STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315364	A. BUILDING _____ B. WING _____	06/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEY SHORE CENTER	3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found 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: 06/16/2020 Census: 123	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		6/26/20

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

Electronically Signed | 06/29/2020

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. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880		

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to appropriately disinfect multi-use medical equipment to prevent the potential exposure of COVID-19. This deficient practice was identified for 1 of 1 residents reviewed for infection control practices related to the disinfection process for multi-use medical equipment, (Resident #1) and was evidenced by the following: On 06/16/2020 from 9:27 AM to 10:08 AM, the surveyor in the presence of another surveyor conducted the Entrance Conference with the Administrator, Director of Nursing (DON), and Assistant Director of Nursing/Infection Preventionist (ADON/IP). The surveyors asked the facility staff members how they were cohorting (grouping individuals in the same conditions) the new admissions in the facility. The Administrator responded that the new admissions to the facility were quarantined for 14 days in the designated [redacted] unit in the facility and monitored for signs and symptoms of COVID-19 throughout that time. The Administrator further explained that all staff caring for these residents had to wear full Personal Protective Equipment (PPE) which included a properly fit-tested N95 mask, face shield, gown, and gloves. On 06/16/2020 at 11:45 AM on the [redacted] unit, the surveyor observed the door shut to Resident #1's private room. A blue sign that indicated, "STOP" was observed on the resident's door. The "STOP" sign indicated the resident was on extended contact plus airborne precautions. The sign on the resident's door depicted a picture of a	F 880	Plan of Correction for F880- Infection Prevention and Control, PT staff member wiped down the handles and part of the seat. PT staff member stated she only needed to wipe down areas on the rolling walker that the resident touched. SS=D 1) What corrective action will be accomplished for those residents found to be affected by the deficient practice? For Resident #1 the PT staff member was re-inserviced immediately to wipe down the entire rolling walker. The PT cleaned the entire rolling walker immediately. 2) How will you identify other residents having the potential of being affected by the same deficient practice? All residents have the same potential of being affected by the same deficient practice. All residents will have multi-use equipment wiped down entirely before and after their care. 3) What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? The Infection Control Preventionist/Designee will re-in-service all nurses, C.N.A□s, and Rehabilitation staff on policy and procedure for cleaning and disinfecting multi-use medical equipment in between all residents. Random audits will be completed 3x□s a week x 3 months. 4) How will the corrective action be	

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F 880	Continued From page 3 person wearing a face shield, N95 respirator, a pair of gloves and an isolation gown gown. The sign further indicated to please see the nurse before entering the room and provided instructions for the staff to follow on appropriate infection control techniques when entering the resident's room and providing care. At 11:48 AM, the surveyor observed a Physical Therapy (PT) staff member exit Resident #1's room with a seated, red-colored rolling walker. The PT staff member was observed wearing a N95 mask, face shield, and gown. The surveyor observed the PT staff member apply an Alcohol Based Hand Rub (ABHR) to her hands, leave the rolling walker in front of the resident's door, and then walk to the nurses' station, where she removed a bleach wipe from the container. The PT returned to the rolling walker. The surveyor observed the PT staff member wipe down the handles and part of the seat. The surveyor did not observe the PT staff member wipe down the entire rolling walker. At that time, the surveyor interviewed the PT staff member who stated that she only needed to wipe down areas on the rolling walker that the resident touched. A review of Resident #1's Admission Record reflected that the resident was recently admitted to the facility with diagnoses, which included but were not limited to, [redacted] A review of Resident #1's most recent admission Minimum Data Set (MDS), an assessment tool	F 880	monitored to ensure the deficient practice will not recur, what quality assurance program will be put in place? The Infection Control Preventionist/Designee will conduct audits 3x□s a week and report her findings at the monthly QA meetings.	

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F 880	Continued From page 4 used to facilitate the management of care, reflected that the MDS assessment was still in progress, as the resident was admitted to the facility less than [redacted] A review of Resident #1's June 2020 Order Summary Report reflected a physician's order dated 06/08/2020 for COVID-19 swab one time only until 06/19/2020. The physicians order further indicated that this was the third time the resident was to be tested for the presence of COVID-19. On 06/16/2020 at 12:07 PM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager who stated that the therapy department cleaned the entire piece of equipment before entering and after exiting a resident's room to prevent the spread of infection. At 12:24 PM, the surveyor interviewed the Registered Nurse (RN) who stated that the blue signs on the resident's doors indicated that the resident was on contact and droplet precautions. The RN further stated that if a staff member was utilizing multi-use medical equipment for a resident, the entire piece of equipment needed to be wiped down, not just the parts of the equipment that the resident touched. At 12:49 PM, the surveyor interviewed the ADON/IP who stated that when a resident had a blue sign posted on their door that meant that the resident was on extended contact and airborne precautions. The ADON/IP further explained that all residents that were identified as COVID-19 positive, presumptive, or newly admitted to the facility required a 14-day quarantine and full PPE needed to be worn by the staff caring for the residents. The ADON/IP stated that if a resident	F 880		

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F 880	Continued From page 5	F 880		

was on extended contact and airborne precautions, the multi-use medical equipment needed to be cleaned upon entering and before exiting the resident's room right outside of the resident's bedroom door with a disinfectant wipe that killed the virus. The ADON/IP stated that the entire piece of equipment, not just the parts that the resident touched needed to be wiped down and cleaned.

At 1:38 PM, the surveyor interviewed the Occupational Therapist/Rehab Director (OT/RD) who stated that at this time the multi-use resident equipment was designated to specific units for the residents because of COVID-19. The OT/RD stated, "I tell my staff to clean the entire rolling walker because you never know what part of the equipment could have been exposed because of the droplet precautions. I tell my staff to wipe down everything completely."

At 1:55 PM, the surveyor interviewed the Administrator who stated that the OT/RD performed a competency related to infection control for the PT staff member today because she was not working at the facility during the Pandemic and just returned to work.

A review of the facilities policy and procedure revised on 07/24/18 titled, "Cleaning and Disinfecting," indicated, "5. Perform routine disinfection of items used in daily care practices with Environmentally Protective Agency (EPA) registered disinfectant. 5.1 Clean and disinfect single patient equipment with appropriate disinfectant after use with patient. 5.2 Multi-patient equipment must also be cleaned/disinfected after patient use."

NJAC: 8:39-27.1 (a)

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