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F 000	INITIAL COMMENTS STANDARD SURVEY: 09/27/19 CENSUS: 111 SAMPLE SIZE: 24 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items	F 582		11/8/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/08/2019

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 582	Continued From page 1 and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to issue the required Notice of Medicare Non Coverage (NOMNC) for 2 of 3 residents (Resident #99 and #100) reviewed for Medicare Beneficiary Protection Notification. This deficient practice was evidenced by the following: On 09/25/19, the surveyor requested three records from the Beneficiary Protection	F 582	1. Resident #99 no longer resides in the facility. Resident #100 no longer resides in the facility. 2. Facility will follow the regulations regarding the issuing of the required Notice of Medicare Non Coverage (NOMNC) 3. Education was completed on 10/4/19 with the Social Services Director and the Business Office manager on the issuing of the required Notice of Medicare Non Coverage (NOMNC).	

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F 582	Continued From page 2 Notification Review list of residents discharged from Medicare Part A stay with benefit days remaining. According to the Electronic Medical Record, Resident #99 was admitted to the facility on [redacted] and discharged to home on [redacted]. The facility did not provide details regarding this resident's Medicare Part A Skilled Episode start or stop dates or evidence that Resident #99 received a NOMNC. The surveyor reviewed documents provided for Resident #100. According to the resident's Medical Record Face Sheet, Resident #100 was admitted to the facility on [redacted]. The resident was discharged to home on [redacted]. The facility did not provide a Medicare Part A start date or stop date for this resident. There was no evidence that a NOMNC was issued to Resident #100 upon discharge. On 09/25/19 at 10:44 AM, the surveyor interviewed the Social Services Director (SSD), who stated that she was responsible for issuing the NOMNC. The SSD stated that if she was not available, the business office would provide the NOMNC. She also stated that she could not find the NOMNC letters that were provided to Residents #99 and #100. The SSD explained that she was on medical leave during the time that the two residents were discharged. The SSD stated that she would only document in the electronic medical record or in the discharge note if the resident refused or could not sign the NOMNC. She would not document that the residents received the NOMNC information if they signed the notices. She stated that she would document if there was an issue and she kept all the forms in a binder. During her medical leave, the SSD stated that someone from one of their sister	F 582	4. The Administrator and/or designee will conduct an audit for residents who are required to receive Notice of Medicare Non Coverage. These audits will be done weekly x4 and then monthly x 2. Results of the audits will be reported to the monthly Quality Assessment and Assurance Committee for review and action as appropriate. The Quality Assessment and Assurance Committee will determine the need for further and continued action.	

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F 582	Continued From page 3 facilities provided Social Services coverage. That employee was not accustomed to issuing the NOMNC. These two residents were discharged during her leave of absence from [redacted] to [redacted] The SSD concluded, "Ordinarily, forms are stored in my binder and I keep the records." On 09/26/19 at 09:01 AM, the surveyor initiated a telephone call to the Certified Social Worker (CSW) who covered for the SSD during her medical leave. The CSW stated, "When I first came there I didn't realize that the NOMNC was part of my realm, and when I discovered it, I picked it up and we put the action into plan. I missed a couple. When we realized that, we got our act together and corrected it. My last day there was[redacted]." On 09/25/19 at 01:00 PM, the surveyor reviewed the facility's policy regarding NOMNC. The policy included the following: "Timing of Notice and Signatures: No later than two (2) calendar days prior to the termination of skilled services, a Notice of Medicare Non Coverage ("NOMNC") has to be delivered to the patient and/or the patient's representative or responsible party (both collectively referred to as the "RP"). The NOMNC must be signed by the enrollee or the RP and dated on the date that he or she signs the NOMNC. If the NOMNC is delivered, but the enrollee or RP refuses to sign on the delivery date, the HCRMC representative should note in the case file the date on which the NOMNC was delivered."	F 582		
F 755 SS=D	NJAC 8:39-4.1 a(8) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)	F 755		11/8/19

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F 755	Continued From page 4 §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to a.) ensure an [redacted] was removed from a resident's active inventory after it expired; b.) administer an [redacted] biotic as	F 755	1. Resident #250 still resides in facility. Resident #251 no longer resides in the facility. 2. Residents that currently reside in the facility, who are on [redacted] have the	

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F 755	Continued From page 5 ordered for 1 of 1 residents (Resident #250) reviewed for [redacted]; c.) follow manufacturer "Instructions for Use" for the administration of an inhaler; and d.) educate one resident on the "Instructions for Use" for an inhaler as directed by the manufacturer for 1 of 1 residents observed using an inhaler (Resident #251) for 1 of 1 nurses observed during medication pass on 1 of 2 floors. This deficient practice was evidenced by the following: 1. During the initial tour of the facility on 09/23/19 at 10:02 AM, the surveyor observed Resident #250 lying in bed. The surveyor interviewed the resident at that time. The resident stated that upon return to the facility after a hospitalization on [redacted], [redacted] were not readily available for administration as ordered. The resident stated th [redacted] that was administered on two consecutive days, was left over from a prior admission. The resident stated that the medication was not available on 09/22/19 because the nurse was working on getting the prescriptions. The surveyor noted an [redacted] and [redacted] with [redacted] dated 09/21/19 at the bedside. There was no [redacted] attached to the [redacted]. On 09/24/19 at 11:30 AM, the surveyor observed Resident #250 lying in bed. The resident stated that [redacted] was administered on 09/23/19. An [redacted] of the medication [redacted] [redacted] beside the resident. The surveyor reviewed the medical record Resident #250.	F 755	ability to be affected. An audit was done for all residents on [redacted] ensuring medication available and all medication rooms were audited for any expired medications and discharged medications were returned to pharmacy and/or thrown away. Residents that currently reside in the facility, who are on inhalers have the ability to be affected. An Audit will be completed for all residents who have inhalers. 3. Director of Nursing and/or designee will re-educate Licensed Nursing staff on the facility□s medication shortages/unavailable drugs policy and the Storage and Expiration Dating of drugs, biologicals, syringes and needles policy. Director of Nursing and/or designee will educate Licensed Nursing staff on when to throw out medication, when it is expired and/or return to pharmacy. The medication rooms will be cleaned and stocked on a weekly basis. This will be done on the overnight shift. Director of Nursing and/or designee will educate Licensed Nursing staff to follow manufacturers directions regarding rinsing and spitting while using inhalers. 4. The Director of Nursing and/or designee will conduct an audit of all medication rooms for expired [redacted]. These audits will be done weekly x4 and then monthly x 2. Results of the audits will be reported to the monthly Quality Assessment and Assurance Committee for review and action as appropriate. The Quality Assessment and Assurance Committee will determine the need for further and	

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F 755	Continued From page 6 A review of the Admission Record Report (an admission summary) revealed that the resident was re-admitted to the facility on [redacted] with a diagnoses of [redacted]. A review of the Order Summary Report revealed that the resident had diagnoses that included [redacted] Further review of the document identified an order, dated 09/21/19, for [redacted] every 12 hours for [redacted] for 13 days in [redacted] through 10/04/19. A review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [redacted], specified that Resident #250, had a Brief Interview for Mental Status (BIMS) score of [redacted] A review of the September 2019 Medication Administration Record (MAR) revealed documentation that Resident #250 received [redacted] on 09/21/19 at 9:00 AM and 9:00 PM. The MAR also revealed that the [redacted] was not administered on 09/22/19 at 9:00 AM or 9:00 PM, with a nursing notation that the medication was held, see nurse notes. The medication resumed on 09/23/19 as ordered. A review of the nurse notes failed to include documentation to detail why the medication was held. On 09/24/19 at 11:57 AM, the surveyor interviewed the Operations Manager of Pharmacy (OMP), who stated that the facility entered the	F 755	continued action. The Director of Nursing and/or designee will conduct audits of residents who have inhalers. These audits will be done weekly x4 and then monthly x 2. Results of the audits will be reported to the monthly Quality Assessment and Assurance Committee for review and action as appropriate. The Quality Assessment and Assurance Committee will determine the need for further and continued action.	

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order for [redacted] into the electronic system on 09/21/19. She further stated that all [redacted] orders must be faxed to the pharmacy in addition to the electronic submission. The OMP added that the fax was sent to the pharmacy on 09/22/19 at 10:16 AM, after the facility phoned the pharmacy the same day at 8:21 AM looking for the medication. The OMP confirmed that the pharmacy prepared the [redacted] and it left the building at 1:00 PM on that day for scheduled delivery to the facility.

The OMP stated that the facility had [redacted] in their emergency kits in the building. She further stated that if they had the right size bag to mix it in, they should have been able to mix the medication. The OMP confirmed that no doses should have been available that were specifically issued to the resident. She further stated that during a previous admission in [redacted] Resident #250 was ordered [redacted] during that time. The pharmacy could not verify if that medication would have remained available at the facility.

On 09/25/19 at 1:46 PM, the surveyor interviewed the Registered Nurse (RN). She stated that the emergency kit failed to contain enough [redacted] to mix the prescribed amount of [redacted]. The RN further stated that she informed the pharmacist, by telephone, that the facility did not have enough [redacted] on hand to administer as prescribed. She stated that to her knowledge, there was only one Emergency Drug Kit in the building.

The RN stated that she phoned the pharmacy and was told that they would not authorize delivery of the medication until the appropriate

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form was received. She further stated that the form was faxed on the second shift in the evening which was not in time for night delivery. She further stated that the next delivery was not until the AM on Monday 09/23/19. The RN validated that she worked a double on 09/22/19.

On 09/26/19 at 10:54 AM, the surveyor interviewed the Infection Preventionist (IP), who stated that there were Emergency Drug Kits available on both units of the facility and both kits contained drugs for [redacted] preparation. The IP further stated that the night shift nurses performed an inventory of the [redacted] par level, maybe every other day. They check both quantity and expiration. She further stated that nursing should be able to prepare [redacted] when a resident returned from the hospital before the pharmacy shipment was received.

The IP stated that it seemed like the RN used the backup supply of [redacted] and there wasn't enough available to administer to the resident on 09/22/19. She further stated that the RN should have called the physician and let him know what happened to see if an alternate medication could be arranged or to extend the duration of the [redacted]

The IP further stated that if the medication was not available, the pharmacy should have been called to ensure that the fax was received and confirmed when the medication would be delivered. She concluded that the facility could get it from a local pharmacy if they had to.

On 09/26/19 at 11:28 AM, in a later interview with the IP, she stated that she worked on Saturday 09/22/19 and was present when the form arrived

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from pharmacy and when it was faxed back. The IP agreed to furnish the surveyor with more information.

On 09/26/19 at 02:11 PM, the surveyor interviewed the Director of Nursing in Training (DON), who stated that the resident returned to the facility late on [redacted]. The RN arrived on 09/21/19 and administered two bags of [redacted] that were present in the medication room for that resident that were labeled with the Resident #250's name. On 09/22/19, there were no bags left to administer. The RN filled out the required pharmacy forms and faxed them to the pharmacy. She stated that the drug wasn't available to administer until 09/23/19.

The DON stated that she phoned the RN to discuss the events that surrounded Resident #250's missed doses of [redacted]. She stated that the RN notified the Physician after their phone call and explained that Resident #250 missed two doses of [redacted] and documented the conversation in the resident's medical record.

On 09/26/19 at 2:29 PM, the surveyor interviewed the Regional Mobile Administrator (RMA), who confirmed that the resident received pre-mixed bags of [redacted] that were sent from the pharmacy for Resident #250 on a previous admission and would have expired within a two-week period from date of delivery. The RMA stated that the facility should have thrown out the medication when it expired or returned it to the pharmacy. She was unable to state how often the medication room was cleaned and stocked.

On 09/27/19 at 9:04 AM, the surveyor interviewed

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the Lead Pharmacist (LP), who stated that [redacted] was issued for the resident on 05/28/19 and would have been good through 06/27/19 with a sticker affixed to the bag to indicate this. The LP further stated that a new order was received on 09/22/19 for [redacted]. She added that after the point of storage recommended by the manufacturer there was no guarantee of efficacy (ability to produce a desired result) or stability of that drug. The pre-mixed bags of [redacted], an incorrect dosage, that were administered to Resident #250 on 09/21/19 at 9:00 AM and 9:00 PM were expired.

On 09/27/19 at 9:28 AM, the surveyor interviewed the IP, who stated that she was not aware that the RN did not have the drug to administer to Resident #250 when she assisted the RN to complete the required form and fax it to the pharmacy on 09/22/19 at 11:40 AM. She further stated that the [redacted] was delivered at 9:25 PM on 09/22/19. The IP stated that either the Supervisor or the Charge Nurse would have signed for the [redacted] when it was delivered.

On 09/27/19 at 9:30 AM, the RMA provided the surveyor with a General Progress Note added by the RN as a Late Entry on 09/26/19 at 1600 (4:00 PM) which revealed the following: "Resident received two doses of [redacted] on 9/21/19 that were from a previous admission and not in an appropriate date range. No adverse effects noted. Physician...notified and stated he will follow up with ID (Infectious Disease) for any further recommendations."

On 09/27/19 at 10:12 AM, the RMA stated that the RN signed for the pharmacy shipment, that contained [redacted] for Resident #250, on

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09/22/19. The RMA further stated that she wasn't sure why the RN didn't administer the medication scheduled for 9:00 PM since the medication was available.

On 09/27/19 at 10:33 AM, the surveyor interviewed the Administrator, who stated that previously there was not a consistent plan in place to clean the medication storage room upon resident discharge to ensure that the medications were returned to the pharmacy or destroyed.

On 09/26/19 at 9:53 AM, the RMA provided the surveyor with the facility's Medication Shortages/Unavailable Drugs policy, revised 08/2018, revealed that if there is an inadequate supply of a medication to administer to a resident, the staff should immediately initiate action to obtain the medication from pharmacy. If the medication shortage is discovered at the time of medication administration, Nursing Center staff should immediately contact the pharmacy to determine the status of the order. If the medication has not been ordered, the licensed nurse should place the order or reorder to be sent with the next scheduled delivery. If the next available delivery causes delay or a missed dose in the resident's medication schedule, the nurse should obtain the medication from the Emergency Medical Supply to administer the dose. If the medication is not available in the Emergency Medication Supplies, nursing staff should notify the pharmacy and arrange for an emergency delivery. If an emergency medication delivery is unavailable, the nurse should contact the attending physician to obtain orders or directions.

On 09/26/19 at 9:53 AM, the RMA provided the surveyor with the Storage and Expiration Dating

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of Drugs, Biologicals, Syringes and Needles policy, revised 08/2018, which revealed the Nursing Center should ensure that drugs and biologicals for expired or discharged residents are stored separately, away from use, until destroyed or returned to pharmacy.

2. On 09/25/19 at 8:55 AM, the surveyor observed the Registered Nurse (RN) on the [redacted] floor prepare and administer medications for Resident #251. At 8:58 AM, prior to administering the medications, the RN told the surveyor that Resident #251 liked to take his/her medications with soda. Upon entering the resident's room, the surveyor observed an orange soda sitting on the overbed table. The resident took his/her oral medications with the orange soda and then the RN handed Resident #251 his/her [redacted], [redacted] for self administration. The resident took [redacted] of the [redacted] and then took several swallows of orange soda. The surveyor observed the RN did not offer water for the resident to [redacted] after the [redacted] and did not offer education to the resident for the [redacted] outlined by the manufacturer.

On 09/25/19 at 10:37 AM, the surveyor interviewed the RN. The RN stated that the resident had used the [redacted] at home and that is why she did not provide education to the resident. The RN stated that she usually brings water into the room so that the resident can [redacted]. The RN stated that the resident usually refuses to take the water and drinks soda after using [redacted]. The RN confirmed that she did not offer water to the resident today.

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F 755	Continued From page 13 On 09/25/19 at 10:47 AM, the surveyor interviewed Resident #251. The resident confirmed that he/she used [redacted] at home and said, "I know I am supposed to [redacted] but I don't always do that. I would [redacted]." The resident confirmed that the RN did not educate him/her on how to use [redacted] and that "sometimes the nurse will offer water and sometimes not." Resident #251 stated, "They know that I usually refuse it and drink soda after it." On 09/25/19 at 11:51 AM, the surveyor interviewed the Interim Director of Nursing (DON) #1. The DON #1 stated she expects the nurses to follow the manufacturer's directions and the nurse should educate the resident about how to take the medication especially the [redacted] even though the resident used it at home. The DON #1 further stated that she expected the nurse to at least offer the resident water. The surveyor reviewed the [redacted] manufacturer's pamphlet provided with the medication. The pamphlet revealed under "Instructions for Use" the steps to [redacted]. NJAC 8:39-29.4(g); 29.7(c)	F 755		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		11/8/19

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F 880	Continued From page 14 §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 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation,	F 880		

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F 880	Continued From page 15 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 ensure that a Certified Nurse Aide and Physician adhered to isolation precautions to minimize the potential spread of infection and for 1 of 2 nurses observed during medication pass on 1 of 2 floors . This deficient practice was evidenced by the following: 1. On 09/23/19 at 08:56 AM, the surveyor	F 880	1. Resident #249 still resides in facility. 2. Residents that currently reside in the facility, who are on isolation and/or utilize medical equipment have the ability to be affected. 3. Director of Nursing and/or designee will re-educate staff on proper PPE usage when entering an isolation room, washing of hands after interacting with residents who are in isolation and proper cleaning of medical equipment. Medical Director re-educated Physician on usage of PPE	

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F 880	Continued From page 16 observed Resident #249 seated in a wheelchair in the doorway of his/her room. The surveyor noted a sign posted on the door which read "Stop See Nurse for Instruction." The surveyor further noted a cabinet placed by the resident's door which housed protective personal equipment (PPE) (gowns, masks, gloves). At that time, a physician came up to Resident #249 and shook the resident's hand. The surveyor remained in the hallway and observed the physician wheel the resident into the resident's room, instructed the resident to squeeze his hands and the physician listened to the resident's lungs. The surveyor overheard the conversation from the hallway and observed the physician did not don PPE prior to entering the room or wash his hands after the interaction with the resident. At that time, the surveyor observed the physician leave Resident #249's room and entered Resident #250's room where the physician touched the resident's sheets and touched the resident's hand before leaving at 9:07 AM. The surveyor did not observe the physician wash his hands. When interviewed at that time, the physician stated that it was his fault that he did not pay attention to the isolation cart and stated he should have noticed it. He apologized and said he was a rehabilitation consultant and saw residents before reviewing their charts, so he did not know why the resident was on isolation. On 09/23/19 at 12:33 PM, the surveyor observed a Certified Nursing Assistant (CNA) wheel Resident #249 into his/her room for lunch. The CNA entered Resident #249's room without PPE and set up the resident's tray. When interviewed at that time, the CNA stated she could enter the room without gown or gloves. She only had to	F 880	and washing of hands after interacting with residents who are in isolation. 4. The Director of Nursing and/or designee will conduct audits of staff wearing the proper PPE equipment and conduct audits of handwashing and cleaning of equipment. These audits will be done weekly x4 and then monthly x 2. Results of the audits will be reported to the monthly Quality Assessment and Assurance Committee for review and action as appropriate. The Quality Assessment and Assurance Committee will determine the need for further and continued action.	

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don gown and gloves for touching feces and she would put on a mask if she was told that the resident had something airborne. The CNA did not know why the resident was on isolation. The surveyor noted the CNA continued to pass lunch trays without washing her hands.

On 09/25/19 at 09:08 AM, the surveyor interviewed the nurse assigned to the resident who stated she was informed during the shift report this morning that the contact isolation was discontinued.

On 09/25/19 at 09:19 AM, the surveyor interviewed the Director of Care Delivery (DCD). The DCD stated that the hospital had the resident on isolation for [redacted] and that a [redacted] consult had been ordered. The DCD further stated the resident was not diagnosed at the hospital and when the nurse took report and found out, that's why we have the resident in a [redacted]

On 09/25/19 at 12:23 PM, the surveyor interviewed the Director of Nursing in Training (DON). The DON confirmed that per hospital records, the hospital ruled out [redacted] prior to admission. The isolation was instituted for precaution only.

A review of the Medical Practitioner Note, dated 09/26/19 at 12:49 PM, revealed that Resident #249 was readmitted to the facility on [redacted] with [redacted]

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A review of the Order Summary Report for Active Orders as of 09/26/19 revealed an order dated 09/24/19 to D/C [discontinue] isolation.

A review of the current care plan initiated 09/02/19 revealed the resident was "At risk for alteration in skin integrity related to: Skin alterations on Bilateral lower extremities" with a goal to "Decrease/minimize skin breakdown risks" with an intervention to "Observe skin condition with ADL [Activities of Daily Living] care daily; report abnormalities." The care plan did not reflect an intervention for isolation.

2. On 09/25/19 at 8:08 AM, the surveyor observed the Registered Nurse (RN) on the [redacted] floor during medication pass for Resident #22. The RN applied the [redacted] to Resident #22's [redacted]. The surveyor observed the RN did not wash her hands or sanitize the [redacted] prior to or after taking Resident #22's [redacted].

The surveyor observed the RN then took the [redacted] from the top drawer of the medication cart. The nurse placed a test strip in the [redacted], donned gloves and tested Resident #22's [redacted]. The [redacted] revealed a reading of [redacted]. The surveyor observed the RN removed her gloves and placed the [redacted] back in the top drawer of the medication cart. The RN then removed the [redacted] from the drawer and wiped the device with an alcohol wipe. The surveyor observed the RN did not wash her hands prior to or after testing the level of [redacted] in the resident's blood.

At 8:16 AM, the RN removed four medications for

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F 880	Continued From page 19 Resident #22 from the medication cart. The RN stated that the medication cart did not contain [redacted] as ordered for the resident. The RN then placed the four unopened medications in a medication cup and locked the cup in the medication cart. The RN checked the refrigerators on the [redacted] floors for [redacted] The RN stated that she could not locate the [redacted] and was going to call the physician for new orders. The physician maintained the original order. The RN then called the pharmacist and made arrangements to have the [redacted] delivered from a nearby pharmacy as soon as possible. At 8:46 AM, the RN returned to the medication cart, removed the unopened medications stored in the medication cup from the top drawer, opened the medications and administered the medications to the resident. The surveyor observed the RN did not wash her hands prior to or after the administration of medications to Resident #22. On 09/25/19 at 8:50 AM, the surveyor observed the RN prepare, pour and administer medications for Resident #3. The surveyor observed the RN did not wash her hands prior to or after the administration of medications to Resident #3. On 09/25/19 at 8:55 AM, the surveyor observed the RN prepare, pour and administer medications for Resident #251. The surveyor observed the RN did not wash her hands prior to or after the administration of medications to Resident #251. On 09/25/19 at 9:08 AM, the surveyor interviewed the RN. The RN stated she should use bleach wipes to clean the [redacted] between	F 880		

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residents. The RN further stated that she will clean the [redacted] with an alcohol wipe because I was told that bleach wipes will "streak" the [redacted]. The RN stated she should wash her hands before and after entering resident rooms.

On 09/25/19 at 11:51 AM, the Director of Nursing in Training (DON) stated she expected the nurses to follow facility policy for handwashing and cleaning of medical equipment.

A review of the facility policy Hand Hygiene with an Issue Date: 5/2013 revealed "Hand hygiene is the single most important measure for reducing the risk of the spread of infection." The policy revealed "some situations that require hand hygiene" are "before and after direct patient contact," "before and after performing an invasive procedure (e.g. finger stick blood sampling)," "before applying gloves," "upon and after coming in contact with a patient's intact skin (e.g., when taking a pulse or blood pressure and lifting or weighing a patient)," and "after removing gloves or aprons."

A review of the facility policy Clean and Aseptic Technique with an Issue Date: 05/2013 revealed "Clean technique refers to practices that reduce the numbers of microorganisms or reduce the risk of transmission from one person or place to another." The policy further reveals "Barrier techniques to reduce microbial transmission from patient to employee include: minimize contamination of clothing by using clean gown or apron, avoid direct contact with infectious material by using gloves, select room placement according to transmission risk, e.g., private room or cohorting, provide environmental controls,

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F 880	Continued From page 21 provide routine cleaning with clean equipment and supplies." NJAC 8:39-19.4	F 880		