

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

PRINTED: 12/06/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/05/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT FAIR LAWN EDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 EAST 43RD STREET PATERSON, NJ 07514</b>
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F 000	INITIAL COMMENTS  Survey date: 1/05/2021  Census: 108  Sample: 5  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be 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.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		4/29/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  01/26/2021
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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</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to: a) provide disinfectant wipes and sanitize the equipment used by staff and in the COVID-19 screening process; b) practice appropriate hand hygiene for 8 of 14 staff observed for Infection Control standards of practice; and, c) follow the appropriate infection control procedures while serving meal trays to the residents observed during a dining observation in one of the [redacted] units as was evidenced by the following:</p> <p>1. On 1/5/2021 at 9:20 AM, the surveyor entered the facility. The receptionist was observed taking the surveyor's temperature using a forehead scanner thermometer. An ambulance driver was ahead of the surveyor, who used the tablet to complete the COVID-19 screening process using a tablet provided by the receptionist. After the ambulance driver completed the screening process, the surveyor observed that the tablet was visibly full of fingerprint marks. The surveyor asked the receptionist if she could wipe the tablet before touching it. The receptionist agreed to let the surveyor wipe the tablet. The surveyor obtained her own personal disinfectant wipes to use to wipe the tablet.</p> <p>2. According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and</p>	F 880	<p>I. CORRECTIVE ACTIONS FOR THOSE STAFF IDENTIFIED</p> <ul style="list-style-type: none"> <li>Receptionist was inserviced immediately on the importance of cleaning/sanitizing the tablet after every use; disinfectant materials are readily available at the front desk.</li> <li>The eight staff members who were deficient in hand washing were re-inserviced immediately.</li> <li>Hand washing in-services and competencies were completed for all staff.</li> <li>CNA was inserviced about removal of gloves and proper hand hygiene.</li> </ul> <p>II. IDENTIFY OTHERS WITH THE POTENTIAL TO BE AFFECTED</p> <ul style="list-style-type: none"> <li>All residents and other staff have the potential to be affected</li> </ul> <p>III. SYSTEMIC CHANGES:</p> <ul style="list-style-type: none"> <li>Hand washing in-services and competency will be done weekly X 4 weeks by Assistant Director of Nursing (ADON) or Designee.</li> <li>All receptionists will be re-inserviced on cleaning the tablet after each use weekly X 4 weeks by Assistant Director of Nursing, Director of Nursing or Designee.</li> <li>Directed Plan of Correction was completed with Root Cause Analysis and in-services on</li> </ul>		

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F 880	<p>Continued From page 3</p> <p>COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."</p> <p>At 10:45 AM, the surveyor observed the Director of Maintenance (DOM) perform hand hygiene. The DOM applied soap and scrubbed his hands without using any water for 14 seconds. The DOM used the same paper towel to dry his hands and turn off the faucet. The surveyor asked the DOM if he should have wet his hands before he applied the soap to get a good lather, how long he should have washed his hands and if he should have used the same paper towel to dry his hands and turn off the faucet. The DOM replied, "I should have rinsed them underwater first and washed them for 20 seconds and then used a clean paper towel; I guess I just got nervous."</p> <p>At 10:50 AM, the surveyor observed the Assistant Director of Maintenance (ADOM) perform hand hygiene. The ADOM applied soap to his hands, immediately rinsed them under the stream of water for 13 seconds, and used the same paper</p>	F 880	<p>4/28/19. It has been identified through the root cause analysis performed by the Director of Nursing and Assistant Director/Infection Preventionist and the QAPI team that although the staff involved in the deficient practice were in-serviced multiple times on proper hand hygiene, they stated that when they were being observed directly by the surveyor, they got confused or nervous thus making a mistake. Most of the staff stated that they know how to properly wash their hands. The topline staff and Infection Preventionist completed recommended training: Nursing Home Infection Preventionist Training Course Module 1- Infection Prevention and Control Program on: <a href="https://www.train.org/main/course/1081350">https://www.train.org/main/course/1081350</a>. All frontline staff viewed all the recommended videos:</p> <ol style="list-style-type: none"> <li>1. CDC COVID-19 PREVENTION MESSAGES FOR FRONT LINE LONG-TERM CARE STAFF: KEEP COVID-19 OUT!: <a href="https://youtu.be/7srwrF9MGdw">https://youtu.be/7srwrF9MGdw</a></li> <li>2. CDC COVID-19 PREVENTION MESSAGES FOR FRONT LINE LONG-TERM CARE STAFF: SPARKLING SURFACES : <a href="https://youyu.be/t7OH8ORr5lg">https://youyu.be/t7OH8ORr5lg</a></li> <li>3. CDC COVID-19 PREVENTION MESSAGES FOR FRONT LINE LONG-TERM CARE STAFF: CLEAN HANDS: <a href="https://youtu.be/xmYMUly7qiE">https://youtu.be/xmYMUly7qiE</a></li> <li>4. CDC COVID-19 PREVENTION MESSAGES FOR FRONT LINE</li> </ol>		

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F 880	<p>Continued From page 4</p> <p>towel to dry his hands and turn off the faucet. The surveyor asked the ADOM if he was inserviced to apply soap to his hands without first wetting them with water, how long he should have washed his hands, and if he thought it was acceptable to use the same paper towel to dry his hands and turn off the faucet. The ADOM then read the Handwashing sign that was affixed to the wall directly above the sink and responded that the sign indicated the correct way to wash hands. The sign indicated: "How to Handwash?" Wet hands with water, apply soap, rub hands together, rinse hands with water, dry hands thoroughly with a single-use towel; use towel to turn off the faucet.</p> <p>At 11:08 AM, the surveyor observed the Housekeeper (HK) perform hand hygiene. The HK applied soap to her hands and washed them for 14 seconds. The surveyor asked the HK if she should have rinsed her hands with water before applying the soap and how long she should have washed her hands. The HK replied, "I should have wet with water first and washed for 20 seconds; I guess I got nervous."</p> <p>At 11:17 AM, the surveyor observed the Certified Nursing Assistant/ Staffing Coordinator (CNA) perform hand hygiene. The CNA applied soap to her hands and immediately placed them under the stream of water for 12 seconds. The surveyor asked the CNA how long she should have washed her hands and if she should have washed them under running water. The CNA replied, "20 seconds, and that's how I've been washing my hands. I was told by the Unit Manager (UM) that it was okay to wash my hands under running water." The surveyor then observed the UM perform handwashing outside</p>	F 880	<p>LONG-TERM CARE STAFF: USE OF PPE CORRECTLY FOR COVID-19 : <a href="https://youyu.be/YYTATw9yav4">https://youyu.be/YYTATw9yav4</a></p> <p>IV. MONITORING:</p> <ul style="list-style-type: none"> <li>The Director of Nursing or Assistant Director of Nursing will do random handwashing competency weekly x4 weeks and report their findings to the monthly Quality Assurance Committee. Administrator will monitor and review weekly x4 weeks.</li> <li>The Director of Nursing or Assistant Director of Nursing will monitor receptionist weekly x4 weeks to ensure the tablet is sanitized after each use and report their findings to the monthly Quality Assurance Committee. Administrator will monitor weekly x 4 weeks</li> <li>The Unit managers will do weekly random audit on appropriate use of glove relating to Infection control weekly x4 weeks and report their findings to the Director of Nursing and Assistant Director of Nursing. The Director of Nursing and Assistant Director of Nursing will report to the monthly Quality Assurance Committee. Administrator will monitor.</li> </ul>		

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F 880	<p>Continued From page 5</p> <p>of the stream of water for 24 seconds with no concerns.</p> <p>At 11:46 AM, the surveyor observed the Dietary Aide (DA) perform hand hygiene. The DA applied soap to her hands and immediately placed them under running water for 14 seconds. The DA used the same paper towel to dry her hands and turn off the faucet. The surveyor asked the DA how long she should have washed her hands and if she should have washed them under the stream of water. At that time, the DA read the Hand Washing instruction sheet that was affixed to the wall directly above the handwashing sink and replied, "I should have rinsed my hands under running water first, scrubbed outside of the water for 20 seconds, and used a clean paper towel. I forgot."</p> <p>At 11:50 AM, the surveyor observed the Kitchen Aide (KA) applied soap to his hands, washed them for 12 seconds under the stream of water, turned off the faucet with his bare hands, and then dried his hands with a paper towel. The surveyor asked the KA if he should have followed the instructional handwashing form affixed to the wall above the sink. The KA replied, "I get a better lather when I rub them directly under the water." The surveyor asked the KA if he should have turned off the faucet using his bare hands. The KA replied, "no."</p> <p>At 11:55 AM, the surveyor observed the Dietary Supervisor (DS) perform hand hygiene. The DS applied soap to her hands without first wetting them and then immediately placed her hands under the stream of water for 7 seconds. With the same paper towel, the DS dried her hands and turned off the faucet. The surveyor asked the DS</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>how long she should have washed her hands and if she should have washed them under the stream of water. The DS replied, "20 seconds and no, you're right, outside of the water."</p> <p>A review of the facility's Handwashing/ Hand Hygiene policy dated 1/5/2021 indicated:</p> <p>Washing hands</p> <ol style="list-style-type: none"> <li>1. Roll-up sleeves</li> <li>2. Remove excess jewelry</li> <li>3. Open faucet</li> <li>4. Wet hands with warm water</li> <li>5. Apply soap to hands</li> <li>6. Rub hands together using full friction for twenty seconds (20sec) (Not under running water), singing happy birthday song</li> <li>7. Clean all hand surfaces, under nail beds, and in between fingers</li> <li>8. Rinse hands with water to remove all soap</li> <li>9. Dry hands thoroughly with a single paper towel</li> <li>10. Turn off the faucet with a separate dry single-use paper towel.</li> </ol> <p>3. On 1/5/2021 at 11:50 AM, the surveyor, was on the unit where the Residents were placed on observation for any signs and symptoms of COVID-19. The surveyor observed a Certified Nurse's Assistant (CNA) wearing a KN95 mask, gloves, hair protection, and reusable gown when she entered Resident [REDACTED] room to serve the lunch tray. The CNA was observed inside the room setting up Resident in Room [REDACTED] lunch tray. When the CNA exited Room [REDACTED], the surveyor observed that the CNA did not remove her gloves and did not perform handwashing or apply an alcohol-based hand rub (ABHR) to sanitize her hands.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>The CNA went to take another lunch tray and proceeded to Resident Room [REDACTED] by the window side. The surveyor observed the CNA set up the Resident's meal tray. The CNA was also observed touching the edge of the bed to raise the head of the bed wearing the same gloves. The CNA exited Room [REDACTED]. The surveyor observed that the CNA did not remove her gloves and did not perform handwashing or apply an ABHR to sanitize her hands.</p> <p>The CNA went to take another lunch tray and proceeded to Resident Room [REDACTED] by the door side. The surveyor observed the CNA set up the Resident's meal wearing the same gloves. The CNA again exited Room [REDACTED]. The surveyor observed that the CNA did not remove her gloves and did not perform handwashing or apply an ABHR to sanitize her hands.</p> <p>The CNA went to take another lunch tray and proceeded to Resident Room [REDACTED] by the door side. The surveyor observed the CNA set up the Resident's meal. The CNA was also observed touching the edge of the Resident's bed to raise the head of the bed wearing the same gloves. The CNA exited Room [REDACTED]. The surveyor observed that the CNA did not remove her gloves and did not perform handwashing or apply an ABHR to sanitize her hands.</p> <p>The surveyor interviewed the CNA, who stated, that she did not think she had to change her gloves in between serving the meal trays to different residents on the unit where all Residents were in isolation for observation of any signs and symptoms of COVID-19.</p> <p>The surveyor reviewed the facility's policy titled</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>"Meal Pass in PUI." Under the Procedure "#2. Nursing staff will pass out the trays immediately following infection control protocol, wearing PPES, and hand washing. #3. Gloves will be changed from Resident to Resident, followed by handwashing."</p> <p>On 1/5/2021 at 1:30 PM, the surveyor met with the Administrator, Director of Nursing, and Assistant Director of Nursing, who acknowledged and agreed with the addressed concerns identified. There was no further information provided.</p> <p>NJAC 8:39-19.4 (a) (N)</p>	F 880			