

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

PRINTED: 05/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OR SUPPLIER BARCLAYS REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE CHERRY HILL, NJ 08034		
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E 000	Initial Comments	E 000			
F 000	A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 3/31/20-4/1/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). INITIAL COMMENTS	F 000			
F 880 SS=E	A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 3/31/20-4/1/20. 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. 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:	F 880			

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

TITLE

(X6) DATE

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)(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;</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>	F 880			

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F 880	<p>Continued From page 2</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: Based on observation, interview, and record review, the facility failed to follow proper infection control precautions, ensure the use of personal protective equipment and implementation of hand washing practices consistent with accepted standards of practice to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic for 2 out of 3 residents, out of 94 facility residents. (Resident 2 and Resident 3)</p> <p>The findings include:</p> <p>The Director of Nursing (DON) provided a copy of the COVID19 surveillance/report timeline that showed Resident (R) 2 currently on isolation precautions for signs and symptoms of COVID19 since [redacted Executive Order 26]. R2 had a roommate who was sent to the hospital on [redacted Executive Order 26] for a [redacted Executive Order 26] and [redacted Executive Order 26] Executive Order 26, 4.b. in the hospital.</p> <p>According to CDC guidelines for COVID-19 infections at cdc.gov, Covid-19 is a coronavirus</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>and based on what is currently known about COVID-19, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC):</p> <ul style="list-style-type: none"> oAssess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and placing them in an examination room with the door closed. oUse Standard and Transmission-Based Precautions when caring for patients with confirmed or possible COVID-19. oPerform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled. oPractice how to properly don, use, and doff PPE in a manner to prevent self-contamination. <p>An observation of the resident hallway on [redacted] at [redacted] was completed. Two residents were observed (Resident 1 and Resident 2). Resident 2 (R2) was on isolation precautions for COVID-19. Employee 1 was observed removing her personal protective equipment (PPE) at R2's doorway and did not perform hand hygiene before leaving room. There was no Alcohol-based hand rub (ABHR) available at both the door entrance and the isolation cart. The</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>signage showed "Stop. Check with nurse before entering room." Signage did not specify the PPE to be worn (e.g., PPE such as gowns, gloves, goggles, N95 respirators, surgical masks). It did not specify the transmission based precautions such as contact, droplet, or airborne.</p> <p>During the interview on 3/31/20 at 11:10 AM, E1 confirmed she should have washed her hands immediately after removing her PPE and before leaving the room. She informed surveyor, R2 is on contact and droplet isolation precautions for signs and symptoms of COVID-19. R2 had a roommate who Executive Order 26, 4.b [REDACTED] R2 is closely being monitored for signs and symptoms of Covid19. [REDACTED] has a [REDACTED]. She stated that she, "did not want to wash her hands in the resident room because it's contaminated." "I was going to do it in the nurse med station." She confirmed that there was no ABHR easily accessible in the room or door way.</p> <p>On Executive Order 26, 4.b [REDACTED] R 3 was observed walking in the hallway passing the room with Covid19 isolation precautions wearing no mask. Upon observation, the facility staff did not remind or encourage R 3 to wear a mask while walking down the hallway. The door was open, and the privacy curtain was partially open in the isolation rooms.</p> <p>Observation on 3/31/20 at 11:40 AM Employee 1 was observed removing and discarding her gloves first. She then removed her contaminated PPE gown with ungloved hands and discarded the gown. She washed her hands last.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Interview with E1 on 3/31/20 at 11:45 AM, E1 acknowledged that she should have not removed the contaminated PPE gown with her ungloved hands. She had touched the outside of gown and did not follow correct infection control practice.</p> <p>On 3/31/2020 at 12:45 PM, Employee 2 was observed going into Rooms 118 and 119 collecting lunch trays after the residents finished their meals. E2 also assisted in moving tables after meal time and did not perform hand hygiene at any point between collecting the trays and moving the tables. There was no ABHR available at the door entrances.</p> <p>During interview on 3/31/20 at 12:50 PM, Employee 2 confirmed she should have performed hand hygiene.</p> <p>During interview on 3/31/20 at 2:30PM, Surveyor notified the Infection Control and Prevention Nurse (ICP) that Alcohol-based hand rub was not readily accessible to the staff observed. Infection Control Nurse informed that they have ABHR and agreed it should be accessible. Surveyor reinforced importance of hand hygiene and removing PPE especially during this time. Strict adherence to CDC guidelines is critical. It was also brought to ICP's attention that a resident was observed not wearing a mask and was walking near the isolation rooms.</p> <p>During interview on 4/1/20 at 4PM, Surveyor notified the Facility Administrator (FA) regarding the above findings and FA informed surveyor that R3 was told to wear a mask but did not always do so.</p>	F 880			