

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002
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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: 6/3/2020	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		6/19/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/21/2020
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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 and interview, it was determined that the facility failed to follow appropriate infection control practices and post signage identifying a unit was a designated Covid-19 unit requiring special Infection Control precautions.</p> <p>This deficient practice was identified for 1 of 3 nursing units and was evidenced by the following:</p> <p>On 6/3/2020 at 9:18 AM during an entrance conference with the Director of Nursing (DON) and Assistant Administrator (AA) the surveyor was informed that the facility currently had █ positive Covid-19 residents in the facility and these residents were isolated on the first floor Covid-19 unit. At 10:18 AM the DON stated "The Covid unit has PPE (personal protective equipment) signs on the resident room doors to don/doff (take on/take off) properly"</p> <p>On 6/3/2020 at 12:30 PM the surveyor exited the main entrance of the facility and walked around the left side of the building to gain access to the first floor Covid-19 isolation unit. At 12:31 PM the surveyor approached the glass entry door, which was partially opened. On observation of the door the surveyor did not see any signage posted that indicated the surveyor was entering a Covid-19 unit or that any precautions or personal protective equipment (PPE) was required to enter. After entering through the first door and entering the stairwell area the surveyor observed a second door. The door was wooden on the outside and</p>	F 880	<p>All residents may have been affected. Clinical educator/ Infection Preventionist to inservice all staff to the Isolation-initiating policy in addition to transmission Based Precautions policy. Facility placed signage on the entrance and the outside of the Covid Unit notifying personnel that the area is a Covid Unit and the required personal protective equipment for entrance to the unit. The signage also explains what PPE is required to be worn on the Covid Unit. In addition, the facility has posted signs on all resident doors who are on transmission-based precautions and the PPE that is required to be worn.</p> <p>The Infection Preventionst or designee will complete a weekly audit for 2 months to ensure signage is posted on the entrance and the outside of the Covid Unit and on all resident doors who are on transmission-based precautions. Results of audit will be taken through the QA committee monthly. The Quality Assurance Steering Committee will then determine the frequency of the audit moving forward as they deem appropriate based on the results of the previous audits completed.</p>		

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F 880	<p>Continued From page 3</p> <p>was fully closed. The door had no signage to indicate that you would be entering a Covid-19 positive unit or that any PPE was necessary to enter.</p> <p>At 12:33 PM the surveyor opened the second door and gained access to the Covid-19 positive unit. Upon entry the surveyor was greeted by the Licensed Practical Nurse (LPN). On interview the LPN stated "Appropriate PPE consists of a [REDACTED] suit, lab style gown, N95 mask and surgical type mask and face shield. When entering a resident room you need to don an additional disposable gown and don gloves."</p> <p>At 12:51 PM the surveyor entered the Covid-19 isolation unit hallway thru a temporary plastic, zippered isolation door. The surveyor observed that no signage was posted on rooms [REDACTED] and [REDACTED] (Covid positive rooms) to indicate that any transmission based precautions should be taken.</p> <p>At 1:00 PM the Certified Nursing Assistant (CNA) escorted the surveyor through the wooden door and into the stairwell. The surveyor asked the CNA why there is no signage on the doors to indicate that this was a Covid positive unit. The CNA stated "I guess that we should have signage to make people aware that this is a Covid unit."</p> <p>At 1:42 PM the surveyor interviewed the Licensed Practical Nurse/Infection Preventionist (LP/IP). The LP/IP stated "I guess because everybody that goes over there is staff and they know that it is the Covid unit." The surveyor requested a policy/procedure related to posting signage on the Covid unit. The LP/IP was unable to produce any policy in regards to signage on the Covid unit.</p>	F 880			

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

PRINTED: 04/05/2021
FORM APPROVED
OMB NO. 0938-0391

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