

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

PRINTED: 06/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2021
NAME OF PROVIDER OR SUPPLIER CRYSTAL LAKE HLTHCARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721		
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 1/19/21</p> <p>Census: 154</p> <p>Sample: 3 + 88 unsampled residents</p> <p>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> <p>During a COVID-19 Focused Infection Control Survey conducted on 1/14 and 1/15, an Immediate Jeopardy was identified in the area of infection control: F 880 at a S/S "L"</p> <p>The facility failed to implement mitigation strategies, including the use of Transmission Based Precautions (TBP), to prevent the transmission of COVID-19 by not appropriately identifying residents exposed to COVID-19 as persons under investigation (PUI) for the virus for the period of 1/8/2021 to 1/29/2021. This failure posed a serious and immediate threat to the safety and well being of all non-ill residents.</p> <p>The facility was notified of the Immediate Jeopardy (IJ) situation on 1/15/2021 at 4:48 PM.</p> <p>On 1/18/2021 at 3:15 PM, the facility submitted a Removal Plan by e-mail to The New Jersey Department of Health (NJDOH).</p> <p>On 1/19/2021, during an onsite removal plan verification survey, it was determined that the</p>	F 000			

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

TITLE

(X6) DATE
02/22/2021

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 000	Continued From page 1 F880 S/S "L" deficiency continued. The facility was found to have not fully implemented their removal plan. In accordance with the facility's removal plan, the facility staff were not wearing N95 mask for full transmission based precautions. Additional failures of Infection Control Protocols were identified in relation to the appropriate PPE use on PUI units. On 1/29/2021 at 10:09 AM, the facility submitted a second Removal Plan by e-mail to the NJDOH. During the 1/29/2021 on-site removal plan visit, the facility was found to be in compliance with their removal plan and the immediacy was removed on 1/29/2021 at 3:15 PM. COVID-19 (Coronavirus Disease 2019) is a deadly disease caused by the coronavirus SARS-CoV-2. COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes.	F 000			
F 880 SS=L	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	F 880		5/21/21	

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F 880	Continued From page 2 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 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880			

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F 880	<p>Continued From page 3</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: Based on observation, interview, medical record review, and review of other facility documentation, it was determined that the facility failed to a.) identify all residents exposed to COVID-19 as persons under investigation (PUI), b.) implement mitigation strategies to prevent the transmission of COVID-19 and c.) appropriately implement their Pandemic Influenza/COVID-19 Preparedness & Readiness Plan (Outbreak Response Plan).</p> <p>This deficient practice was identified for [redacted] residents, (Residents #1 to #44 who resided on the [redacted] and Residents #45 to #88 who resided on the [redacted]) reviewed for a known [redacted] Executive Order 26, 4.b. on [redacted] nursing units during a focused infection control [redacted] survey conducted on [redacted] and [redacted].</p> <p>Part A:</p> <p>On [redacted], and on [redacted], the facility became aware that two staff members, a Licensed Practical Nurse (LPN) and a Housekeeper (HK</p>	F 880	<p>CRYSTAL LAKE PLAN OF CORRECTION: This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility. The submission of the plan does not constitute an agreement by the facility regarding any of the deficiencies cited.</p> <p>F-880: SCOPE and SEVERITY = L 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> <p>CORRECTIVE ACTIONS: The residents in the [redacted] Floor and the [redacted] Floor were identified as PUIs under Cohort Level #2 (COVID- 19 negative, exposed). Facility immediately</p>		

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F 880	<p>Continued From page 4</p> <p>#1) were confirmed positive for Executive Order 26, 4.b in the facility. LPN #1 worked the 11 PM-7 AM shift on the Executive Order 26 and was tested on Executive Order 26 and confirmed positive on 1/8/21. LPN #1 had worked on Executive Order 26, 4.b, and Executive Order 26 and was responsible for providing medications, treatments and needed care to the Executive Order 26 residents on the Executive Order 26 floor. HK #1, who was assigned to the Executive Order 26, Executive Order 26, 4.b, and had worked on Executive Order 26, 4.b, and Executive Order 26. HK #1 had direct contact with the resident's environment and went room to room cleaning all resident rooms on the Executive Order 26. All the residents exposed to LPN #1 and the HK #1 on the Executive Order 26 and Executive Order 26 floor were considered by the facility to be "well-non-exposed" and were not placed on Transmission Based Precautions (TBP). The facility failed to identify these residents exposed to Executive Order 26, 4.b as Person Under Investigation (PUI) and the residents were not placed on contact and droplet TBP to mitigate the spread of the virus.</p> <p>During the survey conducted on 1/14/21 and 1/15/21, the surveyors observed that the exposed residents who resided on the Executive Order 26 and Executive Order 26 floor were not identified as PUI and were not placed on full TBP. There was no signage on the doors of the Executive Order 26 and Executive Order 26 floor units or on the individual resident rooms for the use of full PPE for droplet TBPs. There was no Personal Protective Equipment (PPE) bins such as gowns, face shields, goggles, KN95 masks, and N95 masks observed stocked throughout the Executive Order 26 and Executive Order 26 floor units. The surveyors further observed that staff caring for the residents on the Executive Order 26 and Executive Order 26 floors were wearing either a surgical mask or KN95 masks and no additional PPE. In addition, staff were unaware of the appropriate TBP or protocol</p>	F 880	<p>implemented CDC guidelines on Care for PUIs as per CDC guidance. Residents were closely observed and monitored for COVID-19 symptoms. All residents remained asymptomatic.</p> <p>¿ In addition, all residents on the Executive Order 26 floor and Executive Order 26, 4.b were tested multiple times with negative results, beginning on Executive Order 26 for the Executive Order 26 and Executive Order 26 on the Executive Order 26. CALT (COVID-19 Activity Level Index) reports will be checked by IP Nurse weekly to adjust testing amount to ensure that no residents show any signs or symptoms.</p> <p>¿ Transmission-based Precautions (TBP) were immediately initiated in both units. All staff were immediately in-serviced that the Executive Order 26 and Executive Order 26, 4.b Units were on Transmission-Based Precautions until further notice. Emphasized the need for the need to follow all CDC guidelines. The same HCPs are to be responsible for the care and services provided within individual cohorts.</p> <p>¿ The facility retained the services of a CICIP consultant and has been approved by the Department of Health.</p> <p>¿ Under the guidance of the CIC, the following were completed and/or updated:</p> <ul style="list-style-type: none"> o A Root Cause Analysis was completed, which included the following reasons on why the deficiency occurred: (a) Facility did not place exposed residents on TBP due to misinterpretation of CDC guidelines. (b) Facility failed to identify all residents exposed to COVID-19 as persons under investigation (PUI). 	

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F 880	<p>Continued From page 5 that should have been implemented for exposure to the virus.</p> <p>The facility's failure to identify residents on the "well non exposed" nursing units as exposed to Executive Order 26, 4.b or implement strategies to prevent the spread of the Executive Order 26, 4.b virus, posed a serious and immediate threat to safety and wellbeing of all "well non-exposed" residents.</p> <p>This resulted in an Immediate Jeopardy (IJ) situation that began on 1/8/21 when the facility was notified of the confirmed positive LPN#1. The facility's Administration was notified of the IJ on 1/15/2021 at 4:48 PM. The immediacy was removed on 1/29/21 based on an acceptable Removal Plan that was implemented by the facility and verified by the surveyors during an on-site visit on 1/29/21.</p> <p>The evidence was as follows:</p> <p>On 1/14/2021 at 9:07 AM to 9:55 AM, the surveyors conducted entrance conference with the Administrator and Assistant Director of Nursing/Infection Preventionist (ADON/IP). The ADON/IP stated that as soon as they found out a staff member tested positive for Executive Order 26, 4.b, the staff would be notified immediately, assessed for signs and symptoms of the virus, and be placed on quarantine. The ADON/IP further stated that Executive Order 26, 4.b would ask the staff member that tested positive for Executive Order 26, 4.b who they had been in contact with and perform contact tracing for the residents who resided in the facility. The ADON/IP stated that the facility conducted contact tracing for the residents seven days prior to the positive Executive Order 26, 4.b test result and any residents who had contact with the staff would be PUI. The ADON/IP</p>	F 880	<ul style="list-style-type: none"> o An Infection Prevention and Intervention Plan has been implemented. o A Long-Term Care Infection Control Self-Assessment was completed. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> ¿ All residents have the potential to be affected by the same deficient practice. <p>SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR</p> <ul style="list-style-type: none"> ¿ The directed in-service training programs have been completed as directed. Education will be on-going with all new hires. ¿ COVID-19 Testing for Staff and residents will continue as per CDC guidelines and State Guidance. IP Nurse will check the CALI (COVID-19 Activity Level Index) scores weekly and adjust testing accordingly. ¿ New admissions and re-admissions will be treated as Cohort level 4. They will be under this level for 14 days and testing at the end of this period could be considered to increase certainty that the person is not infected. ¿ Contact Tracing for 48 hours will be conducted promptly whenever a Staff or resident tests positive for COVID-19. All patients/residents who was in direct contact with positive Staff or Resident (for a cumulative 15-minute period within 24 hours) will be considered as PUI <input type="checkbox"/>. Transmission-based precautions will be 		

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F 880	<p>Continued From page 6</p> <p>stated that PUI residents would be placed on quarantine for fourteen days. The ADON/IP stated that the PPE the staff utilized when caring for the PUI residents were a gown, KN95 mask or N95 mask, gloves, face shield or goggles, and hair or shoe coverings.</p> <p>During a follow-up interview on 1/19/21 at 1:54 PM, the ADON/IP stated the facility had all needed supplies for the staff to have N95 masks but there were problems getting the staff fit tested.</p> <p>On 1/14/21 at 11:06 AM, Surveyor #2 was on the [redacted] floor unit and observed LPN #2 in the hall wearing a KN95 mask. During an interview at that time, LPN #2 stated [redacted] was dedicated to the floor unit and there were no [redacted] residents, new or readmissions or residents under PUI for [redacted]. LPN #2 stated if the unit had [redacted], new or readmissions or PUI residents, the process would be to wear the KN95 masks with a surgical mask over it, PPE gown and gloves before entering the isolation room and to remove the surgical mask, gown and gloves prior to leaving the isolation room. LPN #2 stated that there would be a notification at the nurses' desk and the time clock, to alert the staff of any [redacted] in the facility. LPN #2 further stated [redacted] and quarantining residents.</p> <p>On 1/14/21 at 11:15 AM, Surveyor #2 observed Certified Nursing Aide (CNA) #1 on the [redacted] floor unit in the hall wearing a surgical mask. During an interview at that time, CNA #1 stated there were no residents or isolation for [redacted] on the floor. CNA #1 stated the nurses would inform staff of [redacted] isolation and there would be a sign</p>	F 880	<p>implemented immediately for these residents, including but not limited to the use of the appropriate PPE's.</p> <p>¿ Fit testing of N-95 masks, once this has been completed, Fit-testing of N-95 masks will be part of orientation and done annually.</p> <p>NOTE: The facility will continue to attempt to procure and conduct fit-testing of N-95 masks for appropriate Health Care Personnel, based on availability. In case of unavailability and/or shortage of N-95 masks, facility will follow CDC's PPE Shortage Guidelines to mitigate risks for COVID-19 exposure and infection.</p> <p>MONITORING OF CORRECTIVE ACTIONS</p> <p>¿ IP Nurse/designee will audit cohort levels in the facility on a weekly basis x 6 months. Cohort Level Audit will review the resident population in each cohort and evaluate the use of proper PPE (per Cohort Level), in accordance with the facility's Outbreak Plan and CDC Guidelines. Audit will also include a review of residents under Cohort #4 (Admissions and Readmissions) to ensure that proper Transmission-Based Precautions are in place. Findings will be reported to the DON and Administrator on a weekly basis and presented in the QAPI Committee Meeting on a quarterly basis.</p> <p>¿ Audit of PPE supplies will be conducted by the DON/designee on a weekly basis x 6 months. In case of unavailability and/or shortage, facility will follow CDC's PPE shortage guidelines to</p>	

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F 880	<p>Continued From page 7 posted.</p> <p>At 11:37 AM, Surveyor #2 was on the █ floor unit and observed two staff members and one resident by the nurses' desk, all wearing blue surgical masks.</p> <p>At 11:39 AM, the surveyor interviewed CNA #2. CNA #2 stated █ was dedicated to the unit, there was plenty of PPE available and that if there were an isolation █ resident, the nurses would inform █, there would be a sign on the door and a notice at the time clock.</p> <p>At 11:45 AM, Surveyor #2 observed signs around the █ floor unit which included how to perform hand washing, instructing all to wear a mask, and reminding all to social distance. The signage did not indicate what type of mask was to be worn.</p> <p>On 1/15/21 at 8:56 AM, day 2 of survey, the surveyors entered the █ floor. There was no signage posted that the residents were on TBP. There was no PPE observed to don or receptacles to doff PPE upon leaving the unit.</p> <p>At 8:57 AM, the surveyors observed the Housekeeping Director (HKD) exit the main elevator onto the █ floor wearing a surgical mask. The surveyors further observed staff and multiple resident's walking around the unit wearing surgical masks and no other form of PPE.</p> <p>At 8:58 AM, Surveyor #1 interviewed CNA #1 who stated that █ worked full-time at the facility and during the past few weeks, had only worked on the █ or █ floors. CNA #1 stated that there was one resident who resided on the █ floor unit</p>	F 880	<p>mitigate risks for COVID-19 exposure and infection. Weekly follow up with our medical supply vendors will be conducted to continue to check for availability. Findings will be reported to the Administrator and presented in the QAPI Committee Meeting on a quarterly basis.</p> <p>¿ Administrator/designee will audit Contact Tracing of employees/residents who test positive 2x weekly x 6 months. Findings will be presented in the QAPI Committee Meeting on a quarterly basis.</p> <p>¿ The Director of Nursing/Infection Preventionist/Designee will conduct Competency Assessments on 5 Staff members per week x 4 months on the Proper Donning (putting on) and Doffing (Taking off) of Personal Protective Equipment (PPE). Results of Competency Assessments will be reported to the Administrator on a monthly basis and presented in the facility's QAPI Meeting on a Quarterly basis.</p> <p>COMPLETION DATE: 5/21/2021</p>		

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F 880	<p>Continued From page 8</p> <p>that was on TBP due to an Executive Order 26, 4.b. in his/her Executive C. CNA #1 stated that Executive C wasn't sure if there was a recent exposure of Executive Order 26, 4.b. for the residents on the unit from an infected staff member. CNA #1 further stated that if a resident was exposed to Executive Order 26, 4.b., staff would have to wear a N95 mask or KN95 mask, surgical mask, gown, face shield, and gloves when providing direct care to the resident. CNA #1 told the surveyor that many of the residents who resided on the unit were Executive Order 26, 4.b.. Executive also stated that a lot of the residents smoked, and smoking was currently canceled so Executive felt that walking around the unit was a stress relief for the residents.</p> <p>At 9:05 AM, Surveyor #1 observed a sign that indicated, "Stop Report to nurse before entering" outside of one resident's room on the Executive floor. The surveyor further observed a plastic bin outside of the resident's room which was observed to be stocked with gloves, face shields, and surgical masks. There were no PPE gowns observed in the plastic bin.</p> <p>At 9:06 AM, Surveyor #2 observed HK #2 wheel the housekeeping cart into a resident room on the Executive floor. HK #2 was wearing a surgical mask and gloves. There were four resident names on the door and Surveyor #2 observed two residents inside the room. During an interview at 9:13 AM, HK #2 stated Executive would be able to recognize any type of isolation room by a sign on the door. HK #2 stated if there was an isolation room, Executive would have to wear the N95 mask, gown, gloves, and eye protection.</p> <p>At 9:08 AM, Surveyor #1 observed an Activities Aide (AA #1) working on the Executive Order 26 wearing a surgical mask in the hallway. During an interview</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>at that time, AA #1 stated that [redacted] worked on different units throughout the facility. AA #1 stated that [redacted] worked on the [redacted] floor the day before [redacted] and worked on the [redacted] floor on [redacted] and [redacted] and [redacted] that just passed. AA #1 stated that there were no residents on the unit on TBP. AA #1 stated that [redacted] would do a different activity with the residents every day in their rooms. AA #1 further stated that if a resident was considered a PUI, the staff would have to wear a gown, gloves, N95 mask, KN95 mask, surgical mask, and face shield prior to entering the resident's rooms. After conducting the interview, Surveyor #1 observed AA #1 enter a room occupied by four residents wearing a surgical mask and no additional PPE. Surveyor #1 observed the AA #1 stand in the middle of the room and sing and dance in front of the residents while playing music from her phone.</p> <p>At 9:12 AM, Surveyor #1 observed the Licensed Practical Nurse/Unit Manager (LPN/UM) on the [redacted] floor wearing a surgical mask. The LPN/UM stated that [redacted] was the unit manager for the [redacted] and [redacted] floor and was back and forth between both units throughout her shift. The LPN/UM stated that there were many ambulatory residents who resided on the unit who needed to walk throughout the unit because, "it was their nature." The LPN/UM further stated that a staff member who worked on the [redacted] floor recently tested positive for [redacted], so due to that, smoking was canceled for the residents. The LPN/UM stated that after the staff member tested positive, all the residents who resided on the unit were re-tested for [redacted] and monitored for signs and symptoms of the virus. The LPN/UM stated that one resident who resided on the unit was on TBP due to an infectious organism in his/her</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>urine. Surveyor #1 asked the LPN/UM if TBP were implemented for the residents on the [redacted] floor after the known exposure to the [redacted] [redacted] Executive Order 26, 4.b.]. The LPN/UM stated, "no."</p> <p>At 9:21 AM, Surveyor #1 observed the Speech Language Pathologist (SLP) on the [redacted] floor wearing a surgical mask and face shield. The SLP stated that the PPE [redacted] wore when interacting with the residents was a surgical mask and face shield because [redacted] provided the residents with, "feeding therapy." The SLP stated that [redacted] Executive Order 26, 4.b. [redacted] on the [redacted] Executive Order 26, 4.b. unit and would be able to tell which residents were on TBP by a sign on their door. The SLP stated that [redacted] worked on multiple floors throughout the facility and was providing treatment to two residents in the facility during her shift that day. One who resided on the [redacted] floor and one who resided on the [redacted] floor. The SLP stated that [redacted] was told by her director to provide treatment to the resident who resided on the [redacted] floor first. The SLP further stated that [redacted] was not given information on anyone or any staff member that recently tested positive for [redacted] Executive Order 26, 4.b.].</p> <p>At 9:24 AM, Surveyor #2 observed an LPN #3 in the hall of the [redacted] floor unit, wearing a KN95 mask only. During an interview at that time, LPN #3 stated there was enough PPE available on the unit. LPN #3 stated there were no residents on the unit who were on isolation for [redacted] Executive Order 26, 4.b.], PUI or observation. LPN #3 further stated that if there were, the staff would need to wear full PPE gowns, gloves, eye protection and KN95 mask in and out of the isolation rooms.</p> <p>At 9:37 AM, on the [redacted] floor unit, Surveyor #1</p>	F 880		

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F 880	<p>Continued From page 11</p> <p>interviewed CNA #3 who stated that █ worked for an agency and for the past week and a half, █ had worked on all different units throughout the facility because █ assignment was different every day. CNA #3 stated that only one resident on the unit was on TBP and if █ knew a resident had exposure to █, █ should wear a gown, face shield, N95 mask, gloves, and a surgical mask while providing care to the resident. CNA #3 further stated that today █ was only wearing a surgical mask while providing care to the residents.</p> <p>At 9:47 AM, Surveyor #1 observed the Housekeeping Director (HKD) wearing a surgical mask and mopping the floor in the hallway on the █ floor. The HKD stated that throughout █ shift █ went to all the units in the facility. The HKD further stated that if █ were to go to the █ unit, █ would wear full PPE.</p> <p>On 1/15/21 at 10:07 AM, the surveyors entered the █ floor unit. There was no signage observed that residents were on TBP. There was no PPE observed to don or receptacles to doff PPE upon leaving the unit. Surveyor #2 observed three residents in the hall and only one resident was wearing a surgical mask while the other two were wearing no mask at all. Surveyor #1 observed a resident self-propelling in his/her wheelchair around the unit. Both surveyors observed a resident seated in his/her wheelchair in front of the nurses' station wearing a surgical mask pulled down under his/her chin, not covering their face.</p> <p>At 10:12 AM, Surveyor #1 observed CNA #4 wearing a surgical mask and standing in the hall to the right of the nurses' station. During an interview at that time, CNA #4 stated that █ only</p>	F 880		

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F 880	<p>Continued From page 12</p> <p>worked on the █ floor in the facility and was not aware of any staff that recently tested positive for COVID-19. CNA #4 further stated that there were no residents residing on the unit that were on TBP.</p> <p>At 10:16 AM, Surveyor #1 interviewed CNA #5, who was wearing a surgical mask in the hallway, who stated that █ only worked on the █ floor. CNA #5 further stated that the residents on the unit were not allowed to go outside to smoke for two weeks because a staff member who worked on the unit had Executive Order 26, 4.b. CNA #5 further stated that there were no residents on the unit on TBP. CNA #5 stated that if a resident was on TBP related to exposure of █, the staff should wear a N95 mask, surgical mask, gown, face shield, and gloves while providing care and perform hand hygiene in between everything.</p> <p>At 10:16 AM, Surveyor #2 observed CNA #6 in the hall wearing a surgical mask. During an interview at that time, CNA #6 stated that there was no isolation, PUI, observation or COVID positive resident on the █ floor unit. CNA #6 stated █ was dedicated to this unit and that the nurses would let the staff know and that there would be isolation carts by the door to distinguish isolation rooms if the residents were on TBP.</p> <p>At 10:21 AM, Surveyor #1 observed the Central Supply (CS) staff member in the hallway wearing a KN95 mask. The CS stated that █ went onto all the units throughout the facility and was responsible for stocking supplies regularly throughout the facility. The CS stated that █ heard that staff had tested Executive Order 26, 4.b. but didn't know who or where they had worked.</p>	F 880		

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F 880	<p>Continued From page 13</p> <p>The CS further stated that she was the person in the facility responsible for the set-up of TBP and explained to Surveyor #1 that if a resident was on TBP, a stop sign would be placed outside of their door, additional garbage cans would be set up in the room, and a plastic bin would be put outside the residents room which contained gowns, gloves, masks, and KN95 masks. The CS stated that there were no residents on the █ floor on TBP.</p> <p>At 10:24 AM, Surveyor #2 observed CNA #7 wearing a surgical mask only and wheeling a bin to the laundry chute. During an interview at that time, CNA #7 stated there were no residents on isolation for █, PUI or observation on the unit. CNA #7 stated the staff would know if there were because there would be a sign and PPE by the door. CNA #7 stated █ believed a staff member on the floor tested █ Executive Order 26, 4.b, but that was over two weeks ago.</p> <p>At 10:38 AM, Surveyor #1 observed LPN #3 wearing a KN95 mask in the hallway. During an interview at that time, LPN #3 who stated that there were no residents on the █ floor that were on TBP. LPN #3 stated that because a staff member who worked on the unit recently tested positive for █ Executive Order 26, 4.b, to stop the spread of the virus the facility put all the resident's on, "quarantine" which meant the resident's weren't allowed to go outside and smoke or leave the unit. LPN #3 stated that if a resident was considered PUI or exposed to █ Executive Order 26, 4.b, staff, they would have to wear full PPE which consisted of a N95 mask, surgical mask, gown, face shield, and gloves. LPN #3 further stated that all staff was currently wearing either a surgical mask or KN95 mask when they provided</p>	F 880			

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F 880	<p>Continued From page 14 care to the residents on the unit.</p> <p>At 10:44 AM, Surveyor #1 interviewed the Registered Nurse/Unit Manager for the [REDACTED] and [REDACTED] floors who stated that [REDACTED] went from floor to floor throughout the day. The RN/UM stated that [REDACTED] would wear either a KN95 mask or surgical mask while working. The RN/UM stated that some of the residents that resided on the unit [REDACTED] floor walked around the unit throughout the day and used the telephone at the nurses' station. The RN/UM stated, "Residents can't stay in their rooms. Have to walk around and move or their anxiety kicks in." The RN/UM further stated that a staff member who worked on the [REDACTED] floor recently tested Executive Order 26, 4.b. but the RN/UM could not recall the exact date. [REDACTED] further explained that to mitigate the spread of the virus, the facility re-tested all of the residents and staff and put the resident on, "lock down" which meant they couldn't leave the unit or go outside to smoke. The RN/UM stated that there were no residents on the unit on TBP. The RN/UM explained to the surveyor that if the facility had a new/re-admission, PUI, or Executive Order 26, 4.b. resident then staff would have to wear a gown, face shield, [REDACTED] mask, and gloves.</p> <p>On 1/15/21 at 10:57 AM, the Assistant Director of Nursing/Infection Preventionist (ADON/IP) stated that if there were a new or readmission, they would be placed on the [REDACTED] unit [REDACTED] and monitored for 14 days to see if any symptoms appear. The ADON/IP stated those residents would not be placed on any transmission-based precautions.</p> <p>On 1/15/21 at 12:18 PM, the ADON/IP stated the DON was the one who had contact with the local</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>health department and that [redacted] was not aware of any guidance from the local health department that the facility should isolate any exposed residents.</p> <p>On 1/15/21 at 12:26 PM, the surveyors conducted an interview with the LNHA, ADON/IP, and the DON via telephone. The DON stated exposed residents would be quarantined on their unit meaning they would stay on that unit and not leave for smoking. The facility would try to keep the exposed residents in their rooms and away from each other and would implement environment source control such as maintaining a 6-foot distance and privacy curtains pulled, for two weeks. The DON further stated the staff would use "basic mask precautions" being a KN95 or N95 with or without a surgical mask over it.</p> <p>At 12:36 PM, the LNHA stated the [redacted] Executive Order 26, 4.b. employee was not amongst the residents or staff so the staff do not have to wear gowns or full PPE because the employee was not by anyone for any length of time.</p> <p>At 12:37 PM, the ADON/IP stated the residents who were exposed to the positive employees were classified as observation. All residents were COVID tested and their vital signs monitored three times a day. The ADON/IP stated the facility Pandemic Influenza/COVID-19 Preparedness & Readiness Plan did not speak to putting the exposed residents on isolation precautions.</p> <p>On 1/15/21 at 1:11 PM, the surveyors conducted a telephone interview with the local health department facility representative. The LHD representative stated that the exposed residents</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>were considered PUI and the facility was provided with all the guidelines regarding the exposed residents. The LHD representative also stated the PUI residents would be placed on transmission-based precautions.</p> <p>At 1:25 PM, the LNHA stated the DON communicated verbally with the LHD and could not provide written communication from the LHD.</p> <p>Review of the facility's Staff Outbreak Line List (a table of information recorded for staff and resident's that identifies dates of exposure and signs and symptoms of the virus which is used as a tool for infection control tracking) indicated that LPN #1 tested positive for Executive Order 26, 4.b. Further review of the facility's Staff Outbreak Line List indicated that LPN #1 received a Executive Order 26, 4.b.</p> <p>Review of LPN #1's work schedule indicated the LPN #1 was the 11:00 PM to 7:00 AM nurse on the Executive Order 26, 4.b. floor. The schedule indicated that LPN #1 was responsible for the care of all the residents on the Executive Order 26, 4.b. floor. Further review of LPN #1's schedule indicated that Executive Order 26, 4.b. worked on the Executive Order 26, 4.b. floor. LPN #1's assignment sheet revealed that on Executive Order 26, 4.b. Executive Order 26, 4.b. had been the only nurse for all Executive Order 26, 4.b. residents on the Executive Order 26, 4.b. floor.</p> <p>Review of the facility's contact tracing questionnaire for LPN #1 indicated that the staff member tested Executive Order 26, 4.b.</p>	F 880		

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F 880	<p>Continued From page 17</p> <p>The contact tracing questionnaire did not address the residents who had contact with LPN #1. Further review of the contact tracing questionnaire indicated that LPN #1 was to "isolate" Executive Order 26, 4.b.</p> <p>Review of the Floor Nurse Job Description indicated the nurse's duties and responsibilities included providing direct nursing care and supervising of all nursing activities on the nursing unit and to assess the needs of each resident and develop and implement the resident's care plan and nursing care to meet the needs of the residents. The floor nurse job duties and responsibilities further included to provide direct resident care and coordinate the care with other services and to observe, evaluate and report resident symptoms and progress to the attending physician.</p> <p>Review of the facility's Staff Outbreak Line List indicated that HK #1 Executive Order 26, 4.b. Executive Order 26, 4.b.. Further review of the facility's Staff Outbreak Line List indicated that HK #1 received a Executive Order 26, 4.b.</p> <p>Review of HK #1's work schedule indicated that HK #1 worked on the Execu floor on Executive Order 26, 4.b. Executive Order 26, 4.b..</p> <p>Review of the Housekeeper Job Description revealed day-to-day functions including dusting, moping, polishing, cleaning, and sanitizing all unit rooms, hallways and common areas including main dining room, dayroom, nurses' station, bathrooms, walls, counters, sinks, trash cans, and all other surfaces. In addition, the Housekeeper was responsible for cleaning all resident's rooms on the unit as needed</p>	F 880			

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F 880	<p>Continued From page 18 throughout the day and that established infection control practices were maintained when performing duties throughout the unit.</p> <p>Review of the facility's contact tracing questionnaire for HK #1 did not reflect the date that HK #1 tested Executive Order 26, 4.b. The contact tracing questionnaire did not address the residents who had contact with HK #1. Further review of the contact tracing questionnaire did not indicate when HK #1 was cleared to return to work.</p> <p>Review of the facility's Pandemic Influenza/COVID-19 Preparedness & Readiness Plan (The Plan), revised on August 31, 2020, indicated that if a staff member tested positive for COVID-19, the staff member would be immediately excluded from work and the facility would consult with the local health department and follow the, "CDC's Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19." The Plan further indicated, "Facility will perform an investigation to identify other potentially exposed individuals: For any staff who had possible close contact with the confirmed case, in consultation with the local health department, facility will follow CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. Residents who had close contact with a confirmed case within 48 hours of the case's symptom onset will be moved to the observation/quarantine unit (if asymptomatic), or if available, a unit for persons under investigation for COVID-19 (if symptomatic). If such a unit is not available, isolate the resident in a private room. As part of</p>	F 880			

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F 880	<p>Continued From page 19 outbreak investigation and in consultation with public health, the facility will consider additional interventions for residents with known exposure to the case that do not meet the strict definition of close contact, e.g.; Increase use of PPE by staff caring for these residents to include gloves, gown, N95 respirator. Quarantine these residents for 14 days after the last possible exposure, with increased monitoring of residents for new symptoms of COVID-19, dedicated staff, and dedicated equipment as possible." The facility's Pandemic Influenza/COVID-19 Preparedness & Readiness Plan indicated that the facility would consider universal eye protection for all staff.</p> <p>Review of the guidance of the New Jersey Department of Health/Communicable Disease Services (NJDOH/CDS) Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities dated revised 10/22/2020 included that cohort 2 COVID-19 negative, exposed consisted of both symptomatic and asymptomatic residents who tested negative for COVID-19 with an identified exposure to someone who was positive. These individuals should be quarantined for fourteen days from the last exposure, regardless of test results. The guideline further included that residents in cohort 2 should be placed on TBP using the COVID-19 recommended PPE of a N95 mask, eye protection, gloves, and isolation gowns.</p> <p>On 1/15/2021 at 4:48 PM, the Administrator and ADON/IP were notified of the IJ and the IJ template was provided. An electronic mail (e-mail) removal plan was accepted on 1/18/2021 which included that all residents and staff had the potential to be affected and that immediately full TBP were implemented and all recommended</p>	F 880			

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F 880	<p>Continued From page 20</p> <p>COVID-19 PPE would be used for all the floors and all patients and residents in the building for 14 days after the last exposure. The removal plan specified that the PPE the staff were required to don included, "N95 [masks], gown, gloves, face shield/goggles." Additionally, the removal plan indicated that the facility was in the process of educating all staff and would conduct audits on staff throughout the facility.</p> <p>Part B:</p> <p>On 1/19/21, the survey team returned to the facility to verify the implementation of the removal plan. During this visit, the facility failed to implement the use of N95 masks for all staff of all floors/units in accordance with the removal plan. This was observed by Surveyor #1 and Surveyor #2 throughout tour of the facility and was evidenced as follows:</p> <p>On 1/19/21 at 10:42 AM, the surveyors entered the [REDACTED] floor unit and observed signs which revealed the floor was on droplet precautions and TBP for 14 days and how to don (apply) and doff (remove) PPE gowns, gloves, masks and eye protection. The sign did not specify which type of mask was to be worn when caring for residents on TBP.</p> <p>At 10:44 AM, the surveyors observed LPN #4 on the [REDACTED] wearing a KN95 mask at the nurses' station.</p> <p>At 10:44 AM, Surveyor#1 interviewed LPN #4 who stated that the residents could not go off the unit because the unit was on "lock down" due to staff recently testing [REDACTED] Executive Order 26, 4.b. LPN #4 further stated that prior to entry of the</p>	F 880			

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F 880	<p>Continued From page 21</p> <p>resident's room staff were to don full PPE which consisted of a N95 mask or KN95 mask, surgical mask over, face shield or goggles, gown, and gloves. LPN #4 stated that staff were also required to perform hand hygiene prior to entering and exiting resident's rooms on the unit.</p> <p>At 10:57 AM, the surveyors observed the CNA #1 on the [redacted] in a non-occupied resident room wearing a KN95 mask.</p> <p>At 11:02 AM, the surveyors observed the central supply staff member in the hallway on the [redacted] floor wearing a KN95 mask.</p> <p>At 11:07 AM, the surveyors observed the AA #2 in the hallway on the [redacted] wearing a KN95 mask.</p> <p>At 11:10 AM, Surveyor #1 observed HK #3 enter a room on the [redacted] which was occupied by four residents' and observed the privacy curtains in the room were all open. Surveyor #1 observed HK #3 wearing a surgical mask only, start cleaning the resident's room. Surveyor #1 did not observe HK #3 don PPE prior to entry of the residents' room. Surveyor #1 observed HK #3 then walk out of the residents' room to her housekeeping cart that was left in the hallway outside of the residents' room. At this time, Surveyor #1 attempted to conduct an interview with HK #3. HK #3 stated that [redacted] and was unable to communicate with Surveyor #1.</p> <p>At 11:15 AM, the surveyors observed CNA #8 in the hallway on the [redacted] floor wearing a KN95 mask.</p>	F 880			

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F 880	<p>Continued From page 22</p> <p>At 11:17 AM, the surveyors observed CNA #7 in the hallway on the Executive Order 26,934 wearing a KN95 mask.</p> <p>At 11:19 AM, the surveyors observed LPN #5 in the hallway on the Executive Order 26,934 wearing a KN95 mask.</p> <p>At 11:27 AM, the surveyors entered the Executive Order 26,934 floor unit and observed a nurse standing in front of her medication cart and preparing medications, wearing a KN95 mask. The surveyors also observed signs which revealed the floor was on droplet precautions and TBP for 14 days and how to don and doff PPE gowns, gloves, masks, and eye protection.</p> <p>At 11:31 AM, Surveyor #2 observed HK #4 wearing a disposable PPE gown, gloves and a KN95 mask with a blue surgical mask covering it. HK #4 was standing inside the door of a resident room occupied with four residents. Surveyor #2 observed no privacy curtains pulled around resident beds. Surveyor #2 observed that HK #4 was not wearing any eye protection inside the resident room.</p> <p>During an interview at the same time, HK #4 stated Executive Order 26,934 had worked over the weekend and received additional in-servicing on PPE donning and doffing. HK #4 stated Executive Order 26,934 would be verbally informed of any resident rooms on precautions by her supervisors. HK #4 stated Executive Order 26,934 would also be aware of precautions by the posted signs and PPE bins on the units. HK #4 stated Executive Order 26,934 was educated to wear a PPE gown, gloves, KN95 mask, and surgical mask into resident rooms and that Executive Order 26,934 would discard the PPE gown, gloves, and surgical mask prior to exiting the resident</p>	F 880		

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F 880	<p>Continued From page 23</p> <p>room. HK #4 stated [REDACTED] was not aware if [REDACTED] needed any type of eye protection and that [REDACTED] had PPE accessible in her housekeeping cart and the CNA closets on the units.</p> <p>At 11:33 AM, the surveyors interviewed LPN#6 in the hallway on the 5th floor wearing a KN95 mask and a face shield.</p> <p>At 11:38 AM, the surveyors entered the [REDACTED] floor unit and observed signs which revealed the floor was on droplet precautions and TBP for 14 days and how to don and doff PPE gowns, gloves, masks, and eye protection.</p> <p>At 11:43 AM, Surveyor #1 observed HK#5 on the [REDACTED] floor standing in the hallway outside of resident rooms wearing a KN95 mask, surgical mask, and gown. HK #5 stated that sometimes [REDACTED] wore a face shield or goggles when [REDACTED] entered the residents' rooms. HK #5 further stated that [REDACTED] was to utilize Alcohol Based Hand Rub (ABHR) prior to entry and after exiting the resident rooms and would always change out her surgical mask, gown, and gloves in between resident rooms while working on her designated unit.</p> <p>At 11:45 AM, Surveyor #1 observed CNA #3 in the hallway on the [REDACTED] floor wearing a KN95 mask and a face shield.</p> <p>At 11:49 AM, the surveyors observed HK #5 enter and begin to clean a resident room occupied that was occupied by three residents. HK #5 was not observed wearing a face shield or goggles while in the occupied resident room. The surveyors observed one resident sitting in a wheelchair with no mask on and in close proximity to HK #5.</p>	F 880			

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F 880	<p>Continued From page 24</p> <p>At 11:51 AM, Surveyor #2 observed CNA #6 in the hallway on the █ floor wearing a KN95 with a surgical mask over it and a face shield.</p> <p>At 11:53 AM, Surveyor #2 observed LPN #2 in the hallway on the █ floor wearing a KN95 mask.</p> <p>At 11:57 AM, the surveyors observed CNA #10 in the hallway on the █ floor wearing a KN95 mask with a surgical mask over it and face shield.</p> <p>At 12:20 PM, the surveyors interviewed the ADON/IP who stated that all department supervisors and a LPN were provided with the in-service on PPE donning and doffing and the proper PPE to wear into TBP rooms on either Friday 01/15/21 or Saturday 01/16/21. ADON/IP stated they were informed the entire building was considered exposed and on contact and droplet precautions (TBP). The ADON/IP further stated the staff were to be educated on wearing PPE gowns, gloves, face shields/goggles and a KN95 mask with a surgical mask over it going into resident rooms and to remove all but the KN95 mask prior to exiting the resident rooms. The ADON/IP stated the department supervisors and representative, were instructed to start educating the staff immediately throughout the weekend and with change of shift huddles. The ADON/IP stated the Licensed Nursing Home Administrator (LNHA) was responsible to relay the information to the non-nursing department supervisors.</p> <p>At 12:45 PM, the surveyors interviewed the Housekeeping Director (HKD) who stated that the housekeeping department services was provided by a contracted company and █ had not been aware until Monday 01/18/21 of the immediate</p>	F 880		

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F 880	<p>Continued From page 25</p> <p>in-servicing that needed to take place. When the HKD was made aware, [REDACTED] stated the education was for the staff to wear a PPE gown, KN95 mask with a surgical mask over it, gloves and eye protection into a resident room and to remove all but the KN95 prior to exiting the resident room.</p> <p>At 1:44 PM, the surveyors conducted a follow up interview with the HKD who stated that [REDACTED] was in-serviced by the ADON/IP. The HKD stated that [REDACTED] demonstrated [REDACTED] knowledge of the in-service education to the ADON/IP by having a verbal discussion with him on the information that [REDACTED] was taught. The HKD stated that when [REDACTED] in-serviced [REDACTED] staff on Monday 1/18/21 and Tuesday 1/19/21, [REDACTED] demonstrated to the staff on how to don and doff the PPE. The HKD further stated that the non-English speaking housekeeper (HK #3) was taught the in-service from another staff member in the housekeeping department who spoke the same language as the employee and that HK #3 communicated an understanding to the in-service provided.</p> <p>Review of the Housekeeping Department in-service titled, "Full Transmission Based Precautions and Implementing PPE for COVID 19 Residents and exposed residents to COVID 19 Resident or Staff Member" and dated 1/15/21, revealed the following: "Begins with COVID 19 Positive or exposed (PUI) resident being placed on Droplet Precautions suitable for these residents. Prior to entry to a resident room, the staff will DON and DOFF proper PPE for each COVID 19 positive resident and PUI residents. Prior to exiting the room, gown and gloves will be removed. Hand hygiene will be performed after leaving the room. A further review of the Housekeeping Department in-service</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>documentation indicated that the three housekeepers were in-serviced prior to their shift.</p> <p>Review of the facility Pandemic Influenza/COVID-19 Preparedness & Readiness Plan (outbreak response plan -ORP), revised August 2020, revealed preventative measures against COVID-19: PPE Use and Infection Control included all staff follow infection prevention and control measures including hand hygiene and selection and use of the appropriate PPE for standard and transmission-based precautions. All staff must wear appropriate PPE when indicated in accordance with CDC guidance.</p> <p>Review of the facility's Personal Protective Equipment Policy and Procedure revised 12/2020 indicated that the facility had 5,704 N95 masks. The PPE Policy and Procedure further indicated, "A daily inventory of PPEs on hand shall be done using the CDC recommended Burn Rate Calculator, no PPE that is kept in our stockpile shall be used for day to day Nursing needs (regular isolation) a separate par of isolation equipment shall be kept."</p> <p>Review of the Centers for Disease Control and Prevention (CDC), Using Personal Protective Equipment (PPE), updated August 19, 2020 revealed Healthcare personnel should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection.</p> <p>Review of the Centers for Disease Control and Prevention (CDC), Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019</p>	F 880			

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F 880	<p>Continued From page 27</p> <p>(COVID-19) Pandemic, dated Dec. 14, 2020, revealed put on an N95 respirator (or equivalent or higher-level respirator) for the care of patients with suspected or confirmed COVID-19.</p> <p>On 1/29/2021 at 10:09 AM, the facility submitted a second Removal Plan by e-mail to the NJDOH. The Removal Plan indicated that the facility was in the process of fit-testing staff for N95 masks and were currently utilizing the TBP of a KN95 mask, surgical mask over it, with a face shield as well as a gown and gloves.</p> <p>On 1/29/2021 at 11:14 AM, an on-site visit was conducted to verify the implementation of the Removal Plan. The surveyors toured the [REDACTED] floors of the facility and verified through observation that appropriate signage was posted to distinguish the residents who were on TBP. The surveyors observed all staff were utilizing the correct TBP and PPE to care for the residents at the facility. The surveyors observed staff wearing KN95 masks, with a surgical mask over, face shields, gowns, and gloves while caring for residents throughout the facility who were on TBP. The surveyors further observed that some staff had been appropriately fit tested for N95 masks. The surveyors observed that the residents were appropriately cohorted throughout the facility based on their exposure to COVID-19.</p> <p>Interviews with staff from multiple departments such as nursing, housekeeping, activities, and Administration confirmed that they were appropriately educated on the correct PPE to utilize while caring for residents on TBP. Further interviews with staff verified that the facility had conducted multiple in-services and competencies on the correct procedures to don and doff PPE.</p>	F 880			

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F 880	Continued From page 28 The surveyors reviewed the staffing sign-in sheets for in-service education which revealed staff from all departments were in-serviced on appropriate infection control practices for residents on TBP. The surveyors further reviewed that the facility was conducting audits on staff to monitor for the appropriate usage of PPE while caring for residents on TBP. NJAC 8:39-19.4 (a)(b)(c)(d); 27.1(a)	F 880			

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{F 000}	INITIAL COMMENTS	{F 000}		
{F 880} SS=L	<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 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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;</p>	{F 880}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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>(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:</p>	{F 880}			

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{F 000}	INITIAL COMMENTS This was a revisit for the 1/29/2021 Focused Infection Control survey. The facility was found to be in substantial compliance with the implementation of their POC/DPOC.	{F 000}			

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

TITLE

(X6) DATE

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