

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

PRINTED: 07/22/2021
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 05/26/2021
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 Survey date: 5/26/21 Census: 98 Sample: 14 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 as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=F	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	F 880		7/9/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/18/2021

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 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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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>	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: Based on observation, interview, record review, and a review of facility documentation, it was determined that the facility failed to maintain infection control standards and procedures to address the risk of infection transmission by failing to: a.) follow appropriate isolation precaution protocols for residents maintained on a Transmission-Based Precautions (TBP) unit for Persons under investigation/observation (PUI) from potential exposure (a COVID-19 positive staff member and two [REDACTED] residents) for 9 of [REDACTED] residents; Resident's [REDACTED]; b.) ensure staff don (put on) appropriate Personal Protective Equipment (PPE) before entering a PUI room for 2 of [REDACTED] PUI units [REDACTED] toured; and, c.) ensure staff visited rooms in the appropriate order of well to ill for 1 of [REDACTED] PUI units toured [REDACTED] in accordance with the Center for Disease Control (CDC) Guidance and New Jersey Department of Health (NJDOH) Guidance to prevent the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: CDC guidelines titled "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes," updated 4/29/21, included the following:</p> <p>"Manage Residents with Suspected or Confirmed</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 [REDACTED] were assessed for any ill effects as a result of the deficient practice. There were no negative outcomes. PUI residents were restricted from dining/activity areas when deemed safe.</p> <p>Resident [REDACTED] was assessed for any ill effects as a result of the deficient practice. There were no negative outcomes.</p> <p>Resident [REDACTED] were assessed for any ill effects as a result of the deficient practice. There were no negative outcomes.</p> <p>The staff involved was educated on the proper use of Personal Protective Equipment and transmission based precautions.</p>		

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F 880	<p>Continued From page 3</p> <p>SARS-CoV-2 Infection ...Roommates of residents with SARS-CoV-2 infection should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents while they are in quarantine (i.e., for the 14 days following the date their roommate was moved to the COVID-19 care unit).</p> <p>Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection. Residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure ...</p> <p>HCP (Health Care Personnel) should wear an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents ...Residents can be transferred out of quarantine if they remain with no fever and without symptoms for 14 days ... Residents can be transferred out of quarantine if they remain with no fever and without symptoms for 14 days."</p> <p>Reference: NJDOH guidelines titled, "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities," updated 3/25/21, included the following: "Cohorting is only one element of infection prevention and control measures used for outbreak control ... b) Cohort 2 - COVID-19 Negative, Exposed: This cohort consists of symptomatic and asymptomatic patients/residents who test negative for COVID-19 with an identified exposure (i.e., close contact) to someone who was positive, regardless of vaccination status. This includes new or re-admitted</p>	F 880	<p>2. How is the facility will identify other residents having the potential to be affected by the same deficient practice: 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: All staff will be educated on person centered interventions to promote the safety and wellbeing of all residents. The Director of Nursing or designee will audit 5% of resident care plans per month for six (6) months to ensure person centered interventions are in place. All staff will be educated on the proper use of Personal Protective Equipment and transmission based precautions, including proper medication dispensing. The Infection Preventionist or designee with audit select staff monthly for proper use of Personal Protective Equipment and following of transmission based precautions, including proper medication dispensing, 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: Results of the audits will be reported to</p>		

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F 880	<p>Continued From page 4</p> <p>patients/residents who have tested negative and have been identified as a close contact in the past 14 days. Exposed individuals should be quarantined for 14 days from the last exposure, regardless of negative test results or vaccination status. All symptomatic patients/residents in this cohort should be evaluated for causes of their symptoms. Patients/residents who test negative for COVID-19 could be incubating and later test positive. To the best of their ability, facilities should separate symptomatic and asymptomatic patients/residents, ideally having symptomatic housed in private rooms. Even though symptomatic COVID-19 negative patients/residents might not be a threat to transmit COVID-19, they still may have another illness, such as influenza. Asymptomatic patients/residents should be closely monitored for symptom development. Patients/residents who are identified as close contacts should be quarantined for 14 days and initially tested. If testing is negative, the patient/resident should be tested again 5-7 days after exposure. If testing remains negative, patients/residents should complete the remainder of their 14-day quarantine period. Testing at the end of this period could be considered to increase the certainty that the person is not infected ...</p> <p>d) Cohort 4 - New or Re-admission Observation: This cohort consists of all new and re-admitted patients/residents from the community or other healthcare facilities who are not fully vaccinated. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be clinically compatible with COVID-19. Testing at the end of this period could be considered to increase the certainty that the person is not infected.</p>	F 880	<p>the QAPI Committee for the next six (6) months. The Director of Nursing or designee will monitor.</p> <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 and documentation to be contributing factors.</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 Module 1 <input type="checkbox"/> Infection Prevention & Control Program for Topline Staff and Infection Preventionist 2. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! for Frontline Staff 3. Nursing Home Infection Preventionist Training Course Module 6A <input type="checkbox"/> Principles of Standard Precautions for All Staff including Topline Staff and Infection Preventionist 4. Nursing Home Infection Preventionist Training Course Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions for All Staff including Topline Staff and Infection Preventionist <p>In addition to the above noted plan of correction, the Infection Preventionist had completed the CDC's Infection Preventionist training course.</p>		

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F 880	<p>Continued From page 5</p> <p>Frequently asked questions ...What does it mean to dedicate HCP to these cohorts? To the extent possible, the same HCP should be responsible for the care and services provided within individual cohorts. HCP caring for the COVID-19 Positive (Cohort 1) should continue to only care for patients/residents in Cohort 1. All efforts should be made to keep HCP working in their assigned cohort. If staffing resources become strained and CDC staffing mitigation strategies are used to return HCP to work, every effort should be made to prevent exposed HCP from working with Cohort 3 (and Cohort 4, if applicable). Ensure HCP are prioritizing rounding in a "well to ill" flow to minimize the risk of cross-contamination (i.e., beginning with Standard Precaution care areas and working toward Transmission-Based Precaution, then finally outbreak areas).</p> <p>How do we determine if a patient/resident is a close contact? The index of suspicion for exposure should be low, as COVID-19 has been seen to rapidly progress throughout the post-acute care setting. Potential exposures may include shared HCP or being housed on the same wing/unit with a COVID-19 positive person. Facilities should identify patients/residents cared for by HCP who are COVID-19 positive and staff suspected of having COVID-19. Close contacts should be traced back 48 hours prior to symptom onset or positive test for asymptomatic positive HCP, as the exposed patient/resident may later develop symptoms of COVID-19 or test positive. Patients/residents who are identified as a close contact should be restricted to their room and cared for using all recommended COVID-19 PPE until results of the HCP COVID-19 testing are known. If the HCP is diagnosed with COVID-19,</p>	F 880	In addition to the above noted plan of correction, an LTC-self assessment has been completed.		

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F 880	<p>Continued From page 6</p> <p>patients/residents should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and tested initially. If testing is negative, the patient/resident should be tested again 5-7 days after exposure. If testing remains negative, patients/residents should continue quarantine for 14 days, regardless of vaccination status. Testing at the end of this period could be considered to increase the certainty that the person is not infected ...</p> <p>What should we do about roommates of patients/residents who are symptomatic or COVID-19 positive?... The exposed roommate should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and tested initially. If testing is negative, the patient/resident should be tested again 5-7 days after exposure. If testing remains negative, patients/residents should continue quarantine for 14 days. Testing at the end of this period could be considered to increase the certainty that the person is not infected. If testing is positive, the patient/resident should be isolated and placed in the COVID-19 Positive area (Cohort 1) ...</p> <p>What types of precautions should be used in each cohort? Full Transmission-Based Precautions and all recommended COVID-19 PPE should be used for all patients/residents who are: ...Close contacts to a suspected or confirmed COVID-19 positive person (e.g., HCP, visitor, roommate). On a wing/unit (or facility-wide), regardless of the presence of symptoms, when transmission is suspected or identified."</p> <p>1. On [REDACTED] at [REDACTED], the Assistant Administrator (AA) stated the facility was currently in an outbreak. The outbreak started when an employee, who had worked on the [REDACTED]</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>unit, tested COVID-19 positive on [REDACTED]; The employee was immediately sent home. The AA then stated that the facility then tested all the residents on the [REDACTED] unit on [REDACTED] as a preventative measure, and that Resident [REDACTED] and Resident [REDACTED] tested [REDACTED] on [REDACTED]. Resident [REDACTED] was maintained in a private room. Resident [REDACTED] shared a room with Resident [REDACTED]. The AA further stated that Resident [REDACTED] and Resident [REDACTED] were transferred to the covid section of the [REDACTED] unit, and that all the residents of the [REDACTED] unit were considered PUI and placed on TBP.</p> <p>A [REDACTED], the surveyor began a tour of the facility's [REDACTED] unit. After the surveyor entered the unit, the surveyor observed seven residents (Resident [REDACTED] seated at separate tables in the dining room. The residents were socially distanced at least six feet apart. Resident [REDACTED] had a facemask on that was not covering their nose. Resident [REDACTED], Resident [REDACTED], and Resident [REDACTED] had a facemask under their chin. Resident [REDACTED] had a facemask that was hanging from their left ear. Resident [REDACTED] and Resident [REDACTED] did not have a facemask on. The surveyor then observed two residents (Resident [REDACTED] seated in [REDACTED] watching TV in the activity area. Resident [REDACTED] and Resident [REDACTED] wore facemasks that were under their chin. The surveyor observed the Activities Aid, who wore a KN95 facemask and a face shield, in that area monitoring the residents and then provided them with an activity.</p> <p>At [REDACTED] the surveyor toured the entire [REDACTED] unit and observed that every resident room on the unit had a bin with three drawers that contained PPE, including disposable</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>gowns. The surveyor also observed that every resident room on the unit had a sign posted which included the following: "STOP DROPLET PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. ALWAYS WEAR: GLOVES, GOWN, EYE PROTECTION, MASK. Make sure their eyes, nose, and mouth are fully covered before room entry. Remove face protection before room exit."</p> <p>At [REDACTED] the surveyor interviewed the Licensed Practical Nurse (LPN), who was wearing an N95 mask and a face shield. The surveyor asked the LPN why the [REDACTED] residents who were PUI and TBP were all in the unit's dining room and activity area. The LPN replied that the [REDACTED] residents were in the day area for safety reasons, that some of the residents were a high fall risk, and some of the residents wandered. The surveyor then asked LPN the reason the unit was considered a PUI unit. The LPN stated that a staff member on the unit tested COVID-19 positive and was not currently working. The LPN then said that Resident [REDACTED] tested [REDACTED] and was in a private room at that time. The LPN stated that Resident [REDACTED] tested [REDACTED] and shared a room with Resident [REDACTED] at that time. The LPN then stated that Resident [REDACTED] and Residen [REDACTED] were transferred to the [REDACTED] unit and that all the residents on the unit were placed on TBP. The LPN then stated that staff need to don PPE, which included gowns and gloves to go in the rooms. [REDACTED] added that the staff always wore an N95 or KN95 mask and eye protection while on the unit.</p> <p>At [REDACTED], the surveyor observed that Resident</p>	F 880		

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F 880	<p>Continued From page 9</p> <p>█ observed earlier in the activity area, was seated in the dining room. The surveyor interviewed the Activities Aide, who wore a KN95 mask and face shield, and she confirmed that there were eight residents in the dining room and one resident in the activity area. The surveyor asked the Activities Aide if the residents were in the dining room and activity area every day. The Activities Aide stated that usually more residents would be in the area but that when everyone was placed on isolation (TBP), and that they only bring out residents that are a fall risk. █ then stated that they always kept the residents socially distanced. The surveyor then asked the Activities Aide what █ would need to do to enter any resident's rooms. The Activities Aide stated that █ would don a gown and gloves if she entered a resident's room.</p> <p>At █, the surveyor observed LPN █ don a gown and gloves and entered a resident's room to administer medications.</p> <p>A █, the surveyor asked the LPN what the vaccination status of the unit was; The LPN responded that 90% of the unit were vaccinated for COVID-19. The surveyor then asked the LPN why the █ PUI residents on TBP were out of their rooms. The LPN replied that only fall-risk residents come out of the rooms and that the residents are socially distanced and monitored, no direct care was provided in that area. █ further stated that the residents could not be left alone in their rooms because of the risk of them falling. █ then added, "we put a mask on them."</p> <p>At █, the surveyor, during an interview asked the AA and DON whether the █</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>residents were considered PUI and on TBP, were in the dining room and activity area. Both the AA and DON confirmed that nine PUI residents were in the dining room and activity area. The AA stated that the staff keep the residents in that area for safety reasons because of falls. She then said that they try to keep the residents masked if they can tolerate a facemask. The AA further stated that the unit was a PUI unit, and the caregivers were expected to wear PPE, which included a gown and gloves if they were going into the rooms to provide care. The DON noted that the staff in the dining room and activity area wore masks and face shields and that the staff were not giving the residents care. The surveyor then asked the AA and the DON to confirm that Resident [REDACTED], who was in a recliner in the dining room without a facemask on, was the roommate of Resident [REDACTED] who tested [REDACTED] on [REDACTED]. Both the AA and DON confirmed that Resident [REDACTED] who was in the dining room, was Resident [REDACTED] roommate. The surveyor requested the vaccination status, COVID-19 testing results, and the fall risk assessments for the [REDACTED] residents. Resident [REDACTED] was [REDACTED] vaccinated for COVID-19.</p> <p>A [REDACTED], the surveyor observed that Resident [REDACTED] were still seated at separate tables in the dining room. The residents were socially distanced. The surveyor observed that Resident [REDACTED] was walking in the hall near the nurse's station. A Certified Nursing Assistant (CNA) who wore a KN95 face mask with a surgical facemask on top and a face shield assisted Resident [REDACTED] back to a seat at a table in the dining room. Resident [REDACTED] who was observed earlier in the activity area, was not in the dining room or activity area.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>At [REDACTED], the surveyor asked the AA to provide the surveyors with the facility's guidance, which allowed PUI residents and TBP to be out of their rooms. The AA stated that the facility had been in a prior outbreak from March 2020 until April 2021, when they were finally cleared from that outbreak. [REDACTED] then noted that the facility asks their Local Health Department (LHD) for guidance and would provide the surveyors with the documentation.</p> <p>At [REDACTED] the surveyor reviewed the facility provided documents of the Resident's medical records, which revealed the following:</p> <p>The Fall Risk Assessment included "NOTE: Total score above 10 points represents HIGH RISK FOR FALLS".</p> <p>Resident [REDACTED]: The resident was [REDACTED] vaccinated against COVID-19. The facility documented that the resident [REDACTED]. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p> <p>Resident [REDACTED]: The resident was [REDACTED] vaccinated against COVID-19. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p> <p>Resident [REDACTED]: The resident was [REDACTED] vaccinated against COVID-19. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>Resident [REDACTED]. The resident was [REDACTED] vaccinated against COVID-19. The facility documented that the resident had [REDACTED] COVID-19 vaccination. There was no documentation that the resident [REDACTED] vaccination. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p> <p>Resident [REDACTED]. The resident was [REDACTED] against COVID-19. The facility documented that the resident [REDACTED] vaccination. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p> <p>Resident [REDACTED]: The resident was [REDACTED] against COVID-19. The facility documented that the resident [REDACTED] vaccination. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p> <p>Resident [REDACTED]: The resident was [REDACTED] against COVID-19. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p> <p>Resident [REDACTED]: The resident was [REDACTED] against COVID-19. The Resident's fall risk assessment score was [REDACTED]. The resident was [REDACTED] for falls. The resident had a [REDACTED] test result on [REDACTED].</p>	F 880		

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F 880	<p>Continued From page 13</p> <p>██████████</p> <p>Resident ██████: The resident was ██████████ against COVID-19. The Resident's fall risk assessment score was ██████. The resident was ██████ for falls. The resident had a ██████████ test result on ██████████</p> <p>Resident ██████: The resident was ██████████ against COVID-19. The facility documented that ██████████ vaccination. The resident had a ██████████ test result collected on ██████████ and reported to the facility on ██████████.</p> <p>At ██████████, the surveyor asked the AA if the LHD had performed any onsite visits of the facility which ██████ stated, "No." ██████ then noted that the directive says that residents are encouraged to stay in their rooms. The surveyor asked for a copy of the directive that they were referring to; The surveyor then reviewed the facility provided an email from the LHD dated 5/20/21, which included the following:</p> <p>"The I-Number has been added to the survey for the facility. Please see below for the I# issued for the one positive staff. Based on this new positive case, please see the recommendations below: ...Restrict indoor visitation, group activities, and communal dining on affected units ...Implement Transmission-Based Precautions for resident care on all affected units ...You must continue to follow NJDOH guidance for infection prevention ..."</p> <p>At ██████████, the surveyor asked the AA to confirm that the fall risk assessment score of 11 points</p>	F 880		

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F 880	<p>Continued From page 14</p> <p>and above indicated the resident was a high risk for falls which the AA confirmed. The surveyor then asked the AA to confirm that only four of the nine residents were assessed to be a high risk for falls which the AA confirmed. The AA then stated that there were different reasons for bringing the PUI residents on TBP out of their rooms, including wandering and behaviors. The surveyor asked the facility to provide documentation for why the other five residents that were not a high risk for falls were brought out of their rooms. The AA then provided the surveyors with a previously requested document titled, "Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings", dated 8/19/2020, which they highlighted in yellow, the following under "Outbreak Intervention. Infection Prevention and Control": "Encourage patients/residents to stay in their room or cohort." The document included the following, which was above the sentence the facility highlighted: "Stop current communal dining and all group activities such as internal and external group activities (e.g., beauty shop, physical therapy gym sessions, activities)." The facility did not provide the surveyors with any additional requested documentation for the reason the residents that were PUI on TBP that were not a high fall risk were brought out of their rooms.</p> <p>On [REDACTED] at [REDACTED], the surveyor called the LHD and requested to speak to the staff member that had communicated with the facility to ask what guidance they provided to the facility. The person who answered the phone stated that the staff member was not available, and a message was taken, and the surveyor was told that the staff member would return the call later that day. The surveyor never received a return call from</p>	F 880			

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F 880	<p>Continued From page 15 the LHD.</p> <p>2. On [REDACTED] at [REDACTED] during tour of the [REDACTED] unit, the surveyor observed a Certified Nursing Assistant (CNA) enter Resident [REDACTED] room wearing a K-N95 mask with a surgical facemask over it and a face shield. The CNA did not don a disposable gown before entering the room. The surveyor observed the CNA go into the room then [REDACTED] took the gloves from the holder on the wall inside the room and put them on, and then closed the door. The surveyor observed that outside Resident [REDACTED] room was a three-drawer bin that contained PPE, which included disposable gowns. The surveyor also observed a sign posted outside of Resident [REDACTED] room. The sign had the following: "STOP DROPLET PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. ALWAYS WEAR: GLOVES, GOWN, EYE PROTECTION, MASK. Make sure their eyes, nose, and mouth are fully covered before room entry. Remove face protection before room exit."</p> <p>At [REDACTED], the surveyor observed the same CNA exit Resident [REDACTED] room. The surveyor asked the CNA to confirm that [REDACTED] did not don a disposable gown. The CNA confirmed that [REDACTED] did not don a disposable gown before entering Resident [REDACTED] room; The CNA stated that [REDACTED] had answered the call bell and then left the room. The surveyor then asked the CNA why [REDACTED] only donned gloves and did not don a disposable gown. The CNA stated that when residents are on isolation, there is a cart outside, and that they have to don a gown and gloves. [REDACTED] further noted that no one is on isolation on the unit, and [REDACTED]</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>only needed to don gloves. The CNA stated that [REDACTED] was from an agency and worked at the facility for 2 to 3 months but usually is on the [REDACTED] unit. The surveyor asked the CNA how she would know if a resident was on isolation or TBP. The CNA stated that normally the nurse would give her report and tell her if a resident was on isolation. [REDACTED] further noted that no one told her that any resident was on isolation. The surveyor then asked the CNA why the sign outside Resident [REDACTED] was posted. The CNA stated that to her knowledge, no one on the unit was on isolation. The CNA further noted that [REDACTED] was aware that on the [REDACTED] unit, the residents were new admissions and that they were on isolation for 14 days and that to enter their room, [REDACTED] needed to don a gown and glove.</p> <p>At [REDACTED], in the presence of the CNA, the surveyor told LPN that the surveyor observed the CNA enter Resident [REDACTED] room without donning a gown. The LPN stated that it was [REDACTED] fault that the CNA did not know that the residents were on isolation. LPN further noted that [REDACTED] should have educated the CNA at the beginning of the shift but that [REDACTED] was busy and did not get the chance. The LPN then educated the CNA that all the residents on the unit were on isolation and that a gown and gloves were required to be worn before entering any resident room on the unit.</p> <p>At [REDACTED] during the surveyor interview, the AA stated that caregivers were expected to wear full PPE, which included a gown if going into a resident's room to give care on the [REDACTED] unit, a PUI unit.</p> <p>At [REDACTED], the surveyor asked the CNA when [REDACTED] had worked at the facility prior to that day.</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>The CNA stated that [REDACTED] worked the day before on the [REDACTED] unit for half a day. The surveyor asked the CNA if [REDACTED] was informed about the outbreak status of the facility. The CNA stated that even though [REDACTED] worked the day before, no one told [REDACTED] of the outbreak. [REDACTED] further noted that maybe the nurse assumed that [REDACTED] knew about the outbreak on the unit from working on another unit but that [REDACTED] did not know. The CNA then stated that [REDACTED] never saw any of the other staff don a gown all morning when they went into the resident's room on the unit and that [REDACTED] thought that meant that [REDACTED] did not have to. The surveyor interviewed other staff on the [REDACTED] unit who spoke to the correct process of donning a gown and gloves prior to entering the resident's rooms on the [REDACTED] unit.</p> <p>A review of the education for the CNA revealed the following: "PPE" in-service, which included "Donning/Doffing of gowns" dated 4/1/21. "Droplet Precautions" in-service included "Always wear gloves, gown, eye protection and mask" dated 4/1/21. "Handwashing and Hand Sanitizer Use" in-service dated 4/21/21.</p> <p>A review of a PPE competency dated 5/25/21 reflected that the CNA had met all standards of applying and removing PPE.</p> <p>A review of the facility provided policy titled, "COVID 19 UNIVERSAL TESTING PLAN, COHORTING PLAN," with a revised date of 10/28/20, included the following:</p> <p>"B. Cohort 2: COVID-19 Negative, Exposed: This cohort consists of symptomatic and asymptomatic negative residents/residents who</p>	F 880		

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F 880	<p>Continued From page 18</p> <p>test negative for COVID-19 but had a possible exposure to someone who was positive. Exposed individuals should be quarantined for 14 days from last exposure, regardless of test results</p> <p>1. All symptomatic COVID-19 residents/residents should be considered exposed but should also be evaluated for other causes of their symptoms. To the best of their ability, LTCFs should separate symptomatic and asymptomatic residents/residents, ideally having one group housed in private rooms. Even though symptomatic COVID-19 negative residents might not be a threat to transmit COVID-19, they still may have another respiratory illness such as influenza.</p> <p>2. Asymptomatic residents should be closely monitored for symptom development ...</p> <p>D. Cohort 4: New or Readmissions This cohort consists of all persons from the community or other healthcare facilities who are newly or re-admitted. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19. Testing at the end of this period could be considered to increase the certainty that the person is not infected" The policy did not contain information on how staff, who are not designated to one cohort only, should proceed in what order to care for residents in different cohorts.</p> <p>A review of the facility provided policy title, "ISOLATION-CATEGORIES OF TRANSMISSION-BASED PRECAUTIONS," with a revised date of 4/22/20, included the following:</p> <p>"PROCEDURE: 1. Transmission-Based Precaution will be used whenever measures more stringent than</p>	F 880			

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F 880	Continued From page 19 Standard Precautions are needed to prevent or control the spread of infection ... Droplet Precautions... 5. Resident Transport a. Limit movement of resident from the room to essential purposes only. b. If transport or movement from the room is necessary, place a mask on the infected individual and encourage the resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets ... d. If the resident can tolerate a mask and control respiratory secretions, some activities outside the room may be acceptable. Review of the facility provided policy title, "ISOLATION-INITIATING TRANSMISSION-BASED PRECAUTIONS," with a revised date of 1/9/20, included the following: "PURPOSE: Transmission-Based Precautions will be initiated when there is a reason to believe that an elder has a communicable infectious disease. Transmission-Based Precautions may include Contact Precautions, Droplet Precautions, or Airborne Precautions... PROCEDURE: ... 4. Transmission-Based Precautions shall remain in effect until the Attending Physician or Infection Preventionist discontinues them, which should occur after pertinent criteria for discontinuation are met. 5. When Transmission-Based Precautions are implemented, the Infection Preventionist (or designee) shall: a. Ensure that protective equipment (i.e., gloves, gowns, masks, etc.) is maintained near the elder's room so that everyone entering the room can access what they need; b. Post the appropriate notice on the room	F 880			

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F 880	<p>Continued From page 20</p> <p>entrance door and inside the cover of the elder's chart so that all personnel will be aware of precautions, or be aware that they must first see a nurse to obtain additional information about the situation before entering the room..."</p> <p>3. On [REDACTED] between [REDACTED] to [REDACTED] during the entrance conference, the surveyor interviewed the Assistant Licensed Nursing Home Administrator (ALNHA) and Director of Nursing (DON), who noted that the Infection Preventionist was on vacation. Both pointed out that infection control was a team effort and that they could speak to any questions regarding infection control. The DON stated that they were following CDC guidelines and NJDOH guidelines for infection control protocols. At that time, the ALNHA and DON further stated that the facility was currently in an outbreak. The staff was required to wear an N95 respirator and a face shield or goggles and, if preferred, a surgical mask over the N95 throughout the building. The ALNHA and the DON explained that the [REDACTED] unit was considered the [REDACTED] unit. All [REDACTED] were cohorted on that unit, and the [REDACTED] were reviewed for vaccination status. Further explanation included that if the [REDACTED] was vaccinated, the resident was not a PUI and did not require to be quarantined. If the [REDACTED] was not vaccinated, the resident was considered a PUI and would have to be quarantined for 14 days. In addition, the ALNHA and DON stated that when entering a PUI room, the requirement was to put on a gown and gloves and remove them before exiting the room.</p> <p>On [REDACTED] at [REDACTED] the surveyor interviewed the CNA in the hallway of the [REDACTED] unit. The CNA stated that [REDACTED] usually worked on the [REDACTED]</p>	F 880			

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F 880	<p>Continued From page 21</p> <p>unit, where [REDACTED] were quarantined. The CNA explained that there were colored dots on the outside nameplate of the resident's rooms that indicated if the resident was on quarantine. The CNA further explained that the green dot meant that the resident was vaccinated and not quarantined. The yellow dot meant that the resident was not vaccinated, was quarantined, and had precautions. The red dot meant that the resident was quarantined and was COVID-19 positive. The CNA also explained that the green dot was on the resident's nameplate. The yellow and red dots were placed on a "14 Day Quarantine Standard Precautions" form with the resident's name and dates of when the resident was to have precautions starting and ending, and the form was taped to the nameplate of the resident's room. The CNA stated that she was wearing an N95 respirator and a face shield. The CNA also said that [REDACTED] had to put on a gown and gloves before entering a resident's room with a yellow dot to perform care. The CNA added that if [REDACTED] was not performing care and just going in to drop something off, [REDACTED] would not need to put on a gown and gloves but always wore an N95 and face shield. The CNA also stated that for the COVID-positive residents (a separate section of the [REDACTED] unit), [REDACTED] had to put on a gown and gloves every time [REDACTED] entered the resident's room.</p> <p>On [REDACTED] at [REDACTED], the surveyor observed, from the hallway, the Occupational Therapist (OT) in the room of Resident [REDACTED] at the foot of the bed. The OT wore a mask with a surgical mask over and a face shield. The OT was not wearing a gown or gloves. The OT handed the paperwork to the resident and then exited the room.</p>	F 880			

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F 880	<p>Continued From page 22</p> <p>On [REDACTED] between [REDACTED], the surveyor interviewed the OT, who stated that the "14 Day Quarantine Standard Precautions" sign on the door of the resident's room had a yellow dot which meant that the resident was "under observation." The OT stated that [REDACTED] was wearing an N95 respirator, a surgical mask over the N95, and a face shield. The OT acknowledged that [REDACTED] had not put on a gown or gloves prior to entering the resident's room. The OT also acknowledged that that section of the [REDACTED] Unit was designated for [REDACTED]. There was signage on the unit regarding "Use PPE When Caring for Patients with Confirmed or Suspected COVID-19" and "Stop - Droplet Precautions." The OT explained that she did not have to put on a gown and gloves prior to entering the resident's room because [REDACTED] was not performing care. The OT also added that [REDACTED] spoke to the resident, handed the paperwork to the resident, and left the room.</p> <p>During that time, the OT further explained that the dots on the outside of each resident's room designated the COVID-19 status of the resident, meaning that the green dot was an indication for the staff that the resident was "completely cleared," could come out of the room and staff did not have to put on a gown and gloves before entering the room. The OT also added that the residents with the yellow dot were quarantined and isolated from other residents, and the red dot meant the resident was COVID-19 positive. The OT stated that the Director of Rehabilitation (DOR) and the nursing department provided frequent in-services on infection control procedures.</p>	F 880			

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F 880	<p>Continued From page 23</p> <p>On [REDACTED] at [REDACTED], the surveyor observed the OT enter the room of Resident [REDACTED]. The surveyor observed a green dot on the outside of the room on the resident's nameplate.</p> <p>On [REDACTED] at [REDACTED], the surveyor interviewed the Housekeeper (HK) on the [REDACTED] unit, who stated that [REDACTED] was wearing an N95 respirator and a face shield and put on new gloves before starting to clean every room. The HK explained that [REDACTED] looked at the nameplate for each resident room before entering, and if there was a green dot, [REDACTED] did not have to wear a gown. A yellow or red dot meant that [REDACTED] had to put on a gown before entering the room and remove then before exiting the room. The HK further explained that [REDACTED] had a specific sequence for cleaning the rooms, meaning that [REDACTED] cleaned the green dot rooms first, then the yellow dot rooms, and then the red dot rooms last. The HK added that the sequence was done to make sure she completed the "clean" rooms first and ended with the "dirty" rooms last to prevent contamination. The HK also stated that [REDACTED] was not the usual HK on the [REDACTED] unit but covered for the usual HK.</p> <p>On [REDACTED] at [REDACTED], the surveyor interviewed the LPN, who stated that the yellow dot on the "14 Day Quarantine Standard Precautions" form indicated that those residents were "under observation" and required precautions. The LPN stated that [REDACTED] was wearing an N95 respirator and goggles. The LPN explained that precautions meant that if [REDACTED] entered the resident's room to perform care, [REDACTED] would have to put on a gown and gloves before entering. The LPN added that if [REDACTED] passed medications and was not going to touch the resident or perform care, [REDACTED] did not have to put on a gown or gloves. The LPN also</p>	F 880			

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F 880	<p>Continued From page 24</p> <p>stated that [REDACTED] did not pass medications in any room order but usually would give the COVID-19 positive residents medications last because those rooms were at the separate end of the hallway.</p> <p>On [REDACTED] at [REDACTED] the surveyor interviewed the Registered Nurse Supervisor (RNS), who stated that the resident's with a yellow dot on the "14 Day Quarantine Standard Precautions" form on the outside of the resident's room meant that those residents were "under suspicion," meaning that the resident was a [REDACTED] that was not vaccinated or had been potentially exposed to COVID-19. The RNS stated that the requirement when entering a room that had a yellow dot was to put on a gown and gloves before entering the resident's room and removing the gown and gloves before leaving the room. The RNS added that putting a gown and gloves on before entering a resident's room with a yellow dot was to be performed for every entry. The RNS stated that [REDACTED] was wearing an N95 respirator and a face shield.</p> <p>On [REDACTED] at [REDACTED], the surveyor interviewed the Director of Rehabilitation (DOR), who stated that the residents with a yellow dot were considered PUI and either had close contact or exposed to a COVID-19 positive person or was a new admission who had not been vaccinated. The DOR stated that the staff was required to wear an N95 respirator and a face shield or goggles. The DOR further explained that when a staff member was going to perform a one to one treatment with the resident who had a yellow dot, then the staff member was required to follow the protocol and put on a gown and gloves prior to entering the room and remove the gown and gloves before exiting the room. The DOR stated</p>	F 880			

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F 880	<p>Continued From page 25</p> <p>that if the staff member was dropping off paperwork and would be in the room for less than 15 minutes, the staff member did not need to put on a gown and gloves before entering the room. The DOR stated that [REDACTED] did not have enough staff to dedicate a particular staff member to each unit but that [REDACTED] has instructed the staff to do their treatments from "clean to dirty," meaning that the residents who have a green dot should be seen first. The residents with a yellow dot would be seen next, and the COVID-19 positive residents would be treated last. The DOR stated that there were no COVID-19 positive residents on the current caseload. The DOR explained that the OT was dropping off paperwork to Resident [REDACTED] and was not performing care.</p> <p>On [REDACTED] at [REDACTED], the surveyor interviewed the DON, who stated that Resident [REDACTED] was placed on precautions as a PUI because, upon [REDACTED] there was no documentation confirming that the resident had the COVID-19 vaccine. The DON further explained that until the confirmed documentation was received then the resident was considered a PUI. The DON added that Resident [REDACTED] was [REDACTED] and had [REDACTED] yesterday. The DON acknowledged that the list of residents on PUI provided to the surveyors included Resident [REDACTED] and that the resident was considered a PUI because the status of the resident had not been changed yet.</p> <p>The surveyor reviewed the medical record for Resident [REDACTED]. The Face Sheet revealed that the resident had been [REDACTED] and had [REDACTED] test results for [REDACTED]. In addition, the DON provided the surveyor with the resident's</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>██████████, which revealed that the resident ██████████ vaccinated.</p> <p>The surveyor reviewed the medical record for Resident ██████████. The Face Sheet revealed that the resident had been ██████████ and had ██████████ test results for ██████████. In addition, the DON provided the surveyor with the resident's ██████████, which revealed that the resident ██████████ vaccinated.</p> <p>On ██████████ at ██████████, the survey team met with the ALNHA and DON, who could not speak to the inconsistencies in the staff interviews regarding the ██████████ quarantine status and when to put on PPE. The ALNHA and DON stated that the facility infection control policies were based on CDC guidelines.</p> <p>A review of the Inservice binder reflected a completed competency for "Applying and Removing PPE" for the OT dated 5/21/21. There was no indication on the competency as to appropriate timing of applying PPE or appropriate resident designation for PPE use.</p> <p>A review of the facility policy " Isolation - Categories Of Transmission - Based Precautions" dated as revised 4/22/20, reflected that Standard Precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status and that Transmission-Based Precautions (TBP) shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. In addition, the policy reflected that TBP</p>	F 880			

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F 880	Continued From page 27 would be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection. NJAC 8:39-19.4(a)	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315269	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/19/2021	Y3
NAME OF FACILITY VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/09/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/26/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO