

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
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NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103
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F 000	INITIAL COMMENTS Survey date: 10/20/2020 Census: 85 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.	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 facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880		10/24/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/02/2020
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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	<p>Continued From page 1</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. 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, record review</p>	F 880	Element One <input type="checkbox"/> Corrective Actions		

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F 880	<p>Continued From page 2</p> <p>and review of other facility documents, it was determined that the facility failed to follow proper infection control practices and utilize appropriate personal protective equipment (PPE) to prevent the potential spread of infection during a COVID-19 Focused Survey.</p> <p>This deficient practice was identified for 5 staff members on 1 of 4 nursing units and was identified by the following:</p> <ol style="list-style-type: none"> On 10/20/2020 at 8:56 AM, during the entrance conference, the surveyors interviewed the Director of Nursing (DON) who stated that the front hall of the [REDACTED] Wing was utilized for residents who were newly admitted to the facility and were considered Persons Under Investigation (PUI) or received dialysis treatments outside of the facility that were maintained on quarantine for 14 days in order to minimize the potential spread of COVID-19. She further stated that the new admissions were tested on admission for COVID-19 and re-tested within 13-14 days. <p>The DON explained that there was a plastic barrier at the end of the [REDACTED] Wing hall that separated the PUI Unit from the COVID Unit. She stated there were currently [REDACTED] COVID-19 residents in-house and that staff were required to wear PPE (garments and equipment worn to protect the body from protection) on the [REDACTED] Wing which included a N95 mask (particulate filtering mask), gown and gloves into the PUI rooms and COVID rooms. She further stated that protective eyewear or face shields were not required and were optional on the unit.</p> <p>On 10/20/2020 at 12:14 PM, the surveyor observed the meal pass on the [REDACTED]</p>	F 880	<p>UM #1 was counseled and received re-education regarding the proper use of PPE including an N95 mask, donning and doffing of PPE, proper disposal of PEE and Hand Hygiene when entering rooms of residents on droplet precautions in accordance with facility infection control protocols.</p> <p>UM#2 was counseled and received re-education regarding the proper use of PPE including an N95 mask, donning and doffing of PPE, proper disposal of PEE and Hand Hygiene when entering rooms of residents on droplet precautions in accordance with facility infection control protocols.</p> <p>LPN#1 was counseled and received re-education regarding the proper use of PPE including an N95 mask, donning and doffing of PPE, proper disposal of PEE and Hand Hygiene when entering rooms of residents on droplet precautions in accordance with facility infection control protocols.</p> <p>CNA #1 was counseled and received re-education regarding the proper use of PPE including an N95 mask, donning and doffing of PPE, proper disposal of PEE and Hand Hygiene when entering rooms of residents on droplet precautions in accordance with facility infection control protocols.</p> <p>CNA #2 was counseled and received re-education regarding the proper use of PPE including an N95 mask, donning and doffing of PPE, proper disposal of PEE</p>	

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F 880	<p>Continued From page 3</p> <p>Wing PUI Unit and noted a stop sign affixed to the outside of a resident's door which indicated that the resident was on Droplet Precautions and everyone who entered must: Clean their hands, before entering and when leaving the room, make sure their eyes, nose and mouth were fully covered before room entry, and remove face protection before room exit. The surveyor observed Certified Nursing Assistant (CNA) #1, who wore a surgical mask and goggles, enter the room and deliver a meal tray to the resident.</p> <p>At the time of observation, the surveyor interviewed CNA #1 who stated that she wore a surgical mask and goggles and did not don (apply) a N95 mask, gown or gloves because the resident was just admitted from the hospital and was on 14 day observation but did not have COVID-19. She further stated that she was only required to wear a N95 mask if she went beyond the plastic barrier into the COVID Unit but could wear a surgical mask on the Observation Unit.</p> <p>On 10/20/2020 at 12:15 PM, the surveyor interviewed CNA #2, who stated that she was required to wear a gown, gloves, N95 mask, and face shield or goggles when she entered a room of a resident who was on Droplet Precautions because the resident was new to the facility and under observation. She further stated that all PPE must be removed and hand hygiene performed before leaving the room.</p> <p>On 10/20/2020 at 12:18 PM, the surveyor observed CNA #1 as she delivered a meal tray to a resident room who had Droplet Precaution signage affixed to the outside of the door. When interviewed she stated that she thought that maybe she should have had a gown on but would have to ask Unit Manager (UM) #1.</p>	F 880	<p>and Hand Hygiene when entering rooms of residents on droplet precautions in accordance with facility infection control protocols.</p> <p>DON/Admin/Designee monitored yellow and red zones for appropriate usage of PPE, including donning and doffing of PPE.</p> <p>Housekeeping immediately placed proper disposal receptacles for soiled PPE in each resident room on the third floor north unit yellow zone if missing and in the decontamination area on the third floor north unit red zone.</p> <p>Element Two <input type="checkbox"/> Identification of at Risk Residents All residents have the potential to be affected by this practice.</p> <p>Element Three <input type="checkbox"/> Systemic Changes The corporate Regional Nurse Infection Control Preventionist reviewed use of PPE, Isolation precautions and COVID19 infection control protocols with the DON and facility staff. This education was also provided to nursing staff and included review of PPE requirements, protocols for isolation.</p> <p>Nursing staff received re-education that covered delineation of cohort zones and PPE requirements in each zone. Hand washing competencies and PPE donning and doffing re- education was also completed.</p> <p>Staff was re-educated on donning and</p>		

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F 880	<p>Continued From page 4</p> <p>At that time, CNA #1 conferred with UM #1. CNA #1 stated that UM #1 informed her that that she thought that gowns were only required to enter the yellow zone of the hallway, which she identified as the last two rooms on the left side of the hallway immediately outside of the plastic barrier that were utilized for [REDACTED] residents.</p> <p>On 10/20/2020 at 12:25 PM, the surveyor interviewed UM #1, who stated that when staff entered resident rooms that were identified as droplet precautions, they must wear a N95 mask, gown, goggles or faceshields, and gloves. She stated that it was not okay for a staff member to wear a surgical mask in lieu of a N95. UM #1 stated that CNA #1 had a N95 mask on earlier and probably removed it because she was hot. UM #1 further stated that in this hallway all staff must wear a N95 mask. UM #1 added that if staff were not wearing gloves, gown, a N95 Mask, and face shield or goggles when they entered a room that was designated for droplet precautions, they could potentially catch COVID-19. She stated that all of the residents on the unit tested negative for COVID on admission and were maintained on observation for 14 days as a precaution.</p> <p>On 10/20/2020 at 12:40 PM, the surveyor observed UM #1 as she donned full PPE. UM #1 donned a gown, gloves, goggles and a surgical mask. She then donned a N95 mask over the surgical mask.</p> <p>At the time of observation, the surveyor interviewed UM #1 who stated she wore the surgical mask under the N95 mask because the N95 mask hurt her nose. She further stated that there was no chance of there not being a tight seal in her N95 mask because she still couldn't</p>	F 880	<p>doffing PPE and placing soiled PPE in designated disposal receptacles.</p> <p>Housekeeping staff were re-educated about monitoring and ensuring availability of designated disposal receptacles in resident rooms and decontamination areas.</p> <p>Element Four <input type="checkbox"/> Quality Assurance Performance Improvement The Don/Administrator/designee will complete audits of PPE usage, donning/doffing of PPE, and proper disposal of PPE every shift for 14 days, weekly for 4 weeks, then monthly for 3 months and the DON will report findings monthly to the Quality Assurance Performance Improvement Committee for review and action as appropriate.</p> <p>The Housekeeping Director/designee will conduct an audit of resident rooms on red and yellow units to ensure for proper disposal receptacles for soiled PPE are in place where required. The audits will be conducted daily for 14 days, weekly for 4weeks, then monthly for three months with results reported by the Housekeeping Director/designee monthly to the Quality Assurance Performance Improvement Committee for review and action as appropriate.</p>		

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F 880	<p>Continued From page 5</p> <p>breathe. UM #1 then entered the room of a resident on Droplet Precautions for meal tray delivery. The surveyor noted that there was signage affixed to the door which included Droplet Precautions signage and a second sign, "PPE Communication Tool," which instructed staff to: Wash hands before and after resident care and before leaving room, wear gloves, mask and gown upon room entry. The signage also instructed visitors to check with the nurse before entering the room.</p> <p>On 10/20/2020 at 3:00 PM, the surveyor interviewed the DON who stated that when staff entered resident rooms who were on 14 day quarantine or who received dialysis treatment and required Droplet Precautions to provide direct care, they must wear: a gown, goggles or face shield and a N95 mask. She stated that when staff delivered meals to residents on Droplet Precautions they were required to wear a N95 mask, surgical mask and protective eyewear because they could possibly be exposed and spread COVID-19.</p> <p>2. During the initial entrance conference on 10/20/2020 at 8:56 AM, in the presence of the surveyors, the Director of Nursing (DON) stated that the COVID-19 positive unit was located on [REDACTED] wing beyond the plastic zippered barrier. The DON stated that staff were to don (apply) all PPE: N95 mask, gown, gloves and face shield/goggles prior to entering the COVID-19 positive unit and that all of the PPE should be removed prior to exiting the unit.</p> <p>On 10/20/2020 at 11:41 AM, during the initial tour of the [REDACTED] Wing, the surveyor observed the plastic zipper divider beyond rooms [REDACTED]. There were multiple signs on the</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>divider, which included one for "COVID-19 PPE for Healthcare Personnel" and "Red Zone All PPE to be worn Beyond this Point."</p> <p>On 10/20/2020 at 11:42 AM, while the surveyor conducted an interview with UM #1 in the PUI unit of the [REDACTED] Wing Yellow Zone, the surveyor observed UM #2 exit the COVID-19 positive unit through the plastic zippered divider wearing a blue plastic gown. The surveyor, in the presence of UM #1, observed UM #2 walk down the PUI unit hallway to a yellow trash container that was located outside of room [REDACTED], open the trash lid, look in it, close it and then walk back down the hallway and enter room [REDACTED]. UM #1 stated that PPE should not be worn when exiting the zipper from the COVID-19 positive side. UM #1 stated that room [REDACTED], which was located on the COVID-19 positive side of the zipper, was a "clean" room were staff should remove all of their PPE prior to exiting the unit through the zipper. UM #1 confirmed that room [REDACTED] was an unoccupied empty room. UM #2 then exited room [REDACTED] without wearing the blue gown.</p> <p>On 10/20/2020 at 11:47 AM, the surveyor observed UM #1 respond to a call light for room [REDACTED], located on the PUI unit. UM #1 entered the room wearing only a N95 mask and closed the door. The surveyor observed a stop sign on room [REDACTED] door for "Droplet Precautions: Everyone Must: Clean their hands, including before entering and when leaving the room, Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit."</p> <p>During an interview at the time of observation, UM #1 stated that staff should follow the precautions on the signage on the resident's</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>room. UM #1 stated that droplet precautions included face protection to protect the staff so that droplets do not get into their eyes. She stated that she should have worn eye protection.</p> <p>On 10/20/2020 at 11:58 AM, the surveyor interviewed UM #2 who stated that the plastic zipper separated the COVID-19 positive side from the PUI side on [REDACTED] Floor [REDACTED]. UM #2 stated that all PPE should be removed before exiting the COVID-19 positive side. He stated that there had been a red bin on the COVID-19 positive side to dispose of PPE, but it was no longer there. He could not find a garbage bin for his used PPE before he exited the COVID-19 positive unit. He walked to the yellow trash can looking for a trash bag but there was not one there. He then went to room [REDACTED] to doff (remove) his gown because he knew that was an empty room. UM #2 stated that he should not have worn the gown outside of the COVID-19 positive unit because the purpose of doffing PPE prior to exiting, was to prevent the spread of COVID-19.</p> <p>On 10/20/2020 at 12:09 PM, the surveyor observed Licensed Practical Nurse (LPN) #1 enter room [REDACTED] to respond to the call light, wearing only a N95 mask. LPN #1 closed the door after entry. The surveyor observed a sign on the door for "Droplet Precautions: Everyone Must: Clean their hands, including before entering and when leaving the room, Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit." The surveyor observed that the illuminated call light indicator turned off. When LPN #1 exited the room, she told the surveyor the resident needed a blanket.</p> <p>On 10/20/2020 at 12:11 PM, the surveyor</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>observed LPN #1 as she re-entered room [REDACTED] with the blanket wearing only a N95 mask. As LPN #1 exited room [REDACTED], the surveyor asked LPN #1 what the droplet sign on the door meant. She stated that the droplet sign meant you must wear a gown, gloves, mask, and face shield when doing care and she only answered the call light. LPN #1 stated that she canceled the call light, which was located between the resident's beds, when she went in the room. LPN #1 stated that the residents in room [REDACTED] were on the PUI unit because they both go out of the facility for dialysis. LPN #1 stated that she should have followed the signage on the door and worn goggles or face shield when she entered the room to protect herself and others from infection.</p> <p>On 10/20/2020 at 12:25 PM, the surveyor observed CNA #2 enter room [REDACTED] to deliver a lunch tray. CNA #2 wore a N95 mask, and no other PPE. As CNA #2 exited room [REDACTED], the surveyor asked her what the "droplet precautions" sign on the door meant. She stated the sign meant that staff should wear a mask, do hand hygiene, and wear a face shield or goggles before entering the room. CNA #2 confirmed that she did not wear a face shield or goggles into room [REDACTED] because she believed the sign was put there in error.</p> <p>On 10/20/2020 at 12:30 PM, during an interview with the surveyor, the DON stated that droplet precautions meant that it is suggested that staff wear a face shield if they come in direct contact with the resident. She stated the purpose of PPE was to protect everyone from infection. The DON stated that PPE was worn on the PUI unit because the residents were in and out of the facility and could become positive any day. The DON stated that staff should not wear PPE when</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>exiting the COVID-19 unit. She stated there was a decontamination room in the COVID-19 unit that staff should utilize to doff their PPE to prevent contamination.</p> <p>On 10/20/2020 at 3:01 PM, during the exit interview in the presence of the surveyors, the DON, the Administrator and the Regional Administrator confirmed that staff were expected to follow the precaution signs posted on the resident's door. They agreed that if the sign read "Make sure their eyes, nose and mouth are fully covered before room entry or Remove face protection before room exit" then staff was expected to do what the instructions indicated.</p> <p>Review of an in-service Sign-In Sheet, dated 04/27/2020, "COVID-19 notification to staff, airborne precautions, Infection-handwashing and hand sanitizer, Placement of PPE," revealed that UM #2, CNA#1, and CNA#2 were in attendance.</p> <p>Review of an in-service Sign-In Sheet, dated 05/13/2020, "PPE, Contact precautions, droplet precautions, and handwashing, revealed that CNA#1, CNA # 2 and UM #2 were in attendance.</p> <p>Review of an in-service Sign-In sheet, dated 10/14/2020, "PPE, handwashing, droplet precaution, contact precautions," revealed that CNA #2, UM#1, and LPN#1 were in attendance.</p> <p>Review of the facility's undated "Outbreak Plan" revealed, "Droplet Precautions... All Staff PPE - Gown, gloves, mask (preferably N95 respirator) for employee and eye goggles. Door to resident room must always be closed."</p> <p>Review of the facility "Transmission Based Precautions" policy, dated revised 07/2020,</p>	F 880			

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(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 880	<p>Continued From page 10</p> <p>revealed, "Droplet Precautions ... In addition to gowns and gloves, healthcare workers must wear a mask. The PPE including the mask is donned prior to entry to the room."</p> <p>On 10/21/2020 at 2:50 PM, during a post-survey telephone interview, the DON stated that the "PPE Communication" signage was not patient specific. The signage was also affixed to the wall at the beginning of the hallway and served as a reminder for staff to utilize all required PPE. The DON explained that the facility Outbreak Plan was updated most recently and specified which PPE must be utilized for residents on Droplet Precautions. She further explained that the Droplet Precaution sign that was utilized by the facility failed to contain all required PPE as specified in the Outbreak Plan.</p> <p>NJAC 8:39-19.4</p>	F 880			