

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

PRINTED: 09/16/2020  
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>07/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CORNELL HALL CARE &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>234 CHESTNUT STREET UNION, NJ 07083</b>
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F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.  Survey date: 07/17/20  Census: 95	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		8/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/31/2020
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1  §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.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</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> <p>Based on observation, interview, record review and, review of pertinent facility documentation, it was determined that the facility failed to ensure the facility's policy and protocol was followed with regards to the use of Transmission Based Precautions (TBP) for new admissions or re-admissions from the hospital for 2 of 7 residents (Resident #1 and Resident #2) reviewed for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced as follows:</p> <p>On 07/17/2020 at 8:24 AM during the entrance conference, the Administrator stated that the facility did not currently have any COVID-19 positive residents or persons under investigation (PUI) for COVID-19. The Administrator then said that there was one re-admission from the hospital on [REDACTED], Resident #1.</p> <p>On 07/17/2020 at 8:56 AM, the surveyor observed Resident #1's room, which did not contain any signage to stop and check with the nurse before entering or signage to indicate TBP or any bin containing personal protective equipment (PPE) to be used to enter the room. The surveyor observed that Resident #1 had a roommate (Resident #2).</p> <p>On 07/17/2020 at 8:58 AM, during the surveyor interview, the Licensed Practical Nurse (LPN) stated that Resident #1 and Resident #2 were re-admitted from the hospital the last few days</p>	F 880	<p>1. Resident #1 and #2 signage to stop and check with the nurse before entering/signage for indicating TBP and bin containing personal protective equipment(PPE) were immediately put in place. All new admissions and re-admissions will be placed on isolation precautions (TBP) pending COVID-19 test results is negative. All rooms will have Transmission-Based Precautions including use of a N95 respirator or higher (facemask if unavailable), gown, gloves, and eye protection for new and re-admission, confirmed and suspected COVID-19 case(s) and any patient/resident care for by a confirmed or suspected COVID-19 positive HCP.</p> <p>A Root Cause Analysis was conducted and the conclusion is that staff did not place a sign on the door; and bin containing personal protective equipment (PPE) placed in room before patient was admitted to facility.</p> <p>2.All Patients/Residents have the potential to be affected by the deficient practice. All Required videos have been viewed by staff and will be viewed by all new employees/old employees before reporting to work schedule.</p> <p>3. All staff immediately received re-education by the DON/ADON on</p>	

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F 880	<p>Continued From page 3</p> <p>but that they were not on TBP. The LPN further said that Resident #1 and Resident #2 had a negative COVID-19 test result conducted at the hospital, so they did not require TBP. Lastly, the LPN stated that if residents were readmitted from the hospital and were either symptomatic or did not have a COVID-19 test performed, those residents would be on a separate wing and placed on TBP.</p> <p>On 07/17/2020 at 12:50 PM, during surveyor interview, the Director of Nursing (DON) stated that she or the Assistant Director of Nursing would review the hospital paperwork and consult with the resident's physician to determine if a resident that is admitted/readmitted from the hospital needed to be placed on TBP. The DON then stated that the facility requests the most recent COVID-19 test result before admission/re-admission to the facility and that if the COVID-19 test result is negative, they are not placed on TBP. The DON stated that Resident #1 and Resident #2 had a negative COVID-19 test result and had not been placed on TBP.</p> <p>The surveyor then reviewed the facility policy titled, "COVID-19 Outbreak Management and Response", with a revised date of 05/2020, which read: under Infection Prevention and Control:</p> <p>7. Implement Standard and Transmission-Based Precautions including use of a N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new and re-admissions, confirmed and suspected COVID-19 case(s), and any patient/resident care for by a confirmed or suspected COVID-19 positive HCP.</p>	F 880	<p>company policy in regards to Transmission Based Precautions for new and re-admissions to the building from the hospital. All new admissions and or re-admissions will be place on isolation for 14 days. All new admissions and or re-admissions will be tested within 24/48 hours of admissions. Staff will observe Transmission Based Precaution (All PPE &amp; signage postage on doors) Until a 2nd negative test results is received. Once 2nd negative test is received, patient will continue on isolation for the remainder of the 14 days and staff will use isolation precaution for PPE. Any patient/resident manifesting signs and symptoms consistent with COVID-19 will be place under the COVID-19 PUI cohort and placed on appropriate precaution. Total time period will be 14days for isolation. Continued education will be provided as updates are received and as new staff are hired.</p> <p>4. The Director of Nursing and/or Designee will audit all new admission and re-admission hospital paperwork, room and staff audits to ensure adherence to the Transmission Based Precautions policy in regards to new admissions and re-admissions. The audits will be conducted daily for 2 weeks, weekly for 4 weeks and then monthly for 3 months.</p> <p>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 the plan is needed.</p>		

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F 880	Continued From page 4  On 07/17/2020 at 12:56 PM, during surveyor interview, the DON confirmed that according to their policy, they should have been placing all admissions/re-admissions on TBP.  N.J.A.C. 8:39-19.4 (a)	F 880			