

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

PRINTED: 06/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
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NAME OF PROVIDER OR SUPPLIER SOUTH JERSEY EXTENDED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 99 MANHEIM AVENUE BRIDGETON, NJ 08302
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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: 6/2/20 Census: 113	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 conducted according to §483.70(e) and following accepted national standards;	F 880		6/29/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/15/2020
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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	<p>Continued From page 1</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. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 ensure hand hygiene was performed upon exiting a designated Covid-19 unit. This deficient practice was identified during four observations on 1 of 3 units and was evidenced by the following:</p> <p>During the initial tour of the Covid-19 Unit (█ Unit) on 06/1/20 at 12:48 PM, the surveyor observed a locked unit with a code required to enter or exit the unit. The surveyor did not observe hand sanitizer outside the doors of the unit. Once inside the unit, the surveyor observed a staff lounge across the hall from the entrance that contained a sink. A cart containing Proper Protective Equipment (PPE) was located inside the unit and contained a bottle of hand sanitizer. The Regional Consultant (RC#1) stated that PPE could not be placed outside the unit because the residents from the CD Unit rummage through the cart. RC#1 also stated that hand sanitizer cannot be attached to the walls because the residents will drink the hand gel. The surveyor observed STOP signs on each resident's room door and PPE in a 3-tier bin set-up located outside of the resident rooms.</p> <p>On 06/1/20 at 12:55 pm, the surveyor observed a Behavioral Tech (BT#1) exit the █ unit wearing gloves, a mask and a white disposable lab coat. The surveyor observed BT#1 touching the code panel with a gloved hand prior to exiting the unit. At that time the surveyor interviewed BT#1 who stated the policy was to remove the gown and gloves prior to exiting the unit. The BT #1 did not confirm knowledge for performing hand hygiene. On 06/1/20 at 1:35 PM, the surveyor observed a</p>	F 880	<p>F-880</p> <p>1. The BT#1, FSW#1, MW#1 and HA#1(Hospitality Aide) received individual counseling on the proper protocol of donning and doffing PPE equipment when entering and exiting a COVID-19 unit by the Regional Corporate Consultant on 6/2/2020. BT#1, FSW#1 and MW#1 and HA#1 received individual counseling in regards to proper hand hygiene when entering and exiting a COVID-19 unit by the Regional Corporate Consultant on 6/2/2020. A hand sanitizing dispenser was installed outside the COVID-19 unit so that employees exiting the unit can sanitize their hands.</p> <p>2. All residents have the potential to be affected by this deficient practice when donning and doffing PPE equipment and proper hand hygiene is not practiced there is potential for spreading infectious disease. The regional nurse observed four (4) employees on the COVID-19 unit to ensure proper technique for donning and doffing PPE equipment and hand hygiene was being followed. All 4 demonstrated the proper technique for the COVID-19 unit.</p> <p>3. On 6/2/2020 the Regional Nurse in-serviced all staff on the proper donning and doffing of PPE equipment and proper hand hygiene when entering and exiting the COVID-19 unit. Pictures of donning and doffing PPE equipment and proper</p>		

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F 880	<p>Continued From page 3</p> <p>Food Service Worker (FSW#1) wearing PPE which included a mask, face shield, beard cover, a gown and gloves. The FSW#1 was emptying the lunch tray trash into the garbage cans located inside the [REDACTED] Unit. When finished, the surveyor observed FSW#1 remove his PPE prior to exiting the unit, push the code on the code panel and exit the unit.</p> <p>On 06/1/20 at 3:28 PM, the surveyor observed a Hospitality Aide (HA#1) wearing an N-95 mask and face shield as the only PPE, enter the HG unit, walk to nurses' station to retrieve a sweater and exit the unit still wearing the face shield and mask without performing hand hygiene. At that time the surveyor interviewed HA#1 who stated there was a change in her schedule location and was to now work on the CD Non Covid Unit. She further stated that she knew that PPE was to be removed before exiting the unit but could not recall if she needed to do anything else.</p> <p>On 6/2/20 at 10:07 AM, the surveyor observed a Maintenance Worker (MW#1) about to exit the [REDACTED] Unit. MW# 1 reached to enter the code on the code panel with a gloved hand, turn the doorknob and open the exit door and was about to exit the unit. At that time the surveyor stopped MW#1 and questioned him on the procedure prior to exiting the unit. MW#1 stated "Oh yeah I should take off my gloves and wash my hands." The surveyor then observed MW#1 remove the gloves from both hands, discard the gloves in the trash can, and apply hand gel prior to exiting the unit.</p> <p>On 6/2/20 at 11:50 AM the surveyor interviewed the Acting Director of Nursing who was unable to provide documentation that HA #1 received inservice education for Covid-19, PPE use or hand hygiene.</p>	F 880	<p>hand hygiene were distributed to all employees.</p> <p>4. The Director of Nurses will choose 3 employees daily, 2 employees weekly, x 30 days going in and out of the COVID-19 unit and observe for proper technique for donning and doffing PPE equipment and hand hygiene. All information will be reviewed at the Quality Assurance Meeting x 2 quarters.</p>	

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F 880	<p>Continued From page 4</p> <p>On 6/2/20 at 12:00 PM the surveyor interviewed FSW#1 who stated that the policy was that gowns and gloves are to be removed and placed in the trash cans then wash hands prior to exiting the Covid Unit. The FSW#1 stated he pushed the food cart with the empty plastic lunch trays through the CD unit then into the large dining room to the kitchen. FSW#1 confirmed that he did not wash his hands prior to exiting the Covid unit on 6/1/20 at 12:50 pm. but added "I was in a hurry and I forgot."</p> <p>On 6/2/20 at 1:27 PM during a meeting with the Administrator, Acting Director of Nursing, RC#1, and the Regional Consultant#2 (RC #2), the RC#1 stated that all staff received in-services for hand hygiene and PPE. The RN #1 stated that hand hygiene (handwashing or hand gel) is to be performed when entering or exiting the Covid Unit.</p> <p>A review of the in-services provided to staff and the staff sign in sheets indicated the following: " 3/5/20, MW#1 attended the in-service titled Infection Control, Corona Virus, handwashing, PPE, Isolation and standard Precautions. " 4/3/20 MW#1 attended an in-service titled Respiratory Hygiene and Cough Etiquette. " March, April and May 2020 FSW#1 attended in-services titled Handwashing, Covid 19, and PPE " 5/19/20 BT#1 attended an in-service titled Covid 19 symptoms and Quarantined Residents and Isolation trays.</p> <p>A review of the facility policy (undated) titled Hand Washing/ Hand Hygiene, included that [hand hygiene is the final step after removing and disposing of personal protective equipment].</p>	F 880			

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F 880	Continued From page 5 A review of the facility's policy titled Equipment and Supplies Used During Isolation/SJEC/Covid 19 Unit, with a reviewed date of 4/18/20, included [when exiting a Covid unit, all employees will remove any protective outer wear that came in direct contact with residents, wash their hands with soap and water and/or use hand sanitizer.] There is no evidence these policies were consistently followed. NJAC 8:39-19.4(a)1	F 880		