

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

PRINTED: 04/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CEDAR OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080		
(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	
F 000	INITIAL COMMENTS Survey Date: 1/22/2021 Census: 190 Sample: 5 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.	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	F 880		4/7/21	

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

TITLE

(X6) DATE

Electronically Signed

02/02/2021

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 880	<p>Continued From page 1</p> <p>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 transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 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 pertinent facility documentation, it was determined that the facility failed to utilize appropriate personal protective equipment (PPE) and follow infection control practices to prevent the potential spread of infection in accordance with the U.S. Centers for Disease Control and Prevention (CDC) during a COVID-19 Focused Infection Control Survey.</p> <p>This deficient practice was identified for 1 of 3 floors ([REDACTED] Unit) where COVID-19 positive and Persons Under Investigation (PUI) rooms were located and was evidenced by the following:</p> <p>According to the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, updated 04/30/2020, included, "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown...All recommended COVID-19 PPE [personal protective equipment] should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown."</p> <p>During an interview with the surveyor on 1/21/21 at 12:06 PM, the Director of Housekeeping stated</p>	F 880	<p>Corrective Action: Our facility completed a Root Cause Analysis. The Housekeeping staff were misinformed on the type of gown that can be worn while entering Cohorts 1, 2 and 4. The laundry staff were misinformed on the type of gown they can wear while doing the laundry from isolation rooms.</p> <p>Disposable gowns will be worn when entering rooms in cohort 1 while reusable gowns will be worn when entering isolation rooms in cohorts 2 and 4. Gowns will be long sleeved and completely cover the torso from neck to knees, arms to end of wrists, and wrap around the back. Gowns will be accessible in front of each resident's room in cohorts 1, 2 and 4. The Laundry staff will wear the appropriate gown while doing the laundry from the isolation rooms as well as the other washable gowns used in the facility.</p> <p>Potential to Affect: All residents and staff have the potential to be affected.</p> <p>Systemic change: Staff education was completed on the proper use of PPE to be worn when entering rooms in cohorts 1, 2 and 4 or</p>		

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F 880	<p>Continued From page 3</p> <p>that his staff used different isolation gowns than other departments. He also stated that their gowns were laundered separately and that the staff bring their gowns with them to the COVID-19 and PUI unit. He further stated that has been their process from the beginning of the pandemic in March of 2020.</p> <p>During an interview with the two surveyors on 1/21/21 at 12:40 PM, the Director of Housekeeping displayed the gown that his staff wore when they entered a COVID-19 or PUI residents' room. The surveyors observed a blue patterned patient gown that was short sleeved and had three buttons on the length of each shoulder sleeve for closure purposes. The Housekeeping Director stated that the former Director of Nursing (DON) told him that those gowns were "ok" to use for the housekeeping staff because they did not perform direct resident care.</p> <p>During an interview with the two surveyors on 1/21/21 at 12:50 PM, in the presence of the Infection Control Preventionist and the Housekeeping Director, the DON and the Licensed Nursing Home Administrator (LNHA) could not state the reason the housekeeping staff were using the short sleeved gown in "Droplet Precaution" (for those known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by coughing, sneezing, or talking) rooms. They acknowledged that the gown had short sleeves but did not acknowledge the appropriateness to use such a gown in a "Droplet Precaution" room. The LNHA stated that the housekeeping staff did not have direct contact with residents and that the staff performed hand hygiene and washed their arms</p>	F 880	<p>any room with isolation precautions and in the laundry area. In addition, Topline staff and the Infection Preventionist attended the nursing home infection preventionist training course module 1- infection prevention and control program. Frontline staff attended the CDC Covid-19 Prevention messages for front line long term care staff: keep covid19 out course. Staff have also attended the CDC Covid19 Prevention messages for front line long term care staff: use PPE correctly for Covid-19 course.</p> <p>Monitoring: The Housekeeping Director or designee will complete an audit observing Housekeeping staff entering cohorts 1, 2 and 4 to ensure anyone going into these areas have on the appropriate PPE. This audit will be completed weekly x 4 weeks and then monthly for three months. The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee. Following the three months, the committee will determine the future need/ frequency of the audit.</p>		

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F 880	<p>Continued From page 4 up to their elbows after doffing (removal of PPE).</p> <p>During an interview with the two surveyors on 1/21/21 at 1:00 PM, in the presence of the DON, LNHA and the Housekeeping Director, a housekeeping staff member (HK) #1 identified the blue patterned short sleeved gown that was in the room as the style to which she applied before entering a "Droplet Precaution" room. She acknowledged that the arm of the gown did not reach her wrist and that her arms were exposed. She further stated that she had been instructed to use that gown at the beginning of the pandemic. This staff member was assigned to work on the [REDACTED] Unit."</p> <p>During an interview with the surveyor on 1/21/21 at 1:10 PM, the Licensed Practical Nurse (LPN) #1 stated that the housekeeping staff donned (applied) a short-sleeved material patient gown when they entered COVID-19 positive and PUI rooms.</p> <p>During an interview with the two surveyors on 1/22/21 at 9:50 AM, two housekeeping staff that worked in the laundry room stated that they were instructed to wear the blue patterned short sleeve gowns since the beginning of the pandemic up until yesterday afternoon when they were instructed to wear disposable gowns instead. They pointed out the blue patterned short sleeved gown to the surveyors. They both stated that they had worn the blue patterned short sleeved gown when they did the laundry from the isolation rooms as well as the other washable gowns used in the building. They both stated that they were not comfortable that their arms were exposed.</p> <p>During an interview with the surveyor on 1/22/21</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>at 10:10 AM, the LPN #2 stated that the housekeeping staff donned a short-sleeved material patient gown when they entered COVID-19 positive and PUI rooms.</p> <p>During an interview with the surveyor on 1/22/21 at 10:12 AM, HK #2, HK #3, HK #4, and HK #5 all stated that they donned a short-sleeved material patient gown when they entered COVID-19 positive and PUI rooms.</p> <p>During an interview with the surveyor on 1/22/21 at 10:19 AM, a Certified Nursing Assistant (CNA) stated that the housekeeping staff donned a short-sleeved material patient gown when they entered COVID-19 positive and PUI rooms.</p> <p>During an interview with the two surveyors on 1/22/21 at 10:47 AM, both the DON and LNHA acknowledged that they have not had a shortage of gowns.</p> <p>A review of the facility's "Infection Control Program Overview" policy, dated 7/27/2020, indicated that the program goals included: provide a safe, sanitary and comfortable environment; prevent the development and transmission of communicable diseases; implement appropriate control measures; identify and correct issues related to infection control practices; and ensure compliance with state and federal regulations related to infection control.</p> <p>A review of the facility's "Isolation Steps - Categories of Transmission-Based Precautions" policy, dated 5/19/2020, indicated that Transmission-Based Precautions should be used when caring for residents who are documented or suspected to have communicable diseases or</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>infections that could be transmitted to others. It further indicated that "Droplet Precautions" were implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplet and that the following PPE should be used; mask, gown, gloves, and eye protection upon entry into that resident's room.</p> <p>A review of an undated CDC document found in the facility's in-service book titled, "Sequence for Putting on PPE," indicated that a gown should be applied which fully covered the torso from neck to knees, arms to end of wrists, and wrap around the back.</p> <p>NJAC 8:39-19.4(a)</p>	F 880			