

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

PRINTED: 09/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/11/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CORNELL HALL CARE &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>234 CHESTNUT STREET</b> <b>UNION, NJ 07083</b>		
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F 000	INITIAL COMMENTS  Complaint #: NJ142981, NJ141485, NJ145563, NJ142984 and NJ140950  Census: 86  Sample Size: 10  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 624 SS=D	Preparation for Safe/Orderly Transfer/Dschrng CFR(s): 483.15(c)(7)  §483.15(c)(7) Orientation for transfer or discharge. A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ142984  Based on interviews, record review, and facility policy review, it was determined that the facility failed to provide correct discharge instructions related to wound care before a resident was discharged home for 1 resident (Resident #3) of 3 residents reviewed for discharge requirements.  Findings included:  1. Resident #3 was admitted to the facility on [REDACTED] and was discharged home with family	F 624	1. Resident #3 no longer resides in facility.  2. All Residents with discharge plans have the potential to be affected by this deficient practice.  3. All staff involved in "Discharge Planning" were immediately re-educated by DON/ADON 08/11/2021 on facility policy and procedure for Discharge Summary and Plan of Care to provide correct discharge instructions related to	9/30/21	

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

TITLE

(X6) DATE

Electronically Signed

09/10/2021

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 624	<p>Continued From page 1</p> <p>on [REDACTED]. The resident had diagnoses that included <b>EX Order 26 § 4b1</b> [REDACTED], and need for assistance with personal care. The admission Minimum Data Set, dated [REDACTED] revealed the Staff Assessment for Mental Status (SAMS) indicated the resident was <b>EX Order 26 § 4b1</b>. Total dependence of one person was needed for all activities of daily living (ADLs). The resident had <b>EX Order 26 § 4b1</b> [REDACTED].</p> <p>The resident's progress notes were reviewed from the time of admission and revealed that the resident was admitted with a <b>EX Order 26 § 4b1</b> [REDACTED] on [REDACTED], which was documented by Registered Nurse (RN) #1. On 01/28/2021 at 10:30 PM, Licensed Practical Nurse (LPN) #2 indicated in the nurses' notes " ...Resident will discharge tomorrow, [family] came in and was educated for <b>EX Order 26 § 4b1</b>, return demonstration was done effectively ..." On 02/13/2021 at 11:00 AM, a "Late Entry" progress note was completed by the Nurse Practitioner with an "Effective Date" of 01/29/2021 at 8:49 PM. It indicated the family was educated on the "...care and requirements needed for this patient. Questions from family have all been answered ..."</p> <p>The resident's care plan was reviewed and revealed the resident had a <b>EX Order 26 § 4b1</b> " but no interventions were listed regarding <b>EX Order 26 § 4</b> [REDACTED].</p> <p>The resident's physician's orders were reviewed on the day of discharge and included a treatment order for <b>EX Order 26 § 4b1</b> [REDACTED].</p>	F 624	<p>wound care before resident is discharged home. Teaching will be provided to the resident and or/family member prior to discharge with return demonstration if applicable.</p> <p>4. ADON or designee will perform audits weekly every 4 weeks and then monthly for four(4) months to ensure adherence to discharge instructions standard protocol. The results of these audits will be submitted to the Quarterly Quality Assurance and Performance Improvement (QAPI) committee for review to determine if further action to plan is needed</p>		

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F 624	<p>Continued From page 2</p> <p><b>EX Order 26 § 4b1</b> Apply to <b>EX Order 26 § 4b1</b> <b>EX Order 26 § 4b1</b></p> <p>The Discharge Summary that was completed on [REDACTED] was reviewed and revealed there were no instructions on how to provide care to the <b>EX Order 26 § 4b1</b></p> <p>The Administrator was interviewed and asked what nurse completed the discharge instructions and/or summary. He stated that LPN #3 completed it but was currently on maternity leave.</p> <p>On 08/10/2021 at 2:59 PM, the Social Services Director (SSD) stated that she had spoken with a family member "a lot." She stated that she was not aware if the resident had any <b>EX Order 26 § 4b1</b> concerns, but she assisted with ordering [REDACTED] feeding supplies for the family.</p> <p>On 08/10/2021 at 3:17 PM, LPN #2 stated that she showed the family member how to do an <b>EX Order 26 § 4b1</b>. She stated she did not remember if she showed the family member how to complete wound care and stated "...if I did the <b>EX Order 26 § 4b1</b>, I'm sure I did the wound. I can't picture what the <b>EX Order 26 § 4b1</b> looks like ...". She stated that she completed the teaching the day before the resident was discharged home.</p> <p>On 08/10/2021 at 3:37 PM, RN #1 stated during an interview that she completed the admission paperwork for new admissions but did not remember Resident #3. She was unable to answer any questions regarding the resident being admitted with any <b>EX Order 26 § 4b1</b>.</p>	F 624		

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F 624	Continued From page 3  On 08/10/2021 at 4:11 PM, the Nurse Practitioner stated " ...I don't remember which family member I spoke with. [Resident #3] needed complete care and I didn't think they could meet [Resident #3's] care needs. [Resident #3] had a [REDACTED] [Resident #3's] new living situation was not ideal. I didn't provide any pressure [REDACTED] care teaching. Nursing would have done that. I told them that [Resident #3] had one and gave them interventions like turning and repositioning. Nursing would have gone over the medications and treatments. The family knew [Resident #3] had a [REDACTED] "  The facility's policy and procedure "Discharge Summary and Plan of Care," dated [REDACTED] indicated that the facility should have an individualized discharge care plan that addresses " ...Identified needs, such as medical, nursing, equipment, educational, or psychosocial needs ..." and " ...Education needs, as identified in the discharge plan, will be provided to the resident and/or family member prior to discharge ..."	F 624			
F 677 SS=D	New Jersey Administrative Code § 8:39-5.4(b) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint Intake NJ140950  Based on observations, interviews, and record reviews, it was determined that the facility failed	F 677	1. Resident #10 was re-assessed by DON/ADON on 08/11/2021 to determine the potential negative outcome of alleged deficient practice. No adverse outcome	9/30/21	

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F 677	<p>Continued From page 4</p> <p>to provide [REDACTED] care for a dependent resident in a timely manner to reduce the risk of <b>EX Order 26 § 4b1</b> for 1 resident (Resident #10) of 3 residents reviewed for providing activities of daily living.</p> <p>Findings include:</p> <p>1. Resident #10 was admitted to the facility on [REDACTED] with diagnoses that included <b>EX Order 26 § 4b1</b> and need for assistance with <b>EX Order 26 § 4b1</b>. The quarterly Minimum Data Set, dated [REDACTED], revealed the Brief Interview for Mental Status (BIMS) to be a [REDACTED] out of [REDACTED], which indicated the resident was <b>EX Order 26 § 4b1</b>. Total dependence of one person was needed for toilet use and personal hygiene. The resident was always [REDACTED] and [REDACTED].</p> <p>The resident's plan of care that was last updated on 07/01/2021 revealed the resident had <b>EX Order 26 § 4b1</b> and <b>EX Order 26 § 4b1</b> related to <b>EX Order 26 § 4b1</b>. Interventions included to "...check [the resident] as required for [REDACTED] ... Change clothing PRN [as needed] after [REDACTED] episodes ..." The care plan also indicated that the resident had an activity of daily living self-care performance deficit related to <b>EX Order 26 § 4b1</b>. The resident required a "<b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>On 08/10/2021 at 3:59 PM, the surveyor observed Certified Nursing Assistants (CNAs) #5 and #6 transfer Resident #10 to the bed using a <b>EX Order 26 § 4b1</b>. After the transfer, the resident's <b>EX Order 26 § 4b1</b>, revealing a visibly <b>EX Order 26 § 4b1</b>. The CNAs covered the resident with a sheet and</p>	F 677	<p>was noted.</p> <p>2. All residents have the potential to be affected by the deficient practice.</p> <p>3. All nursing staff providing ADL care for dependent residents were immediately re-educated by DON/ADON 08/11/2021 on proper standards of practice ADL Care Provided for Dependent Resident it pertains to [REDACTED] Care; Time management and usage of mechanical lift to accommodate dependent residents. All care provided to dependent residents for [REDACTED] care will be provided immediately after transferring from wheelchair to bed.</p> <p>4. DON/ADON or designee will conduct C.N.A. [REDACTED] care competencies for 10 aides weekly on random days for four (4) weeks and then for four (4) months to ensure adherence to standard of practice for [REDACTED] care. The results of these audits will be submitted to the Quarterly Quality Assurance and Performance (QAPI) committee for review to determine if further action to the plans is needed.</p>		

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F 677	<p>Continued From page 5</p> <p>started to exit the room. The CNAs were asked if they were going to provide [REDACTED] since the resident was [REDACTED]. Both CNAs acknowledged that the resident was [REDACTED] but they would change the resident's [REDACTED] after they finished using the [REDACTED] lift on the remaining two residents that needed to be transferred using the lift. Both CNAs stated that if they do not use the lift now, "Someone else will steal it and we will have to wait to get it back." [REDACTED] was not provided to the resident until [REDACTED] PM, when [REDACTED] by both CNAs that had originally transferred the resident was witnessed by the surveyor.</p> <p>On 08/11/2021 at 1:19 PM, the Assistant Director of Nursing (ADON) stated that a resident should not be put to bed [REDACTED]</p> <p>On 08/11/2021 at 1:44 PM, the Administrator stated that there are numerous operating lifts for the staff to use on the hall.</p> <p>The facility's "Incontinence" policy and procedure, dated 11/2019, indicated that " ...Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections ..."</p> <p>The facility's "ADL Care" policy and procedure, dated 10/2019, indicated " ...3. The level of assistance needed for any ADL activity will be included on the resident's plan of care ... 7. Care plan interventions will be communicated to the staff. The care plan interventions will be monitored on an ongoing basis for effectiveness, and will be reviewed/revised as necessary ..."</p> <p>New Jersey Administrative Code § 8:39-27.2(h)</p>	F 677			

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F 726 F 726 SS=D	Continued From page 6 Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c)  §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).  §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.  §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.  §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ140950  Based on observations, interviews, record reviews, and facility policy review, the facility	F 726 F 726	1. Resident #10 was re-assessed by ADON on 08/11/2021 to determine the potential negative outcome of the alleged deficient practice. No adverse outcome	9/30/21	

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F 726	<p>Continued From page 7</p> <p>failed to ensure staff were trained on when to change gloves during [REDACTED] care and how to provide [REDACTED] care in order to reduce the risk of infection and/or [REDACTED] for 1 resident (Resident #10) of 3 residents reviewed for providing activities of daily living.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Resident #10 was admitted to the facility on [REDACTED] with diagnoses that included [REDACTED]. The quarterly Minimum Data Set, dated [REDACTED], revealed the Brief Interview for Mental Status (BIMS) to be a [REDACTED] out of [REDACTED], which indicated the resident was [REDACTED]. The resident was totally [REDACTED] on staff for [REDACTED]. The resident was always [REDACTED].</li> </ol> <p>The resident's plan of care that was last updated on 07/01/2021 revealed the resident had [REDACTED] related to [REDACTED]. Interventions included to "...check [the resident] as required for [REDACTED].. Change clothing PRN [as needed] after [REDACTED] episodes ..." The care plan also revealed that the resident had an activity of daily living self-care performance deficit related to [REDACTED]. The resident required a "... [REDACTED]</p> <p>On 08/10/2021 at 3:59 PM, the surveyor observed Certified Nursing Assistants (CNAs) #5 and #6 transfer Resident #10 to the bed using a [REDACTED]. After the transfer, the resident's [REDACTED], revealing a visibly [REDACTED].</p>	F 726	<p>was noted. CNA (Certified Nursing Assistant) was immediately educated by DON/ADON on 08/11/2021 nursing skill and competencies in accordance with providing [REDACTED] care to (all) dependent residents, on proper changing of gloves during [REDACTED] care and how to provide [REDACTED] care to reduce the risk of infection and/or [REDACTED] for Resident #10 and all while providing ADLS.</p> <ol style="list-style-type: none"> <li>All residents have the potential to be affected by the deficient practice.</li> <li>All staff were immediately re-educated by DON/ADON on 08/11/2021 changing gloves during [REDACTED] care. Attendance for re-education will be mandatory and competencies.</li> <li>DON/ADON or designee will conduct CNA [REDACTED] care competencies weekly on random days for four (4) weeks and then monthly for four (4) months to ensure adherence to standard of practice for [REDACTED] care. The results of these audits will be submitted to Quarterly Quality Assurance and Performance Improvement (QAPI) committee for review to determine if further action is needed.</li> </ol>	



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F 726	<p>Continued From page 8</p> <p>The CNAs covered the resident up with [REDACTED] and started to exit the room. The CNAs were asked if they were going to provide [REDACTED], since the resident was [REDACTED]. Both CNAs acknowledged that the resident was [REDACTED] but they would change the resident's [REDACTED] after they finished using the [REDACTED] on the remaining two residents that needed to be transferred using the lift. Both CNAs stated that if they do not use the lift now, "Someone else will steal it and we will have to wait to get it back."</p> <p>On 08/10/2021 at 4:53 PM, the surveyor observed CNAs #5 and #6 provide [REDACTED] to the resident after assisting the other residents to bed, as they had previously stated. CNA #6 provided the direct care while CNA #5 assisted. After washing their hands, both CNAs applied gloves. CNA #6 undid the resident's [REDACTED] and [REDACTED]. CNA #6 used wipes soaked in warm, soapy water to provide care. After cleaning the [REDACTED], the resident was rolled over to the [REDACTED] and CNA #6 provided care to the [REDACTED]. Using the same gloved hands, CNA #6 took a clean, dry towel and dried the resident. CNA #6 then applied [REDACTED] to the resident's [REDACTED] area and in between the resident's [REDACTED]. With some [REDACTED] still left on her gloves, she applied a new, clean [REDACTED] to the resident and assisted the resident to lie on their back. Using the same gloves that just directly touched the [REDACTED] CNA #6 applied [REDACTED] to the [REDACTED]. Without changing gloves, CNA #6 rolled the resident to the [REDACTED] to finish placing the [REDACTED] on the resident and placed the [REDACTED] in the trash. Without changing gloves, both CNAs repositioned the resident back in the bed. After</p>	F 726			

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F 726	<p>Continued From page 9</p> <p>the care was finished, CNA #6 stated " ...I shouldn't change gloves during care. I only change them between residents." CNA #6 stated that she was last trained on how to provide [REDACTED] in 2017.</p> <p>On 08/11/2021 at 9:00 AM, CNA #6's personnel file was reviewed revealing that the CNA was hired in 2017.</p> <p>On 08/11/2021 at 10:13 AM, the Director of Nursing (DON) stated there was a "skills fair" in May 2021 and the employees had to sign off on every skill that they received training in. The in-service, dated 05/05/2021, with a topic of [REDACTED] and activities of daily living, revealed that CNA #6 was not listed as completing the in-service. The DON stated that in order to verify that all CNAs had completed the skills fair, she highlighted the staff members' names on a master list. CNA #6 had signed the master list, which indicated she was present that day. There were training stations set up and she did not attend the [REDACTED] training.</p> <p>On 08/11/2021 at 1:19 PM, the Assistant Director of Nursing (ADON) stated that a resident should not be put to [REDACTED].</p> <p>On 08/11/2021 at 1:44 PM, the Administrator stated that there were numerous operating lifts for the staff to use on the hall.</p> <p>The ADL policy, dated 11/2017, revealed " ...3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene ..."</p>	F 726			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/11/2021</b>
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F 726	Continued From page 10 The facility's "Incontinence" policy and procedure, dated 11/2019, indicated that "...Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections ..." There was no specific policy and procedure provided for changing gloves during incontinent care.	F 726			
F 880 SS=E	New Jersey Administrative Code: 13:37-6.2(d) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880		9/30/21	

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F 880	<p>Continued From page 11</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 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p>	F 880			

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F 880	<p>Continued From page 12 Complaint Intake NJ140950</p> <p>Based on observations, interviews, record review, and facility policy reviews, the facility failed to:</p> <ol style="list-style-type: none"> <li>Ensure staff were trained properly on when to change gloves during [REDACTED] care in order to reduce the risk of [REDACTED] and/or [REDACTED] EX Order 26 § 4b1 for 1 resident (Resident #10) of 3 residents reviewed for [REDACTED] EX Order 26 § 4b1 care;</li> <li>Ensure all staff that provide direct patient care were wearing the required personal protective equipment (PPE); and</li> <li>Failed to ensure that staff's personal belongings were not being housed in resident's closet.</li> </ol> <p>This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Resident #10 was admitted to the facility on [REDACTED] with diagnoses including [REDACTED] EX Order 26 § 4b1 [REDACTED] EX Order 26 § 4b1 [REDACTED]. The quarterly Minimum Data Set, dated [REDACTED], revealed the Brief Interview for Mental Status (BIMS) score to be a [REDACTED] out of [REDACTED] which indicated the resident was [REDACTED] EX Order 26 § 4b1 [REDACTED]. The resident required total dependence of one person for toilet use and personal hygiene. The resident was always [REDACTED] EX Order 26 § 4b1 [REDACTED].</li> </ol> <p>The resident's care plan that was last updated on [REDACTED] revealed the resident had [REDACTED] EX Order 26 § 4b1 [REDACTED].</p> <p>Interventions included to " ...check [the resident]</p>	F 880	<ol style="list-style-type: none"> <li>Resident #10 was re-assessed by DON on 08/11/2021 to determine the potential negative outcome of the alleged deficient practice. No adverse outcome was noted. All CNAs and Nursing staff were immediately re-educated 08/11/2021 on how to properly change gloves during [REDACTED] care, wearing the required personal protective equipment (PPE) and where employee belongings are to be stored. A Root Cause Analysis was conducted, and the conclusion is that CNA #6 present and signed off on master list but did not sign off on direct incontinence care and activities of daily living (ADLs) for completing this specific in-service. All CNAs and LPNs that were not properly wearing the required personal protective equipment (PPE) were not following the COVID-19 Surveillance Policy for Infection Prevention and Control and Immediately in-service and sign. Staff that place their personal belongings, did so due to lack of information for proper storage of employee belongings in selected locations(locker rooms) and were informed immediately.</li> <li>All residents have the potential to be affected by the deficient practice.</li> <li>All staff was immediately re-educated by DON/ADON 08/11/2021 on Infection Control and Prevention Policy for Properly (a) changing gloves during continent care to reduce the risk of infection and/or skin breakdown for residents (b) Ensuring all staff that provide direct patient care are</li> </ol>		

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F 880	<p>Continued From page 13</p> <p>and as required for [REDACTED] ... Change clothing PRN [as needed] after [REDACTED] episodes ..." The care plan also revealed that the resident had an activity of daily living self-care performance deficit related to [REDACTED]. The resident required a " ...mechanical aid [REDACTED]" for transfers ..."</p> <p>On 08/10/2021 at 4:53 PM, the surveyor observed Certified Nursing Assistants (CNAs) #5 and #6 provide [REDACTED] to Resident #10. CNA #6 provided the direct care while CNA #5 assisted. After washing their hands, both CNAs applied gloves. CNA #6 undid the resident's [REDACTED] and [REDACTED]. CNA #6 used wipes soaked in warm, soapy water to provide care. After cleaning the [REDACTED], the resident was rolled over to the [REDACTED] and CNA #6 provided care to the [REDACTED].</p> <p>Using the same gloved hands, CNA #6 took a clean, dry towel and dried the resident. CNA #6 then applied [REDACTED] to the resident's [REDACTED] and in between the resident's [REDACTED]. With some [REDACTED] still left on her hands, the CNA applied a [REDACTED] to the resident and assisted the resident to lie [REDACTED]. Using the same gloves that just directly touched the [REDACTED], CNA #6 applied barrier cream to the [REDACTED]. Without changing gloves, CNA #6 rolled the resident to the [REDACTED] to finish placing the [REDACTED] on the resident and placing the [REDACTED] in the trash. Without changing gloves, both CNAs repositioned the resident back in the bed. After the care was finished, CNA #6 stated " ...I shouldn't change gloves during care. I only change them between residents." CNA #6 stated that she was last trained on how to provide [REDACTED] in</p>	F 880	<p>wearing the required personal protective equipment (PPE) and (c) Personal belongings are not being housed in resident's closet but in assigned locker rooms or selected locations.</p> <p>Continued education will be provided as updates are received and as new staff are hired or returned to work. All Required videos will be viewed by staff as of 09/15/2021 and will be viewed by all new/old employees and any employee not currently present before reporting to work schedule</p> <p>4. DON/ADON or designee will conduct Competencies on Gloves/PPE and Understanding of safe guarding employees belongings, that are to be stored in employee assigned areas weekly for four (4) weeks and four (4) months afterwards. The results of these audits will be submitted to the Quarterly Quality Assurance and Improvement committee for review to determine if further action is needed.</p>		

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F 880	<p>Continued From page 14 2017.</p> <p>On 08/11/2021 at 9:00 AM, CNA #6's personnel file was reviewed revealing that the resident was hired in 2017.</p> <p>On 08/11/2021 at 10:13 AM, the Director of Nursing (DON) stated there was a "skills fair" in May 2021 and the employees had to sign off on every skill that they received training in. The in-service, dated 05/05/2021, with a topic of incontinence care and activities of daily living (ADLs) revealed that CNA #6 was not listed as completing the in-service. The DON stated that in order to verify that all CNAs had completed the skills fair, she highlighted the staff members name on a master list. CNA #6 had signed the master list, which indicated she was present that day. There were training stations set up and she did not attend the [REDACTED] care training.</p> <p>The facility's "Incontinence" policy and procedure, dated 11/2019, indicated that " ...Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections ..."</p> <p>Reference: NJDOH issued Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following: 3. Cohorting, PPE and Training Requirements in Every Phase: iii. Facilities shall implement universal eye protection, in addition to source control and other infection prevention and control measures, for all staff and for compassionate care or essential caregiver visitors unable to maintain social distancing when the NJDOH CALI Level is Very High/High or Moderate.</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>Reference: NJDOH COVID-19 Activity Level Report for the week ending 07/31/2021, indicated the entire state of New Jersey was in moderate community transmission.</p> <p>Reference: Centers for Disease Control (CDC) publication, " Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," last updated 02/23/2021, indicated; HCP [healthcare personnel] working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. - Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions.</p> <p>2. On 08/10/2021 at 9:20 AM, the surveyor observed Licensed Practical Nurse (LPN) #7 passing medication to residents and did not have a face shield and/or goggles on when going into residents' rooms.</p> <p>On 08/10/2021 at 9:49 AM, the surveyor observed LPN #1 and LPN #5 passing medication to residents and did not have a face shield and/or goggles on when going into residents' rooms.</p> <p>On 08/10/2021 at 9:53 AM, the surveyor observed CNA #1 enter Resident #4's room while the resident was lying in bed. She was not wearing a face shield and/or goggles.</p> <p>On 08/10/2021 at 10:05 AM, the surveyor</p>	F 880			



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F 880	<p>Continued From page 16</p> <p>observed CNAs #2 and #4 transfer Resident #6 from the resident's bed to a [REDACTED] Neither of the staff had a face shield and/or goggles on when they provided direct care.</p> <p>On 08/10/2021 at 10:41 AM, the surveyor observed CNA #3 provide [REDACTED] care to Resident #7. The CNA did not have a face shield and/or goggles on when they provided direct care.</p> <p>On 08/11/2021 at 1:04 PM, the surveyor observed LPN #5 give a resident an [REDACTED] in the resident's room and was not wearing a face shield and/or goggles. LPN #5 stated that they were to only wear face mask.</p> <p>During an interview on 08/11/2021 at 1:10 PM, LPN #1 stated they only had to wear an N95 mask.</p> <p>On 08/11/2021 at 1:12 PM, the surveyor observed CNA #11 standing in front of a resident's TV in the resident's room, looking at the TV. Her mask was below her chin. The resident was lying in bed with their eyes closed. Upon entrance to the room, the CNA walked towards the surveyor and pulled her mask above her nose. She stated that her mask should be covering her face and she was supposed to be wearing goggles, but she took them off because she was going to lunch. When asked where the goggles were, the CNA exited the room and walked down the hall and entered another room. She opened the closet in the resident's room, retrieved her purse, pulled out an unopened package of goggles, and placed them on her head.</p> <p>On 08/11/2021 at 1:15 PM, CNA #4 entered</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>Resident #5's room to retrieve the resident's lunch tray and was not wearing a face shield and/or goggles.</p> <p>On 08/11/2021 at 1:19 PM, the Assistant Director of Nursing (ADON) stated that she was the Infection Preventionist (IP) and stated she did not know what the county's rate for infection related to COVID-19 was. She stated that staff only had to wear a face mask unless the resident was not vaccinated and then they had to wear an N95 and goggles. She stated that she got her guidance from the CMS website and monitored it weekly. There was no documentation provided regarding the current protocols for PPE use.</p> <p>On 08/11/2021 at 1:44 PM, the Administrator stated " ...We are in a high risk, 3.1%" and that staff should be wearing a regular face mask and face shield or goggles. The Administrator stated, "There should be no reason why they're not."</p> <p>The COVID-19 Surveillance Policy, with an implementation date of 03/03/2020, revealed that the IP " ...will monitor the status of COVID-19 outbreak through the CDC website, and will monitor for changes in prevention, treatment, isolation, or other recommendations ..."</p> <p>3. On 08/11/2021 at 1:12 PM, CNA #11 was in a resident room. She was standing in front of the resident's TV, looking at the TV with her mask below her chin. The resident was lying in bed with their eyes closed. Upon entrance to the room, the CNA walked toward the surveyor and pulled her mask above her nose. She stated that her mask should be covering her face and she was supposed to be wearing goggles, but she took them off because she was going to lunch. When</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>asked where the goggles were, the CNA exited the room and walked down the hall and entered another resident room. She opened the A bed's closet, retrieved her purse, pulled out an unopened package of goggles, and placed them on her head. The CNA stated that she was providing care to the resident and put her purse in the resident's closet before going on break. CNA #1 was in the hallway and told CNA #11 to remove her purse and take it to the front of the building. At 1:48 PM, the resident in the A bed stated that the CNA always put her purse in the closet.</p> <p>On 08/11/2021 at 1:44 PM, the Administrator stated the staff have lockers that are provided and stated, "They know they should put it in the locker rooms." He also stated that the facility did not have a written policy regarding the storage of employee's personal items.</p> <p>New Jersey Administrative Code § 8:39-5.1(a)</p>	F 880			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315104	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/30/2021	Y3
NAME OF FACILITY CORNELL HALL CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 234 CHESTNUT STREET UNION, NJ 07083		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0624	Correction	ID Prefix F0677	Correction	ID Prefix F0726	Correction
Reg. # 483.15(c)(7)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.35(a)(3)(4)(c)	Completed
LSC	09/30/2021	LSC	09/30/2021	LSC	09/30/2021
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/30/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/11/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		