

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: 315060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/31/2020 |
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| NAME OF PROVIDER OR SUPPLIER ST MARY'S CENTER FOR REHABILITATION & HEALTHCARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 210 ST MARY'S DRIVE CHERRY HILL, NJ 08003 | | |
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| F 000 | INITIAL COMMENTS CENSUS: 176 SAMPLE SIZE: 35 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. | F 000 | | | |
| F 550 SS=D | Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen | F 550 | | 3/13/20 | |

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

TITLE

(X6) DATE

Electronically Signed

02/20/2020

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 550 | <p>Continued From page 1 or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure that residents were served their meals in a dignified manner during meal service.</p> <p>This deficient practice was identified for (Resident #61 and Resident #167) 2 of 2 residents observed during the meal service observation and was evidenced by the following:</p> <p>On 01/21/20 at 12:46 PM, the surveyor who was standing in the hallway, observed a Certified Nursing Assistant (CNA #7) who was inside Resident #167's room. The resident was seated in a recliner chair and CNA #7 was standing as she fed the resident his/her pureed lunch meal of chicken, vegetables and pasta. The resident was noted to have [REDACTED]. The surveyor observed CNA #7 as she wiped the spillage of food residue from around the resident's [REDACTED] with a spoon and then fed the scraped-up food to the resident. CNA #7 then used the [REDACTED], which was around the resident's [REDACTED], to clean the resident's [REDACTED] and [REDACTED].</p> | F 550 | <p>Plan of Correction</p> <p>F 550, Level D Completion Date: 3/13/2020</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> CNA #1 and #7 provided 1:1 in-service on resident's rights as well as the inappropriateness of standing while feeding, utilizing a [REDACTED] and spoon to clean spillage. <p>ID Other Residents:</p> <ul style="list-style-type: none"> Any resident whose is assisted with meals. <p>Systemic Change:</p> <ul style="list-style-type: none"> In-service to all nurses and certified nursing assistants on "Resident's Rights". In-service to all nurse and certified nursing assistants on "Meal Service in a Dignified Manner". Licensed nurse will monitor meals in | | |

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| F 550 | Continued From page 2 On 01/24/20 at 11:45 AM, in the presence of the Registered Nurse/Unit Manager (RN/UM #1), the surveyor observed CNA #1 as she fed Resident #61 with a large spoonful of a puree meal. The surveyor noted that Resident # 61 had [REDACTED]. The surveyor observed CNA #1 use the resident's spoon to scrape food remnants from around the resident's [REDACTED] and [REDACTED] area and feed it to the resident. CNA #1 then wiped the resident's [REDACTED] with a [REDACTED]. During an interview on 01/24/20 at 12:47 PM with the RN/UM #1, she stated that CNA #1 had too much food on the spoon. The RN/UM #1 stated that she would speak to CNA #1 and CNA #7. On 01/30/20 at 3:30 PM, the surveyor informed the Administrator and the Director of Nursing about Resident #61 and Resident #167's dining experience and they both stated that staff needed to be re-educated. | F 550 | all locations to ensure compliance Monitoring: • "Dignified Meal Service Audit" will be completed 3 audits weekly x's 2 weeks then 3 audits monthly x's 2 then 3 audits quarterly x's 2. • Results will be brought to Q.A./QAPI on a quarterly basis. | | |
| F 677 SS=B | NJAC 8:39-4.1(a)12 NJAC 8:39-17.2(e) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide meal assistance to residents that required assistance with meals in a timely manner. | F 677 | Plan of Correction F 677, Level B | 3/13/20 | |

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| F 677 | <p>Continued From page 3</p> <p>This deficient practice was observed for (Resident #143 and Resident #277), 2 of 19 residents observed for assistance during meal service and was evidenced by the following:</p> <p>Review of the Admission Record for Resident #143 revealed that the resident was admitted to the facility with diagnoses that included: [REDACTED]</p> <p>Review of the Care Plan for nutrition, dated [REDACTED], reflected that Resident #143 was identified as being on a [REDACTED] diet texture. The goal was for the resident to have a good acceptance of diet/liquids. The intervention listed included to instruct staff to provide necessary assistance with meals.</p> <p>Review of the Admission Record for Resident #277 revealed that the resident was admitted to the facility with diagnoses that included: [REDACTED] and [REDACTED]).</p> <p>Review of the Care Plan for nutrition, dated [REDACTED], reflected that Resident #227 was at a nutritional risk related to the need for a [REDACTED] diet. The Care Plan also identified that the resident had [REDACTED]; had significant weight loss; and [REDACTED] which put the resident at risk. The goals listed on the Care Plan was for the resident to maintain his/her weight, have a desirable weight gain and to have a good acceptance of diet/liquids. The Care Plan intervention included for staff to provide cueing and encouragement to the resident during meals.</p> | F 677 | <p>Completion Date: 3/13/2020</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Resident #143 meal assignment evaluated, and trays reassigned Resident #277 meal assignment evaluated, and trays reassigned <p>ID Other Residents:</p> <ul style="list-style-type: none"> All resident's who eat in a group setting with tablemates. <p>Systemic Change:</p> <ul style="list-style-type: none"> In-service to all nurses and certified nursing assistants on "Meal Service in Common Areas" Assigned seating in dayrooms and main dining room Licensed nurse to monitor meals in all areas Dietician and Dining Service Manager to manage table assignments <p>Monitoring:</p> <ul style="list-style-type: none"> "Meal Service Audit" will be completed by nursing management – 3 audits weekly x's 2 weeks then 3 audits monthly x's 2 then 3 audits quarterly x's 2. Results will be brought to Q.A./QAPI on a quarterly basis. | | |

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| F 677 | <p>Continued From page 4</p> <p>The surveyor conducted a lunch meal service observation on the following dates 01/22/20, 01/23/20 and 01/24/20, from 11:30 AM through 11:55 AM on the [REDACTED] Unit.</p> <p>On 01/24/20 at 11:30 AM, in the presence of the Registered Nurse/Unit Manager (RN/UM #1) the surveyor, observed the following:</p> <p>The surveyor observed Resident #143 seated at a table with two other residents (tablemates). The surveyor observed as the two tablemates of Resident #143 were provided with their meals. The surveyor observed the two residents fed themselves independently. The surveyor noted that Resident #143 sat and watched his/her tablemates as they ate and watched them until the tablemates completed their meal. It was after that, about half hour later, that Resident #143 was fed his/her meal by staff.</p> <p>At the same time, the surveyor observed Resident #277 seated at a table with two other tablemates. While the tablemate's were provided their meal tray, Resident #277 gazed out the window and watched as the two tablemates ate their lunch. Resident #277 did not make any attempt to fed him/herself. The surveyor noted the resident was not provided with any queuing from staff or assistance.</p> <p>During an interview on 01/24/20 at 11:55 AM, the Certified Nursing Assistant (CNA #2) stated that she was assigned to Resident #143. CNA #2 stated that she could not give an answer as to why Resident #143 was not fed his/her lunch meal in a timely manner.</p> <p>During an interview on 01/24/20 at 12:09 PM,</p> | F 677 | The submission of this response to the statement of deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or required correction. This response is prepared, executed, and submitted solely as a requirement of the provisions of federal and state law. | | |

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| F 677 | Continued From page 5 Registered Nurse (RN #1) stated that she was new to the facility and did not know why all the residents who were seated at the same table were not fed at the same time. During an interview on 01/24/20 at 12:10 PM, the Licensed Practical Nurse (LPN #3) stated that the reason Resident #277 was not fed at the same time as his/her tablemates was because she was passing out medications to residents. During an interview on 01/24/20 at 12:12 PM, the RN/UM #1 stated that there was not enough staff to feed all the residents at the same time. She stated that she was going to help so all the residents could be fed during the meal time. | F 677 | | | |
| F 761 SS=E | NJAC 8:39-27.2 (g) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately | F 761 | | 3/13/20 | |

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| F 761 | <p>Continued From page 6</p> <p>locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure that the medication refrigerator temperature was maintained in accordance with the medication manufacturers instructions for medication storage.</p> <p>This deficient practice was identified for 3 of 3 medication refrigerators reviewed for medication storage and was evidenced by the following:</p> <p>On 01/27/20 at 1:40 PM, the surveyor inspected the medication room (med room) located on the [REDACTED] in the presence of a Licensed Practical Nurse (LPN #4) and noted that the thermometer in the medication refrigerator showed 20 degrees Fahrenheit (F). The surveyor noted that [REDACTED] medication), [REDACTED], and [REDACTED] medication) was stored in the refrigerator that that there was a large buildup of ice in the back of the refrigerator.</p> <p>During an interview at that time, LPN #4 stated that she was not sure why the thermometer read 20 degrees. The surveyor reviewed the January 2020 temperature log (temp log), which was hung on the front of the refrigerator. The temp log had no temperature range (parameter) listed. The</p> | F 761 | <p>Plan of Correction</p> <p>F 761, Level E Completion Date: 3/13/2020</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> • Medication refrigerators defrosted • New thermostats placed in refrigerators • Temperature parameters placed on each refrigerator • Medications that were in the refrigerator were discarded and reordered for those residents whose medications were store in the refrigerators <p>ID Other Residents:</p> <ul style="list-style-type: none"> • All resident's who receive medication that must be refrigerated <p>Systemic Change:</p> <ul style="list-style-type: none"> • In-service to all nurses on "Refrigerator Protocol" • Daily temperature check for refrigerators that store medications by Licensed nurse <p>Monitoring:</p> | | |

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| F 761 | <p>Continued From page 7</p> <p>temperature readings ranged from 35 degrees and 40 degrees (F). The surveyor noted that the temperature was not yet recorded for 01/27/2020. LPN #4 stated that the night shift usually checked and recorded the refrigerator temperature.</p> <p>On 01/27/20 at 2:04 PM, the surveyor inspected the [REDACTED] med room in the presence of the Registered Nurse Unit Manager (RN/UM #2) and noted that there were two thermometers in the refrigerator, one in the front and one in the back. The temperature reading on the back thermometer was 38 degrees (F) while the thermometer in the front had a temp reading of 36 degrees (F).</p> <p>The surveyor noted the following medications were stored in the refrigerator, with packaging that indicated the temperature requirements for storage:</p> <p>[REDACTED] syringes, which indicated on the box to store at 36 to 46-degree (F); [REDACTED] which indicated to store at 36 to 46 degrees (F); [REDACTED] of [REDACTED], which indicated to store at 36 to 46 degrees (F); [REDACTED], which indicated to store at 36 to 46 degrees (F); [REDACTED] (used to increase [REDACTED] and reduce [REDACTED]), which indicated to store at 36 to 46 degrees (F); [REDACTED] (used to treat [REDACTED] which indicated to store at 68 to 77 degrees (F); and [REDACTED], [REDACTED] medication), which had a recommended storage at 36 to 46 degrees (F).</p> <p>The surveyor noted that none of the medications in the refrigerator were frozen.</p> | F 761 | <ul style="list-style-type: none"> • "Medication Refrigerator Audit" will be completed by nursing management - 3 audits weekly x's 2 weeks then 3 audits monthly x's 2 then 3 audits quarterly x's 2. • Results will be brought to Q.A./QAPI on a quarterly basis. | | |

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| F 761 | <p>Continued From page 8</p> <p>The surveyor reviewed the med room temp logs for November 2019, December 2019, and January 2020. The temp logs had no temperature range listed. The following temperatures were noted as documented on the logs:</p> <p>January 2020 temperature log: On 01/01/20-01/14/20, 01/18/20-01/24/20, 28 degrees (F); On 01/15/20-01/17/20, 30 degrees (F); On 01/22/20, 38 degrees (F); On 01/25/20 and 01/26/20, 32 degrees (F).</p> <p>December 2019 temperature log: On 12/01/19 and 12/03/19-12/16/19, 30 degrees (F); On 12/17/19,12/18/19, 12/20/19, and 12/26/19, 28 degrees (F); On 12/23/19, 12/24/19, 12/27/19, and 12/28/19, 25 degrees (F); On 12/21/19, 38 degrees (F); There was no temperature recorded on the log for 12/02/19, 12/21/19, 12/22/19, 12/25/19,12/29/19, and 12/30/19.</p> <p>November 2019 temperature log: On 11/01/19, 32 degrees (F); On 11/02/19, 34 degrees (F); On 11/03/19-11/05/19, 11/11/19-11/17/19, 11/19/19-11/27/19, 11/29/19, and 11/30/19, 28 degrees (F); On 11/06/19-11/08/19, 11/18/19, and 11/28/19, 30 degrees (F). There was no temperature recorded on the log for 11/09/19 and 11/10/19.</p> <p>On 01/27/20 at 2:10 PM, the surveyor interviewed the RN/UM #2 who stated that the night shift nurses usually checked and recorded the</p> | F 761 | | | |

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| F 761 | <p>Continued From page 9</p> <p>refrigerator temperatures. RN/UM #2 stated that "around 01/17/20," the pharmacy consultant brought to her attention, the fact that the refrigerator temperature was low. RN/UM #2 stated that no medication was frozen in the refrigerator, and that the Maintenance Director recently replaced the medication refrigerator due to low temp readings. When asked if nursing staff should have questioned the low temperatures, RN/UM #2 stated that nurses should have addressed the low temps. RN/UM #2 stated that their protocol was to inform the maintenance department if there was a problem or to report the issue to the Unit Manager who would then report it to maintenance. She also stated that there was no written protocol for temperature parameters for the medication refrigerator.</p> <p>On 01/27/20 at 2:20 PM, the surveyor interviewed the Maintenance Director in the med room and interviewed him in the presence of RN/UM #2. The Maintenance Director stated that if staff reported a malfunction in the thermometer reading, the maintenance staff would check the thermometer to determine if it was broken or if the wrong reading was from other causes, and then address the cause as necessary. He also stated that the placement of the thermometer in the refrigerator might cause it to read incorrectly and that he usually advised staff not to place the thermometer at the back of the refrigerator. The Maintenance Director then looked inside the refrigerator and observed the thermometer, which was placed at the back of the refrigerator. He moved the thermometer to the front of the refrigerator. Both RN/UM #2 and the Maintenance Director stated that the staff should have questioned the low temperature readings and informed maintenance.</p> | F 761 | | | |

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| F 761 | <p>Continued From page 10</p> <p>On 01/27/20 at 2:40 PM, the surveyor interviewed RN/UM #2 again. When asked about temperature parameters for the refrigerator, she stated that they did not have parameters and that she just had created one to enable nurses to determine at what temperature to report to maintenance.</p> <p>On 01/28/20 at 11:15 AM, the surveyor interviewed RN/UM #2. RN/UM #2 removed the thermometer from the medication refrigerator and reviewed the thermometer's calibration in the presence of the surveyor. The calibration reflected that 0 to -10 degrees (F) represented a freezing temperature, and that the refrigerator storage temperature was between 34 to 40 degrees (F). There was no information regarding medication storage temperatures.</p> <p>At that time, the surveyor requested the manufacturer's instruction manual for the thermometer. RN/UM #2 provided a similar thermometer which was still inside the case. There was no specified parameter or instruction regarding a holding temperature for items such as medications and no manufacturer's manual was observed inside the packaging of the thermometer.</p> <p>On 01/28/20 at 12:00 PM, the surveyor inspected the [REDACTED] med room refrigerator in the presence of RN/UM #3. The surveyor noted that the thermometer reading was 30 degrees (F). The surveyor reviewed the temperature log for January 2020. The temp log had not temperature range listed and reflected temperature readings between 38 and 40 degrees (F). The surveyor noted that the temperature recorded on 01/24/20 was 30</p> | F 761 | | | |

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| F 761 | <p>Continued From page 11</p> <p>degrees (F). While the surveyor was reviewing the temperature log, RN/UM #3 exited the med room to attend a call. At that time, LPN #5, a medication nurse, entered the med room.</p> <p>On 01/28/20 at 12:15 PM, the surveyor interviewed LPN #5. When the surveyor showed her the temperature of 30 degrees (F), LPN #5 stated that the temperature was within the refrigerator range. When questioned about the range, LPN #5 did not provide any further information. When asked about the facility's protocol for maintaining medications in the specified temperature, in accordance with the manufacture's manual, LPN #5 stated that 30 degrees would be too low for some medications.</p> <p>At that time, both the surveyor and LPN #5 reviewed a box of [REDACTED] in the refrigerator. The instructions on the box reflected to store the [REDACTED] at 36 to 46 degrees (F). LPN #5 then removed the [REDACTED] vials from the refrigerator.</p> <p>The surveyor noted the following medications in the med refrigerator: [REDACTED]</p> <p>[REDACTED]. All of these medications indicated the temperature storage should be at 36 to 46 degrees (F).</p> <p>On 01/28/20 at 12:20 PM, RN/UM #3 approached the surveyor and stated that she discarded the [REDACTED] and other affected medications because they did not know how long the medications were stored at the low temperature.</p> | F 761 | | | |

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| F 761 | <p>Continued From page 12</p> <p>On 01/30/20 at 11:40 AM, the surveyor rechecked the [REDACTED] med room refrigerator. The thermometer showed a temperature of 42 degrees (F), which was within the 36 to 46 degrees (F) range indicated for the storage of the medications within the refrigerator.</p> <p>During an interview with the facility Administration on 01/30/2020 at 3:00 PM, the Chief Operation Officer stated that the thermometer was not usually calibrated and that they simply discarded the thermometer whenever it no longer recorded the temperature accurately. When asked if the facility had established temperature parameters for the medication refrigerator for staff to identify out of range temperatures, the Director of Nursing (DON) stated that they did not have an established parameter and that they created a parameter after surveyor inquiry.</p> <p>On 02/03/20 at 7:00 AM, the surveyor interviewed the night shift nurse (LPN #6) who documented most of the low temperature on the log on [REDACTED] unit. LPN #6 stated that she reported the low temperatures to the Maintenance Director many times and that she was usually instructed to move the location of the thermometer. LPN #6 stated that the temperature remained low even when she moved the thermometer to different parts of the refrigerator. LPN #6 stated that she verbally informed the maintenance department. She also stated that she usually checked to see that the [REDACTED] and other medications in the refrigerator were not frozen before she administered them to the residents and that no medication was frozen during the low temperature period.</p> | F 761 | | | |

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| F 761 | Continued From page 13 Review of the facility's "Storage of Medications" policy, dated 07/2017, revealed that it was the nursing staffs' responsibility for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. The policy indicated that medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses's station or other secured location and that the medications should not be stored with food. The policy did not address the storage of medication at the appropriate temperature as indicated by the manufacturer. | F 761 | | | |
| F 880 SS=E | NJAC 8:39-29.2 (c) 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 | F 880 | | 3/13/20 | |

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| F 880 | <p>Continued From page 14</p> <p>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. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> | F 880 | | | |

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| F 880 | <p>Continued From page 15 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 records and other documentation, it was determined that the facility failed to ensure that a.) appropriate hand hygiene was provided to residents prior to being served their lunch meal, and b.) staff performed hand hygiene between feeding multiple residents.</p> <p>This deficient practice was identified for 2 of 3 nurses, and 3 of 3 Certified Nursing Assistants (CNAs) observed during the lunch meal observation on the [REDACTED] unit on 01/24/20 and 01/28/20 and was evidenced by the following:</p> <p>On 01/22/20 at 11:34 AM, the surveyor observed 19 residents seated at tables in the [REDACTED] day/dining room as staff prepared to serve the residents their meals. The surveyor observed as staff placed table mats, utensils and beverage cups on the tables tops and placed clothing protectors on the residents. The surveyor observed four white containers of hand sanitizer wipes hanging on the wall. The surveyor observed that staff did not provide or offer hand hygiene to the 19 residents prior to serving the residents their meals. The same scenario was observed again on 01/24/20 at 11:57 AM and on 01/28/20 at 11: 45 AM.</p> <p>During the lunch meal observation conducted by the surveyor on 01/24/20 from 11:45 AM through</p> | F 880 | <p>Plan of Correction</p> <p>F 880, Level E Completion Date: 3/13/2020</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> • Hand towelettes available in all meal service areas • 1:1 in-servicing to nurses/C.N.A. • Policy changed to reflect towelettes being offered prior to meals <p>ID Other Residents:</p> <ul style="list-style-type: none"> • All residents in the facility who receive a meal tray <p>Systemic Change:</p> <ul style="list-style-type: none"> • In-service to all nurses/C.N.A. on "Infection Control During Meal Service for Residents and Staff" • In-service placed on Mandatory In-Service List for 2020 twice yearly • Licensed nurse to monitor meals in all locations to ensure compliance <p>Monitoring:</p> <ul style="list-style-type: none"> • "Infection Control Audit" will be completed by nursing management – 3 audits weekly x's 2 weeks then 3 audits monthly x's 2 then 3 audits quarterly x's 2. | | |

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| F 880 | <p>Continued From page 16</p> <p>12:30 PM, in the presence of the Registered Nurse/Unit Manager (RN/UM #1), the surveyor observed the following:</p> <p>CNA #1 was observed as she fed Resident #61. CNA #1 repositioned the resident and wiped the resident's [REDACTED] with the [REDACTED]. After Resident #61 completed his/her meal, CNA #1 took the resident's plate and placed the plate on the food truck. The surveyor observed that CNA #1 did not perform personal hand hygiene after she finished feeding Resident #61. CNA #1 then sat down at another table and began feeding another resident without performing hand hygiene.</p> <p>CNA #2 was observed feeding a resident at a table near the door. When CNA #2 completed feeding the resident, she moved on to another resident at the same table, and began feeding that resident. CNA #2 did not perform hand hygiene between feeding these two residents.</p> <p>CNA #4 was observed as she fed a resident at a different table in the dining room. When CNA #4 completed feeding the resident, she wiped the resident's mouth with a napkin. After wiping the resident's mouth, CNA #4 began feeding another resident who was seated at the same table. CNA #4 did not perform hand hygiene prior to feeding the second resident.</p> <p>A Registered Nurse (RN #1) was seated at a table and feeding two residents at the same time. The surveyor observed as RN #1 stopped, and wiped one resident's mouth, repositioned the resident and continued to feed both residents. RN #1 did not perform hand hygiene between both residents.</p> | F 880 | <ul style="list-style-type: none"> Results will be brought to Q.A./QAPI on a quarterly basis. | | |

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| F 880 | Continued From page 17 A Licensed Practical Nurse (LPN #3) was seated at a table and feeding a resident. After feeding the resident, LPN #3 moved to another table and began feeding a second resident. LPN #3 did not perform hand hygiene between the two residents. During an interview conducted by the surveyor on 01/24/20 at 12:45 PM, the RN Unit Manager (UM #1) stated that staff should have provided hand hygiene to the residents prior to their meal being served and that staff should have performed hand hygiene before feeding residents and between different residents. UM #1 stated that staff needed more education. During an interview on 01/28/20 at 12:54 AM, CNA #4 stated that she did not normally provide hand hygiene to the residents nor did she perform hand hygiene herself when feeding residents. During an interview on 01/28/20 at 1:03 PM, RN #1 stated that she was a new nurse and on orientation. RN #1 stated that she should have cleansed the resident's hands before serving them their meals and that she should have performed her own hand hygiene between feeding different residents. During an interview on 01/28/20 at 1:30 PM, CNA #2 stated that she was trying to make sure she fed all the residents she was assigned to feed, and that she forgot to wash her hands in between the residents. During an interview on 01/28/20 at 2:05 PM, LPN #1 stated that the CNAs should have provided hand hygiene to the residents' hands prior to meal service, and that CNAs should have washed | F 880 | | | |

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| F 880 | <p>Continued From page 18</p> <p>their hands between feeding residents.</p> <p>During an interview conducted by the surveyor on 01/28/20 at 2:07 PM, CNA #1 stated that she was never taught to provide hand hygiene to the residents before meal service nor was she taught to perform personal hand hygiene when moving from resident to resident during meal service.</p> <p>On 01/30/20 at 3:17 PM, the surveyor conducted an interview with the Administrator, the Director of Nursing (DON), Regional Clinical Nurse and Chief Operations Officer (COO) regarding the [REDACTED] meal service observation. The Administrator and DON stated that they observed the meal service on the units and that staff had been in-serviced on handwashing. The DON stated that she could not explain why hand hygiene was not provided to the residents prior to meal service.</p> <p>According to the facility's Dining Policy, dated 02/2018, prior to meals, residents would have their hands cleaned. Residents would be offered a towelette and clothing protector before meals were served in the dining location. In addition, staff would wash their hands prior to serving meals to the residents. Hand sanitizers and hand wipes were available in all dining areas for staff use if necessary.</p> <p>A review of the facility's Handwashing Policy, dated 01/2011, revealed that handwashing was considered the simple most important procedure for reducing germ count on the skin and therefore in preventing transmission or infection. Hands should be washed between handling of individual residents, and before contacting the face and mouth of the resident.</p> | F 880 | | | |

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| F 880 | Continued From page 19 | F 880 | | | |
| F 921 SS=D | <p>NJAC 8:39-19.4 Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to remove expired medical supplies from the medication room storage drawers.</p> <p>This deficient practice was identified for 1 of 3 medication rooms inspected and was evidenced by the following:</p> <p>On 01/28/20 at 11:25 AM, the surveyor inspected the [REDACTED] medication room in the presence of the Registered Nurse/Unit Manager (RN/UM) #1 and found the following expired items, which were stored with other non-expired items, inside a drawer:</p> <p>[REDACTED] expired on 12/31/19. One, [REDACTED] expired March 2019. One, [REDACTED] bottle, expired on 09/30/19. One, [REDACTED] [REDACTED] expired on 09/01/19.</p> <p>On 01/28/20 at 11:40 AM, the surveyor showed the expired items to the RN/UM #1. She stated that it was the responsibility of all nurses and the</p> | F 921 | <p>Plan of Correction</p> <p>F 921, Level D Completion Date: 3/13/2020</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Facility wide inspection of medication room for expired items Expired items disposed <p>ID Other Residents:</p> <ul style="list-style-type: none"> All residents who utilize medical equipment <p>Systemic Change:</p> <ul style="list-style-type: none"> In-service to all nurses on "Expired Items" Monthly medication and stock room inspections by nursing management <p>Monitoring:</p> <ul style="list-style-type: none"> "Expired Items Audit" will be completed by nursing management - 3 audits weekly x's 2 weeks then 3 audits monthly x's 2 then 3 audits quarterly x's 2. Monthly medication and stock room | 3/13/20 | |

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| F 921 | <p>Continued From page 20</p> <p>Unit Manager to inspect and remove expired items from the medication room and that they try to check the medication room daily. She stated that she did not know there were expired items in the drawer.</p> <p>On 01/28/20 at 11:45 AM, the surveyor interviewed LPN #1 regarding the expired items. LPN #1 stated that she usually obtained a new order of [REDACTED] when a resident needed [REDACTED] medication. She stated that the expired items were probably from a resident who received [REDACTED] medication in the past. When asked about her process regarding medical supplies, LPN #1 stated that she usually discarded leftover supplies or sent them back to the pharmacy after the residents completed their treatment. LPN #1 also stated that she was not sure if other nurses obtained supplies from the medication room.</p> <p>Review of the Storage of Medications policy, dated 07/2017, revealed that nursing staff shall check for expiration dates prior to utilizing any medications or equipment and that expired items should be discarded upon discovery.</p> <p>NJAC 8:39-19.8(c)</p> | F 921 | <p>inspections by nursing management</p> <ul style="list-style-type: none"> Results will be brought to Q.A./QAPI on a quarterly basis. | | |