

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

PRINTED: 02/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2021
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NAME OF PROVIDER OR SUPPLIER VOORHEES CARE & REHABILITATION CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1302 LAUREL OAK ROAD VOORHEES, NJ 08043
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F 000	INITIAL COMMENTS Survey Date: 01/20/2021 Census: 143 Sample: 8 (3 staff and 5 residents) 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 as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		
F 880 SS=E	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	F 880		2/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/27/2021
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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>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:</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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 and review of other pertinent facility documentation the facility failed to a.) ensure staff properly donned and doffed personal protective equipment (PPE) on units identified as housing persons under investigation for Covid-19 (Executive Order 26, 4.b.) and b.) prevent cross contamination of a common area of the facility identified as non-contaminated (clean). This deficient practice was identified on 4 units by 8 staff members and was evidenced by:</p> <p>The facility policy with a revised date of 01/13/21, and titled, "Infection Prevention and Control/Outbreak Response Plan indicated there was 3 cohort groups A, B and C. Cohorting means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other residents. This cohorting guideline was as follows:</p> <p>1.) Cohort Executive Order 26, 4.b.; Order 26, 4.b. residents.</p> <p>2.) Cohort Executive Order 26, 4.b. Executive Order 26, 4.b.</p> <p>The CDC classification of a potential case of Executive Order 26, 4.b. Executive Order 26, 4.b. Any person who is under investigation for having</p>	F 880	<p>1.</p> <p>-All staff on Executive Order 26, 4.b. were immediately reeducated on requirement to don ppe when disinfecting shower room after use, sanitizing medication carts only inside the covid unit and prior to bringing the cart to the clean area-nurse station.</p> <p>-The activities aide was immediately reeducated and all staff working on Executive Order 26, 4.b. units reeducated to don gown and gloves prior to entering a Executive Order 26, 4.b. room and doffing gown and gloves prior to exiting a Executive Order 26, 4.b. room.</p> <p>-All extra and/or confusing signage removed from Executive Order 26, 4.b. units. Only clear and descriptive signs that indicate clear instructions remain.</p> <p>-Staff member who bought the Executive Order 26, 4.b. resident through the clean area was immediately in serviced on the correct protocols and severity of the situation.</p> <p>-Thorough wipe down and cleaning was done of the clean area by housekeeping.</p> <p>2.</p> <p>All residents have the potential to be affected by the inconsistent following of infection control practices.</p>		

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F 880	<p>Continued From page 3</p> <p>the virus that causes Executive Order 26, 4.b, or who was under investigation but tested negative for the virus.</p> <p>3.) Cohort C: Executive Order 26, 4.b, Executive and re-admissions.</p> <p>On 1/19/21 at 9:38 AM, the surveyor interviewed the Director of Nursing (DON) and Administrator who described what different cohort was on each unit. The description was as followed:</p> <p>Executive Order 26, 4.b and Executive Ord was entirely a Executive unit. Executive Order 26, 4.b was Executive C and Executive Order 26, 4.b was clean. Executive Order 26, 4.b was Executive and Executive Order 26, 4.b was clean. Executive Order 26, 4.b and Executive Ord were all Executive Order 26, 4.</p> <p>The DON and Administrator also described the type of PPE that was to be worn on the different units according to cohort which was as follows:</p> <p>a.) Cohort Executive Order 26, 4.b - This unit was located on the Executive Order 26, 4.b and Executive Ord side and staff were required to wear full PPE to include N95 mask covered with a surgical mask, face shield, isolation gown and gloves while on unit and when in resident's rooms.</p> <p>Each side had double doors before entering the units and staff were to don (put on) PPE before entering. The nurses station was located in the center of the unit and was identified by the DON as a "clean area" and the only PPE required in this area was a N95 mask covered with a surgical mask and a faceshield. No isolation</p>	F 880	<p>-Thorough rounds conducted by the ADON/ICP on all Executive Order 26, 4.b units to identify staff who were not sanitizing their medication carts prior to bringing cart to the clean nursing station.</p> <p>- Thorough rounds conducted by the ADON/ICP on the Executive Order 26 unit to identify staff who were not donning gowns prior to entering shower room for disinfecting/sanitizing.</p> <p>- Thorough rounds conducted on all Executive by the ADON/ICP units to identify staff who were not doffing gowns prior to exiting a residents room and to identify staff who were not donning gloves prior to delivering a meal tray into a resident room.</p> <p>- Thorough rounds conducted by the ADON/ICP on all Executive units to identify any rooms which still had any inappropriate or confusing signage.</p> <p>- Thorough rounds conducted on all Executive by the ADON/ICP units to identify staff who were bringing residents from the Executive Order 26, 4.b units through clean units without proper PPE.</p> <p>- Room was set up on Executive Order 2 hallway with shower room in the bathroom to keep Executive Order 26 residents contained to their hallway</p> <p>-When necessary to transfer to the shower room All staff will wear PPE as well as the residents being transferred. Housekeeping will wipe down the area that the resident passed through.</p> <p>3.</p>	

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F 880	<p>Continued From page 4</p> <p>gown or gloves were required in that non-contaminated "clean area" around the nurses station.</p> <p>b.) Cohort Executive Order 26, 4.b. units located on Executive Order 26, 4.b. on the Executive Order 26, 4.b. and the staff were required to wear a N95 mask and face shields while on this unit and in resident's rooms.</p> <p>c.) Cohort Executive Order 26, 4.b. units which were located on Executive Order 26, 4.b. and Executive Order 26, 4.b. side. Staff were required to wear full PPE while in the residents rooms on these cohorts which consist of N95 mask covered with a surgical mask, face shield, isolation gown and gloves.</p> <p>1.)</p> <p>On 01/19/21 at 12:00 PM, Surveyor #1 toured the Executive Order 26, 4.b. and observed signage on the double doors leading to a Executive Order 26, 4.b. unit. The signs on the double doors indicated that the residents on this unit were on enhanced precautions and the staff were to wear N95 mask, gloves, gowns and eye protection.</p> <p>Surveyor #1 was standing at the double doors with the Registered Nurse Unit Manager (RN/UM) and the Assistant Director of Nursing Infection Preventionist (ADON/IP). Surveyor #1 observed a staff member through the window of the double doors exiting a resident room on the Executive Order 26, 4.b. unit wearing an isolation gown. The staff member walked through the hallway of the Executive Order 26, 4.b. unit with the contaminated gown on and removed</p>	F 880	<p>Reviewed and updated policies and procedure for Infection Prevention and Control Program/Outbreak Response Plan, PPE Policy and Infection Control Transmission Based Precautions Policy. ADON/Infection Preventionist or designee will conduct 3 audits per shift per week x4 and thereafter monthly x3 to monitor and ensure compliance regarding (a) donning and doffing of gown and gloves when entering and exiting Executive Order 26, 4.b. rooms observation will be of (b) donning ppe when disinfecting shower on covid unit and (c) disinfecting/sanitizing med carts in the appropriate areas-not in a clean area (d) Executive Order 26, 4.b. residents are not transferred through the clean unit for showers, and if necessary only with proper PPE by all involved and cleaning protocols followed.</p> <p>4.</p> <p>All findings will be presented to the monthly Quality Assurance Performance Improvement meeting for monthly monitoring for 6 months.</p>		

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F 880	<p>Continued From page 5</p> <p>the gown at the trash receptacle which was located at the other end of the hallway. He then disposed of the isolation gown in the trash receptacle and performed hand hygiene. The RN/UM and ADON/IP observed the same. Surveyor #1 interviewed the staff member who identified himself as a Certified Nursing Assistant (CNA #1).</p> <p>CNA #1 explained to the surveyor that he was educated by the Assistant Administrator (AA) that he was supposed to wear a disposable gown through the halls and in resident's rooms on the [redacted] unit. He then added that when in the resident's room he was to cover the disposable gown with a washable gown that was hung on a designated hook for each individual resident. The RN/UM and ADON/IP both agreed that staff were not to wear contaminated isolation gowns in the halls of the [redacted] unit, nor should staff double gown when providing care to residents.</p> <p>According to the CDC "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 12/14/20 under added reminders it notes "In general, HCP caring for patients with suspected or confirmed SARS-CoV-2 infection should not wear more than one isolation gown at a time."</p> <p>On 01/19/21 at 12:15 PM, Surveyor #1 observed a staff member exit a resident's room on the [redacted] Executive Order 26, 4.b. unit with a disposable isolation gown, walk through the hallway with the contaminated gown and dispose of it in the trash receptacle located in the hallway and perform</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>hand hygiene. The surveyor interviewed the staff member at that time, and she identified herself as an agency Licensed Practical Nurse (LPN #1). LPN #1 admitted that she should have taken the isolation gown off prior to exiting the resident's room because the gown was contaminated. The RN/UM and ADON/IP were present at the time and witnessed LPN #1 wearing the contaminated isolation gown in the hallway and both agreed that staff should not be wearing contaminated isolation gowns in the hallways. The ADON/IP stated, "I have a lot of education to do."</p> <p>On 01/19/21 at 12:30 PM, Surveyor #1 and Surveyor #2 observed meal service on [redacted] floor [redacted] unit which was identified as a [redacted] unit.</p> <p>On 01/19/21 at 12:30 PM, Surveyor #1 observed a staff member wearing a N95 mask covered with a surgical mask and a face shield. The same staff member was observed donning a disposable isolation gown, but no gloves and then retrieved a food tray from the food cart and walked down to room [redacted]. The signs on room [redacted] door indicated that the residents in that room were on Contact precautions (Intended to prevent transmission of infectious agents that are spread by direct or indirect contact with the resident or the resident's environment), Airborne Precautions (Intended to prevent transmission or infectious agents contained in particles that remain suspended in the air and can be infectious over long distances), Droplet precaution (Droplet precautions: Droplet precautions are necessary when a patient infected with a pathogen, such as influenza, is within three to six feet of the patient. Infections are transmittable through air droplets by</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>coughing, sneezing, talking, and close contact with an infected patient's breathing.) There was also a sign that indicated staff were to wear PPE such as N95 mask, face shield, isolation gown and gloves before entering the room. The staff member did not wear gloves before entering the room.</p> <p>The staff member then exited the same room wearing the same isolation gown and no gloves and retrieved a 2nd food tray from the food truck and went to room [redacted] to serve the meal. The signs on the door of room [redacted] indicated that the residents in that room were also on droplet precautions and that full PPE such a N95 mask, gown, gloves and face shields were required before entrance into that room.</p> <p>The staff member did not change the isolation gown and was going room to room wearing the same contaminated gown and no gloves. When the staff member exited room [redacted] wearing the same isolation gown she identified herself to the surveyor as a CNA (CNA #2). CNA #2 proceeded to take off the the contaminated isolation gown while walking through the hallway, balled it up in her hand to throw in the trash receptacle at the other end of the hall and then performed hand hygiene.</p> <p>Surveyor #1 interviewed CNA #2 at this time and she had no explanation as to why she did not change the isolation gown when she went from room [redacted] nor why she did not wear gloves in room [redacted] when the signs on the doors indicated that gloves were required before entrance. She did explain that she wore the contaminated isolation gown in the hall because</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>there was no trash bag in the receptacle in the resident's room. She admitted that she should not of worn the isolation gown in the hallway of the [redacted] unit.'</p> <p>On 01/19/21 at 12:30 PM, on the [redacted] Executive Order 26, 4.b. [redacted] Unit, Surveyor #2 observed CNA #3, who wore a N-95 mask with a surgical mask over it and goggles, put on a blue disposable isolation gown but not gloves and removed a lunch tray from the cart and entered Room [redacted] CNA #3 then exited Room [redacted] with the same contaminated isolation gown, performed hand hygiene with an alcohol- based gel, removed another lunch tray and then re-entered Room [redacted]. CNA #3 exited Room [redacted] performed hand hygiene, removed a lunch tray from the cart and entered Room [redacted] wearing the same contaminated isolation gown. CNA #3 then exited Room [redacted] wearing the same contaminated isolation gown and walked down the hallway of the [redacted] unit and disposed of the gown in the trash bin located in the hallway.</p> <p>At that time Surveyor #2 interviewed CNA #3 who stated she can wear the same gown from room to room and didn't need to wear gloves when entering a resident's room. CNA #3 further stated that the isolation gowns can be disposed of either in a trash can inside the resident's room or in the trash bin located in the hallway. She also stated that she only needed to wear a gown or gloves in the [redacted] residents' rooms if she provided direct patient care to the resident.</p> <p>On 01/19/21 at 12:31 PM, on the [redacted] Executive Order 26, 4.b. Unit, Surveyor #2 observed a staff member exit Room [redacted] (the last room located at the end of</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>the hallway) wearing a N-95 mask with a surgical mask over it, goggles and a disposable isolation gown. The staff member then walked down the hallway, removed the contaminated disposable gown and disposed of the it in the trash receptacle located in the hallway. At that time, Surveyor #2 interviewed the staff member who stated she was an activity aide and she had just a delivered water to a resident. The activity aide stated that the staff was to wear a new gown for each resident and was to remove and dispose of the gown in the hallway in the trash bins located by the double doors prior to exiting the [redacted] Unit. The activities aide further stated that gloves were only to be worn if staff provided direct care to the resident.</p> <p>On 1/20/21 at 8:50 AM, the surveyor interviewed the Administrator who admitted that there was one day that the AA told the staff to double gown when going into a resident's room on the [redacted] unit and to wear an isolation gown in the hall of the [redacted] unit, but that was incorrect. The staff should be removing isolation gowns before leaving a resident's room on [redacted] and should not be wearing contaminated gowns in the hallways of the [redacted] unit.</p> <p>On 01/20/21 at 9:41 AM, Surveyor #1 interviewed LPN Unit Manager (LPN UM#1) of the [redacted] [redacted] who stated that staff were to wear a N-95 mask with a surgical mask over it, face shield/goggles, gown and gloves every time they entered a [redacted] resident's room. The gown and gloves were to be disposed of in the trash can located in the room prior to exiting the room. Staff were not to wear a contaminated gown in</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>the hallway and were not to wear the same isolation gown from one room to another room.</p> <p>On 1/20/21 at 10:00 AM, the surveyor interviewed LPN #2 who worked on the [redacted] unit. LPN #2 stated that staff were absolutely not to wear isolation gowns in the hallways and that they were to be removed before leaving the residents rooms.</p> <p>On 01/20/21 at 10:09 AM, Surveyor #2 interviewed LPN #4 on the [redacted] Unit. LPN #3 stated that staff were to wear a N-95 mask with surgical mask over it, face shield/goggles, gown and gloves every time they entered a [redacted] resident's room. LPN #4 further stated that staff were not to wear the same gown from one room to another because this could cause cross contamination from one resident to another.</p> <p>On 01/20/21 at 10:11 AM, Surveyor #2 interviewed the LPN/UM #2 of the [redacted] Unit who stated that staff were to wear a N-95 mask with a surgical mask over it, face shield/goggles, an isolation gown and gloves whenever entering a residents room on the [redacted] Unit. When exiting a [redacted] resident's room, the staff were to remove the gown and gloves prior to exiting the room and dispose them in the trash containers located inside the room. LPN UM #2 stated that staff were not to wear an isolation gown in the hallway of the [redacted] Unit. The LPN UM #2 also stated that staff were educated to not wear gloves in the hallways, and this confused for the staff.</p> <p>On 01/20/21 at 11:08 AM, during an interview</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>with the LNHA, DON and ADON, the DON confirmed that staff should not be wearing double gowns and only one gown per use per resident. The DON also stated that all gowns were to be removed prior to exiting a [REDACTED] resident's room and dispose of in the bin located in each room. The DON confirmed that the staff were not to wear gowns in the hallway of the [REDACTED] Unit. The LNHA stated that the staff were taught to not wear gloves in the hallway. The DON confirmed that this may have caused confusion for the staff. The LNHA stated that the staff were not to wear the same gown from room to room in the [REDACTED] Unit</p> <p>2.)</p> <p>On 01/19/21 at 12:50 PM, both surveyors toured the Executive Order 26, 4.b. Unit which was comprised of a "clean" area at the nurses station (including 2 shower rooms) and an [REDACTED] and [REDACTED] hall with double doors to enter the Covid-19 positive resident's hallway.</p> <p>Both surveyors observed CNA #4 pushing a Covid-19 positive resident in a wheelchair from the shower room located in the clean area by the [REDACTED] unit, across the front of the nurses station (the non- contaminated area of the Covid-19 unit) then in front of the double doors to enter the Executive Order 26, 4.b. The surveyors observed the resident coughing and was not wearing a mask. This area by the nurse's station and elevators was considered a clean area and approximately 6 people were in this clean area. At that time CNA #3 questioned "We aren't allowed to give the residents a shower? I clean the shower room afterwards?"</p>	F 880		

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

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F 880	<p>Continued From page 12</p> <p>On 01/19/21 at 12:54 PM, the surveyors observed CNA#4 sanitize the same shower that the Executive Order 26, 4.b. resident used without wearing an isolation gown or gloves.</p> <p>On 01/19/21 at 12:26 PM, both surveyors observed LPN #2 take a designated medication cart from the Executive Order 26, 4.b. hall, thru the double doors and into the clean area of the nurse's station and then proceeded to wipe down the cart with a disinfectant wipe. At that time, Surveyor #2 interviewed LPN #3 who stated that she was to wipe down the medication cart with disinfectant wipes outside the two double doors of the Covid -19 Unit (in the clean area).</p> <p>On 1/20/21 at 10:00 AM, the surveyor interviewed an LPN (LPN #3) who was cleaning the medication cart at the nurse's station with a disinfectant wipe. LPN #3 explained that she worked on the Executive unit and that the medication cart had to be removed from the Executive unit due to the confused residents on that unit and was to be cleaned at the nurses' station. She indicated that she always cleaned the medication cart at the nurses' station.</p> <p>On 1/20/21 at 11:08 AM, the surveyor interviewed the DON who stated that the areas around the nurse's station were considered "clean". She also added that the nurses were instructed to remove the medication carts from the Executive and Covid-19 positive units because of the confused residents on those units. She revealed that the nurses were required to clean the medication carts with disinfectant prior to removal from the unit as to not contaminate the clean area around</p>	F 880		

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F 880	<p>Continued From page 13 the nurse's station.</p> <p>On 01/20/21 at 11:56 AM, the DON stated that the CNA #4 should have been wearing an isolation gown and gloves when sanitizing a [REDACTED] shower room. The DON was unable to provide a policy.</p> <p>According to the facility policy dated 1/19/21 and titled, "Infection Control: Transmission-based precautions (TBP)" indicated that TBP are a group of Infection Prevention and Control practices that are use in addition to Standard Precautions for residents who may be infected or colonized with infectious agents that require additional control measures to effectively prevent transmission and there are three categories of TBP:</p> <p>a.) Contact Precautions-Intended to prevent transmission of infectious agents that are spread by direct or indirect contact with the resident or the resident's environment. Staff caring for residents on Contact Precautions should wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's room.</p> <p>b.) Droplet Precautions-Intended to prevent transmission of pathogens through close respiratory or mucous membrane contact with respiratory secretions. Staff caring for residents on Droplet Precautions should wear a face mask for close contact with the resident. Consider adding goggles or a face shield to protect the eyes from exposure to respiratory droplets, especially when caring for residents with significant cough or respiratory secretions.</p> <p>c.) Airborne Precautions-Intended to prevent</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>transmission or infectious agents contained in particles that remain suspended in the air and can be infectious over long distances. Staff caring for residents on Airborne Precautions should wear a fit-test National Institute for Occupational Safety and Health (NIOSH) approved N95 or higher respirator.</p> <p>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility updated on 7/28/2020, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." Additional considerations for employers: "Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19. Develop policies for worker protection and provide training to all cleaning staff on-site prior to providing cleaning tasks. Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication Standard."</p> <p>NJAC 8:39-19.1</p>	F 880			

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315187	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/26/2021	Y3
NAME OF FACILITY VOORHEES CARE & REHABILITATION CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1302 LAUREL OAK ROAD VOORHEES, NJ 08043		

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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/05/2021	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 _____	
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 1/20/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO