

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

PRINTED: 07/08/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/13/2019
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NAME OF PROVIDER OR SUPPLIER CORNELL HALL CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 234 CHESTNUT STREET UNION, NJ 07083
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F 000	INITIAL COMMENTS C #: NJ: 071199, 071266, 074456, 075705, 077552, 079582, 080227, 083383, 083439, 087555, 088811, 089304, 090584, 091752, 095224, 103412, 105008, 105564, 110292, 111288, 111832, 115569, 118770, 118440, 121962, 125899, 127298 CENSUS: 149	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		11/4/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/04/2019
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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>C# NJ 071266, 077552, 089304 090584, 091752, 095224 103412, 105008, 110292 118440, 127298</p> <p>Based on observations, interviews, and record review, as well as review of pertinent facility documents on 9/11/19, 9/12/19, and 9/13/19, it was determined that the facility staff failed to ensure infection control practice were implemented and follow the facility policy "Clean Dressing Change Policy" for 1 of 2 residents (Resident #5) observed during care.</p> <p>Reference: According to the CDC, Morbidity and Mortality Weekly Report (MMWR) "Guideline for Hand Hygiene in Health-Care Settings, dated October 25 2002, under "Recommendations:</p> <p>1. Indications for handwashing and hand antisepsis...</p> <p>C. Decontaminate hands before having direct contact with patients...</p> <p>H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care...</p> <p>J. Decontaminate hands after removing gloves...</p> <p>2. Hand-hygiene technique</p> <p>A. When decontaminating hands with an alcohol-based hand rub, apply products to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry...</p> <p>B. When washing hands with soap and water, wet hands first with water, apply an amount of</p>	F 880	<p>1. LPN#1 was immediately provided with 1:1 in-service/education on proper infection control for "Clean Dressing Change and Handwashing Hygiene.</p> <p>2. All residents have the potential to be affected by the deficient practice.</p> <p>3. All licensed nurses were re-educated by DON/Designee on 09/11/2019 and on-going on Infection Prevention & Control for "Clean Dressing Change & Handwashing Hygiene Policy" during wound treatment on 09/11/2019 DON/Designee conducted "Handwashing Hygiene education & competency for all staff on 09/11/2019 and on-going. DON/Designee conducted education and competency for "Clean Dressing change for all staff on 09/11/2019 and on-going.</p> <p>4. DON/Designee will audit 3 licensed nurses for adherence of appropriate Infection Prevention & Control for "Clean Dressing Change and Handwashing Hygiene practices during [REDACTED] treatment, weekly x 4 weeks, then 3 nurse monthly x 11 months. The DON/Designee will report the results of the monthly audits in the Quarterly QAPI meeting x 4 quarters for review of trends identified and performance initiatives monitoring.</p>		

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F 880	<p>Continued From page 3</p> <p>product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse the hands with water and dry thoroughly with a disposable towel..."</p> <p>The deficient practice was evidenced by the following:</p> <p>According to the "Admission Record" form, Resident #5 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses that included but were not limited to: [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED], showed that Resident #5 had intact cognition and required extensive to total staff assistance with Activities of Daily Living (ADLs).</p> <p>Resident #5's Care Plan (CP) was initiated on [REDACTED] and revised on [REDACTED], showed a [REDACTED].</p> <p>Interventions included but were not limited to: [REDACTED] treatment as ordered, [REDACTED] with [REDACTED] and apply [REDACTED], cover with dry dressing daily and as needed.</p> <p>The "Order Summary Report (OSR)," dated [REDACTED], showed an order dated [REDACTED] to [REDACTED] with [REDACTED] and apply [REDACTED] cover with dry dressing daily</p> <p>On 9/12/19 at 8:40 a.m., the surveyor observed</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>the following during the [REDACTED] treatment for Resident #5:</p> <p>Licensed Practical Nurse (LPN #1) gathered her treatment supplies and placed them on the overbed table. The LPN turned the faucet on, wet her hands, applied soap, rubbed her hands together, then rinsed under the running water, turned off the faucet, dried her hands with the paper towel for 15 seconds not the 20 seconds according to the facility policy. Then LPN #1 donned clean gloves, removed the [REDACTED] then proceeded to reposition the Resident to his/her right side. The LPN continued to perform the [REDACTED] treatment by irrigating the sacral wound with [REDACTED], using the same gloves then LPN #1 dried the [REDACTED] area with clean gauze and applied [REDACTED] dressing. The Surveyor observed LPN #1 with the same gloves on, took a clean bordered gauze dressing, which touched the blue pad underneath the Resident's [REDACTED] and used the same bordered gauze to secure the dressing on the [REDACTED]. The LPN gathered all the dirty/used supplies and threw them in the garbage, then she performed hand washing for 13 seconds, not the 20 seconds according to the facility policy.</p> <p>The surveyor conducted an interview with LPN #1 on 9/12/19 at 12:17 p.m., she stated that hand washing should have been performed for at least 3 to 5 seconds, that gloves should have been changed after contact with [REDACTED], then wash hands, don new gloves, then proceed with wound care. The LPN further stated then take all the dirty supplies and throw them in the garbage then remove gloves then wash hands again for about 3 to 5 seconds. The LPN stated that she</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>failed to change gloves and perform hand hygiene after she removed the dirty dressing from Resident #5's [REDACTED].</p> <p>The LPN #1's "Hand Hygiene Competency Checklist" dated 2/20/19 and signed by LPN #1, showed under the section "Critical Performance Factors" ...#4. Vigorously rubs hands together for at least 20 seconds (hands should not be under the running water). Clean all surfaces including 2" (2 inches) above the wrist, between fingers and under nails."</p> <p>The facility policy, titled:</p> <p>"Hand Hygiene," dated 11/2017, showed the following: "Policy: Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors..." The same policy under the section Policy Explanation and Compliance Guidelines: "...#3. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. Hand Hygiene Table: ...Hands are visibly soiled with blood or other body fluids, Before and after handling clean or soiled dressing, linens,#5. Hand hygiene technique when using soap and water:...c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers...</p> <p>The "Clean Dressing Change Policy", dated 11/2017, showed the following "Policy: It is the policy of this facility to provide</p>	F 880			

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F 880	Continued From page 6 <p>██████ care in a manner to decrease potential for infection and/or cross-contamination. Physician's orders will specify type of dressing and frequency of changes.</p> <p>The same policy under the section "Policy Explanation and Compliance Guidelines: ...#7. Wash hands and put on clean gloves... #9. Loosen the tape and remove the existing dressing ... #10. Remove gloves, ... #11. Wash hands and put on clean gloves. #12. Cleanse the ██████ as ordered ... #14. Wash hands and put on clean gloves. #15. Apply topical ointment..." #16. Secure dressing ...</p> <p>NJAC 8:39-19.4 (a) (1)</p>	F 880			