

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2020
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NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 11/05/20</p> <p>Census: 206</p> <p>Sample: 3</p> <p>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 as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p>	F 000		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</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</p>	F 880		11/13/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/12/2020
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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>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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 and review of other pertinent facility documents, it was determined that the facility failed to follow manufacturers recommendations for appropriate use of a thermometer to prevent the potential for the spread of infection.</p> <p>This deficient practice was identified for 1 of 1 receptionist observed for infection control practices and was evidenced by the following:</p> <p>On 11/05/2020 at 9:10 AM, the surveyor entered the building and approached the receptionist desk in the facility lobby. The receptionist instructed the surveyor to complete a COVID-19 Screening Questionnaire. She then checked the surveyor's temperature with an infrared thermometer which was pointed toward the surveyor's forehead. When finished, the surveyor stepped aside and observed the receptionist as she checked the temperature of two facility employees that were coming on for their shift. The surveyor observed the receptionist point the same infrared thermometer towards the inner wrist of the two employees.</p> <p>At the time, the surveyor interviewed the receptionist regarding the area of the body that temperatures were supposed to be taken. She</p>	F 880	<ol style="list-style-type: none"> 1. Receptionist was immediately in-serviced on how to utilize the thermometer according to the manufacture's guidelines. 2. All residents of the facility have the potential to be affected by this deficient practice. 3. A review of all centers Covid-screening policies and procedures was completed. All receptionists have been in-serviced on proper covid screening and temperature checks. The center administrator, Director of Nursing, Assistant Director of Nursing and Director of desk services will make daily checks to ensure the receptionists follow proper screening and temperature taking procedures. 4. The Director of Desk services and/or designee will conduct weekly Covid-screening and temperature taking audits to ensure they are being completed according to policy and procedure. The results of these audits will be presented to the center Monthly QAPI committee for the next 3 months. The centers QAPI committee will review the results and 		

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F 880	<p>Continued From page 3</p> <p>stated that she could take the temperature on either the forehead or wrist and that both areas provided a reading. The receptionist further stated that she was trained to obtain the temperature on either the forehead or wrist.</p> <p>On 11/05/2020 at 1:05 PM, the surveyor interviewed the Director of Nursing (DON) regarding the temperature screening process. The DON stated that temperatures were usually obtained with an infrared thermometer by pointing the thermometer on a body surface. The DON further stated that the Director of Desk Services/Recreation (DDSR) was the person in charge of educating the receptionist on the temperature screening process. She stated that she was not sure what type of instruction was provided to the Receptionist regarding the use of the infrared thermometer.</p> <p>On 11/05/20 at 1:22 PM, the surveyor interviewed the DDSR in the presence of another surveyor. The DDSR stated that the education provided to the receptionist may not have specified to only obtain forehead temperatures when screening. The DDSR further stated that the manufacturer's guidelines specifically instructed to obtain temperature readings on the forehead.</p> <p>The surveyor reviewed the manufacturer's instructions for the non-contact infrared thermometer. The document revealed that the device was an infrared thermometer intended to measure forehead temperatures without contacting human body. The document further revealed that "in order to ensure that precise and accurate temperature measurements are obtained, it is essential that each user has</p>	F 880	follow up as determined.		

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F 880	<p>Continued From page 4</p> <p>received adequate information on and training in the temperature measurement technique when using such a device. It is essential to remember that although procedures such as taking a temperature may be simple, they must not be trivialized." The instructions for taking the temperature indicated to: Aim at the middle of forehead, from a distance of about 1.2-2 inches, press the thermometer's measurement button. The manufacturer's instructions further indicated that "the reliability of the measurement cannot be guaranteed if the temperature is measured over another part of the body (e.g. arm, torso...)." </p> <p>The surveyor reviewed the training document titled: Reception COVID-19 Protocol dated 3/05/20, which was provided by the DDSR. The training indicated that "all forehead temperatures must be within normal range." The training document was signed by the receptionist, and indicated that the Receptionist was trained.</p> <p>During a follow up interview on 11/05/20 at 1:50 PM, the DON stated that she reviewed the manufacturer's instruction for the infrared thermometer that was used by the Receptionist to record two employees' wrist temperatures. The DON confirmed that the manufacturer's instructions for the above model of infrared thermometer indicated to point the thermometer at a person's forehead and not the wrist.</p> <p>NJAC 8:39-19.4</p>	F 880		