 2</p> <p>Based on observation, interviews and record review, as well as review of pertinent facility documents on 7/8/19, 7/19/19 and 7/22/19, it was determined that the facility failed to ensure the implementation of the use of Personal Protective Equipments (PPEs) for resident on Contact Precautions and follow the facility policy for "Contact Precautions" for 1 of 2 residents (Resident #5) observed for infection control. This deficient practice is evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention titled "Infection Control" last reviewed 7/22/19, under 111. Precautions to Prevent Transmission of Infectious Agents showed: "111.B Transmission-Based Precautions...Contact Precautions, Droplet Precautions, and Airborne Precautions...111.B.1. Contact precautions...Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE upon room entry and discarding before the exiting the patient room is done to contain pathogens...(e.g.,...C. difficile...)"</p> <p>1. According to "Admission Record" Resident #5 was admitted to the facility on [REDACTED] with diagnoses but were not limited to: Resistance to [REDACTED]</p> <p>The Minimum Data Set (MDS), an assessment tool dated [REDACTED], showed that the Resident was [REDACTED] impaired and required extensive assistance from staff with Activities of Daily Living (ADL).</p> <p>The Care Plan initiated on [REDACTED], showed that</p>	F 880	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE:</p> <p>" Staff were re-educated on infection control and prevention measures specifically relating to isolation for [REDACTED] and [REDACTED].</p> <p>" The preceptor C.N.A. was counseled for not following facility policy and procedure for donning PPE prior to entering resident #5 room.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>" All residents have the potential to be affected by this practice</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>" The facility's policy on [REDACTED] was reviewed and revised on 7/19/19</p> <p>" Mandatory in-services on infection control and prevention practices including but not limited to contact isolation precautions and proper use of PPE will be done at least once a quarter for 4 quarters.</p>	

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F 880	<p>Continued From page 3</p> <p>the Resident was admitted with Clostridium Difficile (C. Diff). Intervention included but was not limited to: Contact Isolation.</p> <p>The [REDACTED] "Order Summary Report (OSR)" showed an order dated [REDACTED], for the following but not limited to: Isolation for [REDACTED].</p> <p>The "Progress Notes (PN)" dated [REDACTED] at 7:53 a.m., indicated that the Resident was incontinent of [REDACTED], had [REDACTED] and was on Contact Precaution for [REDACTED].</p> <p>During the tour with the Unit Manager (UM) on the [REDACTED] on 7/19/19 at 9:37 a.m., the UM stated that Resident #5, was on Contact Precautions for [REDACTED], and the reason the "...STOP..." sign was posted outside the Resident's door. The surveyor who was standing outside the Resident's room with door wide open, observed Resident #5 in bed. There was a plastic bin with drawers which contained Personal Protective Equipment (PPE) of gowns and gloves outside the door. At the same time, the surveyor observed Certified Nurse Aide (CNA #1) entered the Resident's room without the PPE. CNA #1 (the orientee) took the basin from the Resident's drawer and went inside the Resident's bathroom.</p> <p>Continued observation. On 7/19/19 at 9:38 a.m., CNA #2 (preceptor for CNA #1), the CNA assigned to Resident #5, entered Resident #5's room without the PPE. CNA #2 opened the Resident's drawers, then touched the same door knob that CNA #1 touched and entered the bathroom. Then, after 1-2 seconds CNA #2 came out of the bathroom then stepped out of Resident #5's room to the hallway. The UM reminded the</p>	F 880	<p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p> <p>" Managers and ICP will do random competency checks on staff entering and/or exiting a resident's room who is on contact isolation ensuring proper use of PPE and infection control practices. These random audits will take place once a week for 4 weeks or until the duration of therapy, whichever comes first (if the facility has a resident who is on active contact isolation).</p> <p>" All finding of the competency checks will be addressed immediately.</p> <p>" Education will be provided to staff as needed based on the results of the competency evaluation.</p> <p>" DON or designee will follow up on any issues noted.</p>		

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F 880	<p>Continued From page 4</p> <p>CNAs #1 and #2 they should have donned PPE prior to entering the Resident's room.</p> <p>The surveyor conducted an interview with the Nurse Educator (NE) on 7/19/19 at 1:10 p.m., the NE stated that staff should don PPE prior to entering the room for resident on Contact Precautions [REDACTED].</p> <p>The surveyor conducted an interview with CNA #2 on 7/19/19 at 1:50 p.m., she stated that Resident #5 was on Contact Precautions [REDACTED] and staff should don PPE prior to entering the room. However, CNA #2 revealed she went inside Resident #5's room without PPE on, then went inside the Resident's bathroom and did not wash her hands before she came out of the room. CNA #2 explained she did not don PPE prior to entering the room because she wanted to drop off the linens in Resident #5's room without the intention of providing care. CNA #2 went on to state that she should have donned PPE prior to entering the Resident's room.</p> <p>The surveyor conducted an interview with CNA #1, (on her [REDACTED] (7/19/19) of orientation with CNA #2) on 7/19/19 at 2:05 p.m., she stated that she received an orientation about Contact Isolation and application of PPE prior to entering the residents' room during her [REDACTED] day of employment at the facility. CNA #1 revealed that she failed to don PPE prior to entering Resident #5's room because she did not see the STOP sign and the plastic bin that contained the PPE outside the Resident's door. CNA #1 further revealed that she took the basin from the Resident's drawer to render morning care to Resident #5.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>The surveyor conducted a follow-up interview with the CNA #2 on 7/19/19 at 2:44 p.m., CNA #2 revealed that the UM mentioned during the morning (7/19/19) report that Resident #5 had been on Contact Precautions because of the [REDACTED]. She went on to state that she and CNA #1 were present during that morning report. Furthermore, CNA #1 knew about the "STOP" sign posted on the Resident's door because CNA #1 asked CNA #2 about the STOP sign and the reason for it when they were outside Resident #5's room at 8:00 a.m., on 7/19/19.</p> <p>The policy titled "Contact Precautions" was revised on 7/19/19, showed: "Contact Precautions will be used to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Policy Interpretation and Implementation showed "...4. Contact Precautions are added to Standard Precautions for residents known or suspected to have organisms and/or diseases easily transmitted via direct or indirect contact...Contact Precautions are required if: 1. A resident is colonized and/or infected with a [REDACTED] 3. Examples of some such illnesses/organisms requiring contact precautions are:..e. [REDACTED] ..2. Display the STOP SEE NURSE sign on the door of the resident's room. This sign will notify all staff and the visitors of the possible need to take special precautions prior to entering the room. The nursing staff will inform staff and visitors type of precautionary measures to take. prior to providing direct patient care-staff or visitors will don appropriate PPE such as gown and gloves..."</p> <p>The policy titled [REDACTED] " was</p>	F 880			

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F 880	Continued From page 6 reviewed on 3/11/19 and revised on 7/19/19, showed "Preventive measure will be taken to prevent the occurrence of [REDACTED] infections among residents and precautions will be taken while caring for residents with [REDACTED] to others). Policy Interpretation and Implementation...8. Should a resident be placed on Contact Precautions implement the following:...g. Prior to providing direct patient care-staff will don appropriate PPE such as gown and gloves..." NJAC 8:39-19.4(a)	F 880			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 315038	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/22/2019
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F 580	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: C#: NJ00125266</p> <p>Based on interview and record review as well as review of pertinent facility documents on 7/8/19, 7/19/19 and 7/22/19, it was determined that the facility failed to notify the Resident's Representative (RR) of a change in condition for 1 of 3 residents (Resident #3) reviewed for Resident Representative notification. This deficient practice was evidenced by the following:</p> <p>1. According to "Admission Record" Resident #3 was initially admitted to the facility on [REDACTED] and readmitted on [REDACTED], with diagnoses of [REDACTED]</p> <p>The Minimum Data Set (MDS), an assessment tool dated [REDACTED], showed that Resident #3 was [REDACTED] impaired and required total dependence from staff with Activities of Daily Living (ADL).</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 580	<p>Continued From Page 1</p> <p>The Care Plan (CP), initiated on [REDACTED], showed that the Resident has skin impairment related to impaired mobility and [REDACTED] incontinence. Interventions initiated on [REDACTED] included but were not limited to: Keep skin clean and dry. Use lotion on dry skin; [REDACTED] surface to bed as per protocol; [REDACTED] surface to chair; Weekly treatment documentation to include measurement of each area of skin breakdown's [REDACTED] and [REDACTED] and any other notable changes or observations. Additional interventions were initiated on [REDACTED] and included but were not limited to: [REDACTED] cushion limit sitting to 1-2 hours; Reposition resident every two hours</p> <p>The CP, initiated on [REDACTED], showed that the Resident had impaired cognitive function secondary to diagnosis of [REDACTED]. Interventions included but were not limited to: discuss concerns about confusion, disease process with the Resident, RR and caregivers.</p> <p>The "Admission/Readmission Assessment" dated [REDACTED], showed that the Resident had [REDACTED].</p> <p>The "[REDACTED] Chart Details ([REDACTED])" dated [REDACTED] showed that Resident #3 had [REDACTED] on the [REDACTED] that measured [REDACTED]. The [REDACTED] did not show that the RR was informed of the change in Resident's skin condition on [REDACTED].</p> <p>The [REDACTED] dated [REDACTED] showed that [REDACTED] on the Resident's [REDACTED] was [REDACTED] which showed that the measurement was larger in size. The [REDACTED] did not show that the RR was informed of the change in Resident's skin condition on [REDACTED].</p> <p>The "Progress Note" (PN) dated [REDACTED] at 6:39 a.m., showed that the Resident had associated [REDACTED] on the [REDACTED] and was seen by the [REDACTED] Care Physician on [REDACTED]. However, the same PN did not show that the RR was notified regarding the change in Resident's skin condition.</p> <p>The PN dated [REDACTED] at 6:41 a.m., showed that the Resident was seen by [REDACTED] Physician on [REDACTED] and that the [REDACTED] was larger in size. The same PN did not show that the RR was notified regarding the change in Resident's skin condition on [REDACTED].</p> <p>Further review of the PN showed that the facility did not inform the RR about the [REDACTED] and interventions until [REDACTED] 3:34 p.m.</p> <p>The surveyor conducted an interview with the Unit Manager (UM) on 7/8/2019 at 11:12 a.m., she stated that the RR's were notified of any changes in Residents' condition, including skin condition, and it should be documented in the Residents' PN or in Change of Condition Form. She revealed that a [REDACTED] increasing in size was considered a significant change in Resident's condition. She further revealed that she could not recall the date that the RR for Resident #3 was notified regarding Resident #3's [REDACTED].</p> <p>The surveyor conducted an interview with the Director of Nursing (DON) on 7/22/2019 at 11:36 a.m., she stated that the facility did not have documentation showing that the Resident #3's RR was informed about Resident #3's change of condition regarding the [REDACTED] the [REDACTED] before [REDACTED].</p>
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F 580	<p>Continued From Page 2</p> <p>The policy titled "Change in Resident's Condition or Status", dated 4/4/19, included but was not limited to: "[Facility] shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status ... Policy Interpretation and Implementation: ...3. Unless otherwise instructed by the resident, the Unit Manager and/or his/her designee/Nursing Supervisor will notify the resident's family or representative (sponsor) when ...b. There is a significant change in the resident's physical, mental, or psychosocial status; ...4. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in resident's medical/mental condition or status ..."</p> <p>NJAC 8:39-27.1(a)</p>
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