

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

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2019
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NAME OF PROVIDER OR SUPPLIER VOORHEES PEDIATRIC FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD VOORHEES, NJ 08043
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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
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F 000	INITIAL COMMENTS STANDARD SURVEY 10/25/19 CENSUS: 109 SAMPLE SIZE: 22	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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880		10/31/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/04/2019
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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>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, and record review, it was determined that the facility failed to follow its policy on the proper use of Personal</p>	F 880	<p>F880 Plan of Correction: Infection Prevention and Control 483.8 All residents could be affected by this</p>		

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F 880	<p>Continued From page 2</p> <p>Protective Equipment (PPE). This deficient practice was identified for 1 of 1 housekeeping employees, who exited a resident's room without removing the PPE per the facility's protocol. This deficient practice was cited at a level E because it is a repeat deficiency that was cited during the last standard survey of 11/26/18, and was evidenced by the following:</p> <p>On 10/23/19 at 11:00 AM, the surveyor observed a housekeeping employee go into the resident room [REDACTED] to mop the floor. The employee was wearing full PPE, which included a disposable gown, a disposable face mask, and disposable gloves. The surveyor observed there was an isolation sign on the doorway of resident room [REDACTED] that noted "[REDACTED] Precautions." After finishing the floor, the surveyor observed the housekeeping employee leave resident room [REDACTED], walk down the hallway, and enter the resident room [REDACTED]. The surveyor saw the housekeeping employee walk into the resident room (B) while wearing the same PPE that he was wearing while in resident room [REDACTED]. The surveyor observed there was an isolation sign on the doorway of resident room [REDACTED] that noted, "[REDACTED] Precautions."</p> <p>On 10/23/19 at 11:15 AM, the surveyor interviewed the housekeeper. The housekeeping employee stated, "I went to Room [REDACTED], I put a mask, gown, and gloves on, and I mopped the floor with a red microfiber mop." The housekeeping employee then stated he had left the resident room [REDACTED] and gone to the other resident room [REDACTED] to mop that floor. When asked about the PPE, the housekeeping employee said, "I was supposed to take it off (resident room [REDACTED]); I forgot." The housekeeping employee said he</p>	F 880	<p>deficient practice. The housekeeper was remediated immediately and his competency validated by the Director of Environmental Services. All housekeeping staff was reeducated regarding this deficient practice. The Director of Environmental Services or the Infection Prevention Practitioner will conduct random weekly audits to assure 100% compliance with adherence to isolation protocol. These results will be reported monthly to the Director of Nursing who subsequently will report these to the Performance Improvement Committee quarterly. The QA Committee will decide how long to continue with audits based on the stability of the practice. Completion date will be 10/31/2019.</p>		

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F 880	<p>Continued From page 3</p> <p>went into the resident room [REDACTED], took off the PPE he had been wearing from the resident room [REDACTED], threw those items in the trash in resident room [REDACTED] sanitized his hands, and donned a new mask, gown, and gloves.</p> <p>When questioned further, the housekeeping employee stated, "I was supposed to take off the PPE in room [REDACTED] before I left." When asked about receiving in-service training on infection control/use of PPE, the housekeeping employee confirmed he had received the training and said, "I forgot, I'm sorry."</p> <p>The surveyor interviewed the Infection Preventionist (IP) on 10/23/19 at 11:56 AM. The IP stated that the [REDACTED] was in both resident rooms [REDACTED] and [REDACTED]. (The [REDACTED] is the most common [REDACTED] in humans and is the predominant cause of the [REDACTED].)</p> <p>On 10/23/19 at 12:08 PM, the surveyor interviewed the Director of Environmental Services (DES), who stated, "I monitor the staff daily. He's the floor guy; he does the hallways, trash removal, and project work. The housekeepers are supposed to be mopping the floors in the resident rooms." The DES said, "I don't monitor him for isolation because he's not usually in the resident rooms." The DES further stated, the housekeeping employee/ the "floor guy" could go into resident rooms because he had received training concerning the appropriate protocol (Facility's Policy) when going into isolation rooms.</p> <p>The DES then stated, "we do infection control in-services twice a year in March and October.</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>The in-services include PPE, hand hygiene, and identifying signage; it's pretty thorough, it's involved." The DES said the housekeeping employee/ "floor guy" had been in-serviced on [REDACTED]. The DES provided the surveyor with the in-service training records that showed this employee had attended the in-service training.</p> <p>On 10/23/19 at 12:45 PM, the surveyor asked the DES what his expectations were for staff cleaning isolation rooms. The DES stated, "the process is to gel hands before entering the room, check to see the isolation sign, put on gown, gloves, and mask, enter the room, clean the room or trash removal, remove the PPE inside the room, gel out, then go to the next room." The DES stated it was essential to follow this procedure to eliminate cross-contamination.</p> <p>On 10/24/19 at 10:51 AM, the surveyor reviewed the "Healthcare Services Group Isolation Procedure", undated, which included "#5 After the room has been cleaned, no one can leave the isolation room with any PPE on; they must dispose of any gloves, gowns and put them in a trash bag to be put into with the isolation trash in the biohazard room."</p> <p>NJAC 8:39-19.4(e)</p>	F 880			