

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

PRINTED: 11/24/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/29/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALARIS HEALTH AT HARBOR VIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>178-198 OGDEN AVE JERSEY CITY, NJ 07307</b>
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F 000	INITIAL COMMENTS  Standard Survey: 9/29/2020  Census: 118  Sample Size: 34  The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	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	F 880		10/26/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/12/2020
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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>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 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that contracting agents who provided services to residents were familiar and adhered to infection practice guidelines according to the facility's policy, Contracting Agents Policy, and Center for Disease Control (CDC ). This deficient practice was identified for 2 of 2 residents observed for [REDACTED] procedures, Resident #213 and #1, as evidenced by the following:</p> <p>On 9/24/20 at 11:08 AM, the surveyor observed the [REDACTED] wearing Personal Protective Equipment (PPE) (gown, face shield, gloves, and surgical mask) completing Resident #213's [REDACTED]. Resident #213 was observed lying in bed. The [REDACTED] cassette was removed from under the resident's bedsheet with Resident #213 observed lying on top of the bedsheet.</p> <p>On 9/24/20 at 11:10 AM, the surveyor observed the [REDACTED] remove his PPE inside the resident's room. The [REDACTED] used a hand sanitizer to clean his hands and pushed the [REDACTED] machine (cassette in place) to Resident #1's room.</p> <p>On 9/24/20 at 11:15 AM, the surveyor observed the [REDACTED] put on PPE (gown, surgical mask, gloves, and face shield) and carry the [REDACTED] cassette (which was not sanitized) towards Resident #1. The surveyor interrupted the [REDACTED] [REDACTED] was about to place the cassette behind Resident #1, seated in a wheelchair.</p>	F 880	<p>1-How any corrective action will be accomplished for those residents found to have been affected by this practice: In-service done by [REDACTED] vendor company for portable [REDACTED] Tech on cleaning and sanitizing equipment between residents.</p> <p>In-service to Reception staff and other staff assigned to screening duties, has been done by Administrator/Business Office Manager. The In-service which will include the requirement to wipe down equipment at the screening table and between residents on the unit. It also includes having vendor's sign the Vendor Reminder Form at the Screening Table. Residents #1 &amp; #213 had no ill effects from this practice.</p> <p>2-How Facility will identify other residents who have the potential to be affected by this practice: Any resident with physician orders for vendor services such as [REDACTED] would be potentially affected by the practice. The residents may be identified by reviewing the POS (Physician Order Sheet).</p> <p>3- What measures will be put into place or systemic changes made to ensure the practice will not recur: A Vendor Reminder Form will be signed by the vendor reminding them to sanitize all equipment used on a resident before moving to the next resident. Policy on</p>		

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F 880	<p>Continued From page 3</p> <p>On 9/24/20 at 11:20 AM, the surveyor interviewed the [REDACTED] who informed the surveyor that the [REDACTED] cassette and the [REDACTED] machine should have been sanitized prior to utilizing it. The [REDACTED] stated that he forgot to sanitize the [REDACTED] cassette and machine between Resident #213 and Resident #1. The [REDACTED] said that he wiped down the cassette and machine before entering the facility.</p> <p>Resident #213 was admitted to the facility on [REDACTED] from the hospital with a diagnosis that included but were not limited to Parkinson's [REDACTED]</p> <p>Resident #213's room was located in an Observation Quarantine Unit to rule out COVID-19 infection.</p> <p>Resident #1 was admitted to the facility on [REDACTED] and readmitted from the hospital on [REDACTED] with the diagnosis that included but were not limited to [REDACTED]</p> <p>[REDACTED] Resident #1's room was located in the Observation Quarantine Unit as well to rule out COVID-19 infection.</p> <p>On 9/24/20 at 2:30 PM, the surveyor met with the facility Administrator and Director of Nursing, who stated that the [REDACTED] should be wiping down all the equipment entering the facility and then between each resident.</p> <p>On 9/25/20 at 9:30 AM, the Administrator presented the facility Policy and Procedure for Outside Vendors-COVID 19, which documented, "The outside vendors who are Essential will be identified by the Administrator and will be</p>	F 880	<p>Essential Vendors during Covid updated to include this form. In-service was done by the Assistant Director of Nursing for all licensed nursing staff who will assign a staff member to monitor the vendor upon arrival on unit to ensure that equipment is sanitized with an approved sanitizing agent between use on multiple residents. Failure of any vendor to comply, will be communicated to the Administrator who will take immediate action and will communicate with vendor company to determine corrective action.</p> <p>4-How the facility will monitor its corrective action to ensure that practice is being corrected and will not recur: Director of Nursing/ Assistant Director of Nursing/ Designee will audit 2 visiting vendors per week to ensure compliance with sanitation. Auditor will take any immediate corrective action as needed. Results will be reported to Administrator at least monthly and the QA/QAPI committee at least quarterly.</p>

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F 880	<p>Continued From page 4</p> <p>required to follow their protocol on using PPE and cleaning equipment as long as it is in compliance with the facility policies and procedures."</p> <p>The Administrator also presented the surveyor with the supporting COVID-19 Response Policy and Procedure from the Contracting Agent, "Before entering a patient room, you are to wipe down equipment, change your isolation gown, put new gloves, clean the cassette and use a panel cover if necessary. You are required to keep your equipment clean. You will need to clean the equipment before and after each use (before entering and upon leaving a resident's room)" and, "Under no circumstances are you to enter a patient's room following an exam in another room without taking the proper precautions to ensure the safety of not only yourself but the residents and staff of facilities."</p> <p>NJAC 8:39-19.4 (a)</p>	F 880			