

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

PRINTED: 02/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2020
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT EVESHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 MARLTON, NJ 08053
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F 000	INITIAL COMMENTS Survey Date: 11/12/20 Census: 111 Sample: 6 (3 Residents and 3 Employees) 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=F	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	F 880		11/30/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/21/2020
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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 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 infection.</p> <p>§483.80(f) Annual review.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. 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 use proper infection control practices in a manner to prevent the potential spread of infection and/or cross-contamination for residents on transmission-based precautions on by failing to</p> <p>a.) handle and discard washable isolation gowns appropriately b.) wear isolation gowns in the hallways of Covid-19 positive units c.) disinfect protective face shields/eye wear after exiting a Covid-19 positive unit.</p> <p>This deficient practice was identified on 3 of 4 units and was evidenced by the following:</p> <p>The facility policy dated 10/26/2020 and titled, "Care One Cohort Plan" was comprised of general co-horting guidelines which indicated the following:</p> <p>The Red Zone is comprised of all Covid-19 positive residents. The residents in this zone were on isolation, and signage was posted on each resident's door to indicate as such. This zone was separate from all other cohorts. There were designated staff and designated equipment on this unit. Full (Personal Protective Equipment) PPE was required for this unit, such as eye protection, gown gloves, and mask.</p> <p>The Yellow Zone PUI (Persons under Investigation) was comprised of exposed, asymptomatic, or potentially incubating Covid-19 residents. Signage was posted prior to entrance to the unit and on each resident's door that indicated that separate gowns and gloves for</p>	F 880	<p>1. Corrective actions are described below:</p> <p>a. Re inservicing on full PPE required in the Red Zone (Covid + Zone) at all times. This includes respirator; goggles or face shield; gown; and gloves. This is required in the resident rooms and hallways.</p> <p>b. Re inservicing on cleaning and sanitizing procedure (described below) for goggles or face shield upon exit of the Red Zone and Yellow Zone.</p> <p>c. In servicing on bagging used gowns before exiting a resident room, and placing the bag with used the used gown in the appropriate soiled gown bin. All used gowns are to be transported to the soiled gown bin in a clear plastic bag.</p> <p>d. The chair in the hallway was bagged and removed from the unit for cleaning and sanitizing.</p> <p>e. The resident mentioned in the hallway has recovered and returned to their assisted living center.</p> <p>f. A HEPA filter was received on 11-12-20 for the Red Zone common area to "scrub" and filter the air in the hallway.</p> <p>g. The center also purchased and received on 11-13-20 a room and common area sanitizer "fogger" to sanitize vacant rooms before occupied as a supplement to the carbolization process.</p> <p>2. All residents in the Red and Yellow Zones have the potential to be affected;</p>		

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F 880	<p>Continued From page 3</p> <p>each resident at point of use: extended use/reuse of mask and eye protection was permitted. The staff is required to wear a Respirator (facemask if not available), eye protection, separate gown, and gloves when rendering resident care. Extended use/re-use of a mask and eye protection is utilized as per facility policy.</p> <p>The Green Zone (clean) was comprised of residents that were Covid-19 negative, not exposed or asymptomatic Covid-19, and recovered over 14 days. Only fully recovered residents over 14 days may be moved into the Green Zone.</p> <p>1.)</p> <p>On 11/10/20 at 10:04 AM, the surveyor observed closed double doors with a window and a red sign attached that read Covid Unit (Covid-19 Unit #1). The surveyor stood outside the Covid-19 Unit #1 and viewed the hallway of the Covid-19 unit through the window. The surveyor observed a staff member walking down the hallway carrying a yellow washable gown over her arm and then donned the gown outside the resident's room. At that time, the surveyor observed a staff member who was wearing a gown, gloves, N-95 mask, and eye goggles ambulating a resident in the Covid-19 Unit #1 hallway. The surveyor also observed staff on the Covid-19 Unit #1 hallway not wearing yellow isolation gowns.</p> <p>On 11/10/20 at 10:14 AM, the surveyor interviewed the Licensed Practical Nurse Unit Manager (LPN UM) for the Covid-19 Unit #1 who stated that the staff obtained clean yellow washable isolation gowns from a clothing rack that was located across at the nurse's station outside of the Covid positive Unit #1.</p>	F 880	<p>therefore, this Plan of Correction applies to all residents in the Red and Yellow Zones.</p> <p>3. Systematic Changes that have been implemented include:</p> <p>a. RED ZONE: All door hooks used for hanging gowns have been removed. All staff will don a gown in the hallway, and gloves as indicated. The gown may be used for the care of other Covid + residents as long as no other multidrug resistant infection (C-Diff, MRSA, Ect.) is present. The gown is for single use, and not worn by any other caregiver. Plastic bags may be available for the used gowns. Once used, the washable gown will be placed into a plastic bag, and then placed into the soiled bin for washing. Full PPE including respirator, gown, gloves, goggles or face shield will be worn in the Red Zone, including the hallway.</p> <p>b. YELLOW ZONE: The "One and Done" procedure will be employed for the use and cleaning of washable gowns. Clear plastic bags have been placed in each resident room for gown use. Once a gown is used, it will be placed in a plastic bag by staff while in the room, and then placed into a soiled bin for washing. Additional soiled bins have been purchased for easy placement, limiting the distance the staff need to travel for gown placement.</p> <p>c. RED and YELLOW ZONE: Staff will disinfect goggles or face shields before exiting these zones. The goggles or face shield will be placed in a bag with the staff</p>		

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F 880	<p>Continued From page 4</p> <p>Prior to entering the Covid-19 Units, the nurses and aides obtain a clean gowns for each resident's room and hang the gowns on the hooks outside each Covid positive room. The surveyor was told that the gowns are labeled "CNA" and "LPN/NURSE." The yellow gowns are then donned prior to staff entering each residents' room. When the nurses or aides exit the resident's room, they hang the labeled, contaminated yellow gown on the outside door hook facing the hallway to be reused the next time staff enter the resident's room. The LPN UM stated "I don't consider the hallway contaminated."</p> <p>On 11/10/20 at 10:45 AM, two surveyors toured the Yellow PUI Unit. Prior to entering the PUI unit, the surveyors observed a plastic zippered door with a yellow sign attached to plastic that read "STOP: Quarantine: Droplet/Contact precautions." Inside the PUI unit, the surveyors observed a yellow arrow sign attached to the wall that indicated N95/KN95 masks and eye protection should always be worn and gowns worn when providing direct care. Upon entering the PUI Unit, the surveyors observed yellow washable gowns hanging on hooks on the outside of the open resident room doors facing the hallway. At that time, the surveyor interviewed the Registered Nurse Unit Manager (RN UM) who stated that the staff are not required to wear gowns in the hallways and only to wear gowns when providing direct patient care.</p> <p>On 11/10/20 at 11:00 AM, the surveyor observed a staff member in a resident's room on the PUI unit wearing a N-95 mask, goggles, gloves and a yellow disposable gown ambulating a resident with their hands touching the resident. Upon exiting the room, the surveyor observed the staff</p>	F 880	<p>member's name to be hung in a designated area according to the following procedure:</p> <ul style="list-style-type: none"> Staff will sanitize their goggles/face shield before exiting the unit Staff will place their cleaned goggles/face shield in a clear plastic bag Staff will label the bag with their name Staff will hang their labeled bag containing their goggles/face shield on a hook provided Soiled and/or damaged goggles/face shields will be disposed of <p>GREEN ZONE: Staff is encouraged to clean goggles/face shields at the end of their shift and store it in a plastic bag labeled with their name, and hang it in the designated area. Simple mask and eye protection in patient care areas. Mask in non-patient areas. Gloves as indicated. Add gown for all care activities until no new cases in the center for 14 days. Gown is not used for the care of any other residents, and not worn by any other caregiver.</p> <p>d. Resident room doors in the Red Zone will remain closed as tolerated, and residents will be limited to their rooms. The center will also continue to provide residents with a mask as tolerated.</p> <p>4. Monitoring observations will be completed by nursing leadership on each zone once per day for 2 months, three times per week for one month, and once per week for one month focused on the appropriate use of, and disposal of PPE for all staff. Observation audits will be documented and education sessions</p>		

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F 880	<p>Continued From page 5</p> <p>member remove and dispose of their gloves in the trash can in the resident's room. The staff member then took off the yellow contaminated gown and rolled the gown inside out and carried it through the hallway to the laundry bin located in the middle of the hallway. The staff member then used alcohol-based gel to perform hand hygiene.</p> <p>On 11/10/20 at 11:06 AM, the surveyor interviewed LPN #1 on the PUI unit who stated that after wearing a yellow isolation gown in a resident's room, the gown was to be wrapped up into itself and walked down the hallway and disposed of into the dedicated laundry bin.</p> <p>On 11/10/20 at 11:08 AM, the surveyor interviewed LPN #2 on the PUI unit who stated that she was an agency nurse and was informed by the facility that she was to put on a gown and gloves prior to entering a resident's room for patient care. Prior to exiting a resident's room, she was to take off the gown first, roll it outside towards the inside, then take off the gloves and dispose of the gloves in trash. The rolled-up gown was to go into the linen bin in the hallway that was closest to the resident's room. The surveyor observed that all laundry bins were located down the end of the hallway which required the staff to walk through the halls with contaminated isolation gowns in order to dispose of them.</p> <p>On 11/10/20 at 11:15 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN UM) who confirmed that the staff were removing contaminated washable gowns and turning them inside out and walking the contaminated gowns down the hallway for disposal in the laundry bin. The RN UM stated that this is how the staff were trained to dispose of the contaminated gowns.</p>	F 880	<p>completed as necessary. Results of the audits will be forwarded to the QA committee monthly for three months for tracking, trending, and updating as necessary.</p>		

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F 880	<p>Continued From page 6</p> <p>On 11/10/2020 at 01:10 PM, the Occupational Therapist (OT #1) stated that when treating a resident in their room on the Covid-19 positive unit, staff were to wear full PPE such as washable isolation gown, N95 mask, gloves and face shields. OT #1 indicated that when exiting the residents room after treatment that the yellow isolation gown was to be removed and disposed of in the laundry bin at the end of the hall. "I do walk through the hall with the gown to the disposal bin." OT #1 also revealed that when he was assigned to the Covid-19 positive unit "Red Unit" that the whole unit is considered contaminated and contaminated PPE should not be worn off that unit.</p> <p>2.)</p> <p>On 11/10/20 at 11:35 AM, two surveyors toured the Covid-19 positive Unit #1. The surveyors observed a red arrow sign attached to the wall of the unit that indicated that N95/KN95 mask and eye protections to be worn. The signage also indicated that a gown was to be worn for each room for each staff individualized person and was to be discarded at end of the shift. The surveyors observed yellow washable gowns hanging on hooks of each resident room doors with the gowns facing the hallway. Some the doors were closed and some were opened. The surveyors did not observe staff on the Covid-19 #1 Unit hallway wearing yellow washable isolation gowns. They were wearing their uniforms.</p> <p>On 11/10/20 at 11:40 AM, both surveyors observed a Physical Therapist (PT#1) not wearing a yellow washable isolation gown while ambulating a Covid-19 positive resident in the Covid unit #1. PT #1 was in direct contact with</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>the resident during ambulation and was touching the resident and the resident's wheelchair during treatment.</p> <p>The surveyor interviewed PT#1 at this time who stated that she was told that day that she should not wear the washable isolation gown in the hallway on the Covid-19 Positive Unit #1. PT#1 further stated that she was treating a Covid-19 positive resident in the hall and did not understand why she was instructed by the nursing staff not to wear an isolation gown while in direct contact with a Covid-19 positive resident. PT#1 stated, "I'm still in contact with the resident so I should be wearing a gown to protect myself and others from contacting Covid-19. I feel like I should be wearing the isolation gown."</p> <p>On 11/10/20 at 11:45 AM, both surveyors observed a resident sitting in a chair in the hallway of Covid-19 positive Unit #1 unmasked, and ungowned picking his/her nose and rubbing the secretions on the chair in the hallway. This resident was in close proximity to PT #1 who was treating a Covid-19 positive resident in the hallway as well as other staff members and LPN #3, all of whom were not wearing isolation gowns in the hallway.</p> <p>At that time, the surveyor interviewed LPN #3 who confirmed that residents who were in the hallway were positive for the Covid-19 virus and that the resident who was sitting in the chair unmasked and picking his/her their nose should be in their room and should be wearing a mask. The LPN added that the residents should not be in the hallway and should be in their rooms, but did not think that the hallway was contaminated even though there were two residents in the hallway who were both Covid-19 positive.</p>	F 880			

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F 880	Continued From page 8 The surveyors then inquired about proper use of the yellow isolation gowns and LPN #3 responded that when a nurse exits a resident's room on the Covid unit the nurse should remove the gown and hang it on the hook of the door with the dirty side facing towards the door and the clean side facing the hallway. The LPN added that when staff use an isolation gown one time that they should fold the gown inside out so that the dirty side is facing in. Then carry the gown to the disposal linen bin at the end of the hallway. On 11/10/20 at 12:50 PM, the surveyor interviewed the Director of Physical Therapy (DPT) who stated that when a therapist was on the PUI Unit the therapist apply a clean yellow gown and gloves prior to entering a resident's room. When exiting the room, the therapist was to remove the gloves and throw in trash can in the room, then remove the yellow washable gown from the inside out and roll it up and place in the linen bin in the hallway. The DPT further stated that the Covid-19 unit utilize the same procedure as the PUI Unit for disposal of the washable isolation gowns after treating a resident. The DPT stated that on the Covid-19 Unit, all therapy should be done in the resident's room but if the therapist needs to do therapy in the hall, the therapist should be wearing a yellow disposable gown and gloves in addition to the N-95 mask and goggles/face shield because the hallway of the Covid-19 Unit was contaminated. The DPT further stated that if the therapist was not in direct resident contact then they did not need to wear a yellow gown on the Covid-19 Unit hallway. On 11/10/2020 at 12:50 PM, the surveyor interviewed PT #2 who stated that while working on the Covid-19 positive Unit staff were to wear	F 880			

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F 880	<p>Continued From page 9</p> <p>full PPE which included N95 mask, goggles or face shield, isolation gown and gloves. She stated that residents on that unit were positive for Covid-19. She added that the residents were ambulated in the hallways of the Covid-19 positive Unit. She added that she considered the entire Covid-19 Unit contaminated and that by not wearing an isolation gown to protect your clothing even in the hallway that the virus could contaminate your clothing which could transmit the virus.</p> <p>On 11/10/2020 at 01:00 PM, the surveyor interviewed a Lead Occupational Therapist who stated that therapy staff are designated to specific units and that she was designated to the PUI unit, but had one resident on the Covid-19 positive unit. She added that she would treat the residents on the PUI unit first and then would treat the resident on the Covid-19 positive unit last. She stated that she was told by the nurses on the Covid-positive unit that she was not to wear a isolation gown or gloves while in the hallway on the Covid-19 positive unit, but was to wear full PPE while in rooms housing Covid-19 positive residents.</p> <p>On 11/10/20 at 1:40 PM, the surveyor interviewed LPN #4 who stated that she was assigned to both Covid-19 units (Covid-19 Unit #1 and Covid-19 Unit #2). LPN #4 stated that prior to the start of the shift, the nurses would bring a clean gown and hang onto the hook of each resident's room. These gowns were labeled nurse or CNA. LPN #4 stated that the staff did not wear an isolation gowns in the hallway of the Covid-19 units and only gown up when entering a resident's room. The nurses put the yellow isolation gown on before entering the Covid-19 positive resident's room and upon exiting the room will then hang</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER CARE ONE AT EVESHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 MARLTON, NJ 08053		
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F 880	<p>Continued From page 10</p> <p>the gown on the designated hook on the door for later use.</p> <p>On 11/12/2020 at 10:30 AM, the surveyor toured the Covid-19 positive Unit #1 and observed washable yellow isolation gowns hanging on the resident's door. The gowns were hanging on hooks that were labeled "Nurse" on one side and "CNA" on the other side.</p> <p>The surveyor observed an employee who emerged out of a Covid-19 positive resident's room. The employee took off a contaminated washable yellow isolation gown, did not turn the contaminated gown inside out and hung the gown on the outside of the door where it was labeled "CNA". The employee quickly left the unit. The surveyor interviewed the LPN #3 at this time and she revealed that the employee worked in the therapy department and was not a CNA. LPN #3 stated that the therapy employee should have removed the contaminated isolation gown inside out and then should have disposed in the isolation gown disposal bin and should not have hung a contaminated isolation gown on the hook that was labeled "CNA". She also stated that employees do not share gowns and that the hook labeled "CNA" was strictly isolation gowns that were worn by the CNAs.</p> <p>On 11/12/20 at 11:24 AM, the surveyor observed LPN #4 take a yellow gown off the hook labeled "nurse" and enter a resident's room. Upon exiting the room, LPN #4 hung the gown up on a plastic hanger with the dirty side opening towards the hallway, then performed hand hygiene. At that time, the surveyor interviewed LPN#4 who stated that she considered the hallway to be "clean" even though she hung a contaminated isolation gown on a door facing the hallway.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>On 11/12/2020 at 11:30 AM, the surveyor interviewed the Social Worker (SW) who stated that when she enters the Covid-19 positive Unit that she wears a N95 mask and goggles. She said that she carried her washable isolation gown on the Covid-19 positive Unit and put it on prior to entering a resident's room who was Covid-19 positive. She then stated that after exiting a resident's room she would roll up the contaminated gown and walk the contaminated gown down the hall to the "gowns only" bin. She stated that the "gowns only" bin was usually at the end of the hallway.</p> <p>On 11/12/2020 at 01:30 PM, the surveyor interviewed the Director of Rehabilitation (DR) who stated that the therapist take isolation gowns in for each individual resident and upon exiting a resident room they remove the gown, turn it inside out, walk down the hall with the washable isolation gown and place it in the laundry bin. The DR stated that the staff do not wear isolation gowns in the hallway on the Covid positive units. "The staff are suppose to treat residents in their rooms, but some residents are insistent on walking in the hall and if so then the therapist must wear a gown when treating the resident." The DR added the the staff was to wear the isolation gowns when in direct contact with the residents that were Covid positive to prevent contamination of clothes.</p> <p>3.)</p> <p>On 11/12/2020 at 10:35 AM, the surveyor was standing near the double doors to the Covid-19 positive Unit 1 and observed multiple staff members exiting the Covid-19 positive Unit #1 without cleaning the face shields. The surveyor interviewed LPN #3 who was also observed</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>exiting the Covid-19 positive Unit #1 without cleaning the face shield. LPN #3 confirmed that face shields should be cleaned with disinfectant prior to exiting the Covid-19 positive Unit and admitted that she should have cleaned her face shield. She also revealed that all staff exiting the Covid-19 positive Unit should clean their face shields.</p> <p>On 11/12/2020 at 10:45 AM, the surveyor observed an Occupational Therapist (OT) exit the Covid-19 positive Unit without cleaning his face shield. The OT was interviewed at this time and confirmed to the surveyor that he should have cleaned his face shield because germs, bacteria or viruses could be on the face shield and could be transmitted.</p> <p>On 11/12/2020 at 11:31 AM, the surveyor interviewed LPN #4 on the Covid-19 positive Unit #2 and confirmed that when she exited the Covid-19 positive units she wore her face shield outside the unit without disinfecting it until the end of her shift.</p> <p>On 11/12/2020 at 12:30 PM, the surveyors interviewed the DON and asked why Covid-19 positive residents were observed in the hallways of the Covid-19 unit without masks and were not in their rooms and why staff were not wearing isolation gowns while in the Covid-19 positive hallway.</p> <p>The DON explained to the surveyor that the Covid-19 positive Units were considered "clean" and this was why staff did not have to wear isolation gowns while in the halls. Staff were only to wear isolation gowns when in resident's rooms that were Covid-19 positive or when in direct contact with Covid-19 positive residents. The</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>DON stated that she did not think that the virus could be on the employees clothing and could be transmitted that way.</p> <p>The DON added that when employees were removing their contaminated isolation gowns and rolling the contaminated isolation gowns inside out, that the inside of the gown was considered "clean" and that it was safe to walk the gown down the hall to put it in the disposal bin. "Nothing should be contaminated". "The hallway should be considered clean." The DON then stated that walking contaminated isolation gowns down a hall was safe as long as the gown was turned inside out, and that staff washed their hands afterward.</p> <p>The DON also revealed that she did not educate the staff to clean the goggles or face shields before leaving the Covid-19 positive Unit because she did not think that the virus could spread that way. "Only if they touched the shields or goggles and then touched their eyes or mouths."</p> <p>On 11/12/2020 at 01:30 PM, the surveyor interviewed the DR who stated that staff should disinfect goggles and face shields when leaving the Covid-19 positive unit in case the shields or goggles are contaminated.</p> <p>The facility policy dated 10/11/2020 and titled, "CareOne Strategies for "Contingent Capacity" Use of PPE Center for Disease Control (CDC) and Use by Cohort Group indicated the following:</p> <p>General Guidelines for PPE Use: -Full PPE is required for care of all residents regardless of Covid status if there is a current outbreak with staff or residents. -Avoid wearing gowns in the hallway and</p>	F 880			

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F 880	<p>Continued From page 14 common areas (no "base layer" of PPE unless it is a Covid positive Unit).</p> <p>Eye Protection: -Disposable and reusable eye protection may be reused with appropriate cleaning and disinfection; Do not share. -Discard is damaged; do not touch or adjust and do not remove in patient care area. -Prioritize for aerosol, splash or spray generating procedures or where prolonged face to face/close contact is unavoidable.</p> <p>The facility provided the surveyor with a form titled, "How to safely remove PPE and the form indicated: Remove all PPE before exiting the patient room and provided an example on how to remove PPE without contaminating clothing, skin, mucous membranes with potentially infectious materials.</p> <p>Goggles and Face Shields: -Outside of goggles and face shields are contaminated! -If your hands get contaminated during goggle or face shield removal, immediately wash your hands and use an alcohol-based hand sanitizer. -Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield. -If the item is reusable, place in designated receptacle for reprocessing. Otherwise discard in the waste container.</p> <p>Gowns: -Gown front and sleeves are contaminated! -If your hands get contaminated during gown removal, immediately wash your hands and use an alcohol-based hand sanitizer. -Unfasten gown ties, taking care that sleeves</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>don't contact your body when reaching for ties. -Pull gown away from neck and shoulders, touching inside of gown only. -Turn gown inside out. -Fold or roll into a bundle and discard in a waste container.</p> <p>The facility form dated 10/22/2020 and titled, "Yellow Zone PPE Use" indicated that No gowns are to be worn in the hallways.</p> <p>According to the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes updated 4/30/20 included, "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown...All recommended COVID-19 PPE [personal protective equipment] should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement... However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.""</p> <p>NJAC 8:39-19.4(a)(1-2)(c)</p>	F 880			