

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

PRINTED: 09/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
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NAME OF PROVIDER OR SUPPLIER VILLAGE POINT	STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831
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F 000	INITIAL COMMENTS 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 and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 6/29/2020 Census: 79 + 1	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		8/24/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/15/2020
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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	Continued From page 1 §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, 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.	F 880			

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F 880	<p>Continued From page 2</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:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to follow their policy for personal protective equipment (PPE) usage and hand washing.</p> <p>This deficient practice was identified for one staff member on 1 of 4 nursing units during a COVID-19 focused survey and was evidenced by the following:</p> <p>On 06/29/20 at 9:10 AM, during the entrance conference, the Senior Director of Nursing (SDON) stated that the facility cohorted PUI residents who tested positive for COVID-19 resided on the odd hallway of the [REDACTED] Unit; 1 Covid + Resident was a recent Hospital Admission and was housed in a private room. She further noted that asymptomatic residents, recovered or tested negative for COVID-19, were cohorted on the [REDACTED] Unit's even hallway, also housed in private rooms. Both sides had designated staff assigned.</p> <p>The SDON stated that all staff on the [REDACTED] Unit were required to wear Personal Protective Equipment (PPE) (protective garments that protect the body from infection, i.e., gloves, gowns, masks) when they entered the room of a COVID-19 positive resident which included an N-95 mask (particulate filtering respirator), a surgical mask placed over the N-95 mask, and a face shield. She further stated that staff was required to wear both an N-95 mask and gloves</p>	F 880	<p>This facility is submitting this Plan of Correction in compliance with the law. Nothing in this Plan of Correction constitutes or shall be construed as an admission that the facility has failed to comply with any statutory or regulatory standard.</p> <p>1. How the corrective action will be accomplished for the resident affected by the deficient practice:</p> <p>Resident #1, #2, and #3 were assessed for any ill effects as a result of the deficient practice. Resident #1, #2, and #3 were tested for COVID-19 with negative results. The CNA involved was in-serviced immediately on the Handwashing and Hand Hygiene policy and procedure as well as the Personal Protective Equipment-Glove policy and procedure. The CNA was tested for COVID-19 with negative results.</p> <p>All new admissions and/or Persons Under Investigation (PUIs) will continue to remain quarantined for 14 days and proper PPE is utilized by all staff.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p>		

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F 880	<p>Continued From page 3</p> <p>when they entered the room of asymptomatic residents on the [REDACTED] Unit.</p> <p>At 12:32 PM, during the facility's initial tour, the surveyor observed the meal pass on the low side of the [REDACTED] Unit. The surveyor observed a Certified Nursing Assistant (CNA) remove a tray from the lunch truck and carry it into Resident #1's room wearing only an N-95 mask and no other PPE. The CNA raised the head of the resident's bed and positioned the bedside table in front of the resident before opening items on the food tray. The CNA then left the resident's room without first performing hand hygiene.</p> <p>At 12:35 PM, the surveyor observed the CNA remove a tray from the lunch truck and carry it into Resident #2's room wearing only an N-95 mask and no other PPE. The CNA moved some of the resident's personal effects on the overbed table before placing the tray on the table. The CNA then obtained a pair of gloves and dropped one of the gloves on the floor. She picked up the glove from the floor and applied it to her right hand. The CNA then placed both of her gloved hands on the overbed table, and then picked up a Styrofoam cup with her right hand from the tray and put it within the resident's reach. The CNA proceeded to remove her gloves and went into the resident's bathroom out of the surveyor's line of sight.</p> <p>At 12:39 PM, the surveyor interviewed the CNA, who stated that she was supposed to don (put on) gloves before entering Resident #1's room to provide resident care but was not required to wear gloves for meal delivery. She further stated that she should have washed her hands or used hand sanitizer both before and after meal</p>	F 880	<p>All residents have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put in place or systematic changes made to ensure that the deficient practice will not recur:</p> <p>The CNA was in-serviced on the Handwashing and Hand Hygiene policy and procedure as well as the Personal Protective Equipment-Glove policy and procedure.</p> <p>All nursing staff will be in-serviced on the Handwashing and Hand Hygiene policy and procedure as well as the Personal Protective Equipment-Glove policy and procedure.</p> <p>The Senior Director of Nursing or designee will perform handwashing competencies and audit PPE usage on 10% of randomly selected nursing staff members monthly for six (6) months.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Results of the competencies and audits will be reported to the QAPI committee monthly for the next six (6) months. The Senior Director of Nursing or designee will monitor.</p>	

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F 880	<p>Continued From page 4</p> <p>delivery and apologized for not doing so.</p> <p>The CNA stated that she should have applied a new glove when she dropped her glove on the floor in Resident #2's room before provided the resident with assistance with his/her meal tray. She stated that instead, she put on a "dirty" glove that was considered contaminated. She further noted that it was best practice to change her gloves and wash her hands for 20 seconds after glove removal.</p> <p>At 12:46 PM, the surveyor observed the CNA assist with meal tray distribution on the Aspen Unit's high side. The CNA entered Resident #3's room, wearing only an N-95 mask and no other PPE. She then assisted the resident in moving the overbed table and opened items on the resident's meal tray. The CNA then left the room without first performing hand hygiene. The surveyor observed the CNA access the food truck, and she pulled two trays out slightly to view their contents before she pushed them back inside without removing them.</p> <p>The CNA stated that she only touched plastic items on Resident #3's lunch tray when interviewed. She said that she should have washed her hands or used hand sanitizer before leaving the resident's room and accessing the food truck. She stated that there was a potential that her hands could have been contaminated. She further stated that she should have washed her hands more. The CNA did not utilize the alcohol-based hand rub that was affixed to the wall in the hallway or wash her hands after she was interviewed.</p> <p>At 12:52 PM, the surveyor observed a resident</p>	F 880	<p>In addition to the above noted plan of correction, a root cause analysis was conducted to help further review the deficiency identified. The analysis identified staff competency to be a contributing factor.</p> <p>In addition to the above noted plan of correction, the following in-service training was provided:</p> <ol style="list-style-type: none"> 1. Infection Prevention and Control Program for Topline Staff 2. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! for Frontline Staff 3. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands - Combat COVID-19 for Frontline Staff 4. Use PPE Correctly for COVID-19 for All Staff 5. Principles of Transmission Based Precautions for All Staff 		

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F 880	<p>Continued From page 5</p> <p>seated in a wheelchair in the hallway prepared for discharge with his/her belongings. The CNA then pushed the resident in his/her wheelchair off the nursing unit without first performing hand hygiene.</p> <p>At 1:00 PM, the surveyor interviewed the Registered Nurse (RN) assigned to the [REDACTED] Unit's odd hallway, who stated that she didn't like to wear gloves during the meal pass and instead preferred to wash her hand for 20 seconds both before and after meal delivery. She stated that the CNA should have applied a new glove after dropping her glove on the floor. She further said that she would call for a new tray because it was now considered contaminated.</p> <p>At 1:22 PM, the surveyor interviewed the Infection Preventionist (IP), who stated that hand hygiene should occur with any resident interaction and was required both before and after PPE application or removal. She further said that she would hope that if a staff member dropped a glove on the floor that they would throw the gloves away, wash their hands and apply a new pair of gloves.</p> <p>The IP stated that the CNA's hands could have contaminated the resident's food tray.</p> <p>The IP stated that because the CNA did not wash her hands after she delivered a meal tray and provided resident assistance before she touched the wheelchair of a resident prepared for discharge from the facility, there was a possibility that the CNA could now possibly spread germs out into the community.</p> <p>At 1:30 PM, the surveyor interviewed the SDON,</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>who stated that all new admissions were placed under "suspicion" of COVID-19 for 14 days. She stated that residents do not require signage or PPE carts outside of their rooms because they have no past medical history of COVID-19, have not tested positive, and are asymptomatic. She stated that staff is required to wear a surgical mask, and gloves should be worn in accordance with standard precautions. She further noted that staff was required to wash their hands before they exited the resident's room.</p> <p>The SDON stated that if a staff member dropped a glove on the floor, the glove should be picked up and thrown away, and that staff should wash their hands for 20 seconds outside of the stream of running water.</p> <p>The SDON stated that Resident #1 declined to be tested for COVID-19 before admission and would be tested on Wednesday. She further noted that both Resident #2 and Resident #3 tested negative for COVID-19 before admission, and she provided the surveyor with documented evidence of testing.</p> <p>The surveyor reviewed the CNA's Nursing Assistant Competencies, which revealed that she reviewed the facility Hand Washing Policy on 3/10/20, 6/05/20, and 6/11/20 and reviewed the facility PPE Policy on 06/11/20 and that she met facility expectations on evaluation.</p> <p>The surveyor reviewed the following facility policies which revealed the following: "Viral Respiratory Infection and Outbreak" (Revised 03/20/2020), "Handwashing/Hand Hygiene: (Revised 07/18/18) and "Personal Protective Equipment-Gloves" (Effective Date:</p>	F 880			

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F 880	<p>Continued From page 7 03/1/17):</p> <p>Viral Respiratory Infection and Outbreak:</p> <p>Standard Precautions:</p> <p>1. During the care of any elder, all staff shall adhere to standard precautions, which are the foundation for preventing transmission of infectious agents in all healthcare settings.</p> <p>2. Hand hygiene:</p> <p> a. Staff will perform hand hygiene frequently, including before and after all elder contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves.</p> <p> b. Hand hygiene in healthcare settings will be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, soap and water, not alcohol-based hand rubs, will be used.</p> <p>3. Gloves:</p> <p> a. Gloves will be worn for any contact with potentially infectious material.</p> <p> b. Gloves will be removed after contact, followed by hand hygiene...</p> <p>Handwashing/Hand Hygiene:</p> <p>...All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>Use an alcohol-based hand rub containing at</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>least 62% alcohol; or alternatively, soap (antimicrobial or non-microbial) and water for the following situations:</p> <p>Before coming on duty;</p> <p>Before and after contact with residents;</p> <p>...Before donning gloves;</p> <p>...After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;</p> <p>After removing gloves;</p> <p>Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>Washing Hands:</p> <ol style="list-style-type: none"> 1. Turn the faucet on,... 2. Angle your arms down, holding your hands lower than your elbows. Wet your hands and wrists. 3. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) away from the stream of water. 4. Rinse hands thoroughly under running water. Hold hands lower than wrists. Do not touch fingertips to inside of the sink. 5. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel. 6. Discard towels into the trash... <p>Applying and Removing Gloves:</p>	F 880			

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F 880	Continued From page 9 1. Perform hand hygiene before applying gloves. 2. When applying, remove one glove from the dispensing box one at a time, touching only the top of the cuff. 3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out. 4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove. 5. Perform hand hygiene. NJAC 8:39-19.4	F 880			