

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>02A001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/18/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FIVE STAR PREMIER RESIDENCES OF TEANECK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>655 POMANDER WALK TEANECK, NJ 07666</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p><b>Initial Comments</b></p> <p>Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/18/2020. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Census: 30</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1275	<p><b>8:36-18.2(a)(1) Infection Prevention and Control Services</b></p> <p>(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;</p>	A1275		

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

TITLE

(X6) DATE

01/07/21

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A1275	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and Centers for Disease Control (CDC) and New Jersey Department of Health (NJDOH) publications, the facility failed to institute universal eye protection for staff, when six feet of social distancing could not be maintained and in the resident care areas for 2 of 2 residents (Residents #1 and Resident #2) and 10 of 10 staff observed and interviewed. This had the potential to affect all residents in the facility. The deficient practice occurred during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: NJDOH "Recommendations for Long-Term Care Facilities during COVID-19 Pandemic," last updated on 11/10/2020, indicated, "Facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic individuals with COVID-19 incubation or infection... Universal eye protection in addition to source control and other infection prevention and control measures, should be instituted to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions, for all HCP [healthcare personnel] and for all individuals who are unable to maintain social distancing...."</p> <p>Centers for Disease Control (CDC) "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" last updated on 11/04/2020, indicated, "Implement Universal Use</p>	A1275		

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A1275	<p>Continued From page 2</p> <p>of Personal Protective Equipment... HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters...."</p> <p>On 11/18/2020 at 8:45 AM, the surveyor entered the facility to conduct a COVID-19 Focused Infection Control (FIC) Survey. Staff were observed in the lobby area wearing KN95 masks and surgical masks, but no face shields or goggles were observed. Within a few minutes, the Executive Director (ED) arrived to greet the surveyor and was observed to have a face mask but no face shield or goggles covering the eyes.</p> <p>On 11/18/2020 at 9:30 AM, the ED was asked if they were aware of the new directive, from 11/10/2020, regarding eye protection. The ED stated they were not aware of the new directive. The surveyor emailed the directive to them.</p> <p>During the survey, staff were interviewed, and no one was observed wearing eye protection. The following staff were interviewed: the Executive Director, the Infection Preventionist, the Regional Nurse, Housekeeper #4, the Activities Director, the Maintenance Director, the Food Services Director, the Director of Rehabilitation, and Certified Nursing Assistants #8 and #9. No staff were observed wearing eye protection.</p>	A1275		

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A1275	<p>Continued From page 3</p> <p>On 11/18/2020 at 9:45 AM, the Infection Preventionist (IP) was asked if staff wore face shields or goggles for eye protection. The IP said, "I don't wear them." The IP stated face shields were worn when the facility had a COVID-19 positive resident, but that had been a long time ago.</p> <p>On 11/18/2020 at 11:15 AM, Resident #1 was asked if staff wore eye protection, and the resident said, "No."</p> <p>On 11/18/2020 at 11:25 AM, Resident #2 was asked if staff wore eye protection, and the resident stated eye protection had been worn when the facility had positive COVID-19 residents "but not since."</p> <p>On 11/18/2020 at 11:40 AM, Certified Nursing Assistant (CNA) #9, was asked if they wore a face shield or goggles for eye protection, and the CNA stated that they had only worn eye protection when COVID-19 was "very heavy" but not anymore..</p> <p>On 11/18/2020 at 12:00 PM, Certified Nursing Assistant #10, was asked if they wore a face shield or goggles for eye protection, and CNA #10 stated that they had worn eye protection when there had been a positive COVID-19 resident, "but not now."</p> <p>On 11/18/2020 at 12:15 PM, the delivery of the noon meal was observed. Surveyor observed that there were times when the staff came within six feet of a resident, staff did not use eye protection, no face shields or goggles noted.</p> <p>On 11/18/2020 at 2:45 PM, the Regional Nurse said they thought the directive regarding eye</p>	A1275		

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A1275	Continued From page 4  protection was a recommendation only.  Review of a PPE (Personal Protective Equipment) Inventory list, dated 11/01/2020, revealed that the facility had 500.	A1275		