

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

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315179		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2020	
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT OCEANVIEW				STREET ADDRESS, CITY, STATE, ZIP CODE 2721 ROUTE 9 OCEAN VIEW, NJ 08230			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS 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. Survey date: 07/21/20 Census: 96			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			9/7/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/29/2020

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>			F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review.</p> <p>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, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure:</p> <p>a.) staff appropriately performed hand hygiene during a direct hand hygiene observation, b.) staff appropriately donned and doffed Personal Protective Equipment for residents on contact and droplet precautions, c.) staff appropriately performed hand hygiene while providing care to residents on contact and droplet precautions, d.) the Outbreak Response Plan for the discontinuation of Transmission-Based Precautions for resident's diagnosed with COVID-19 was appropriately implemented and followed. This deficient practice was identified on two of three units toured throughout the facility and was identified for 5 of 12 residents, (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5) who residing on the COVID-19 positive unit.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 7/21/2020 at 9:57 AM to 10:34 AM, the surveyors conducted entrance conference with the Administrator and Assistant Director of Nursing/Infection Preventionist (ADON/IP). The surveyors asked the management staff what Personal Protective Equipment (PPE) the facility utilized when providing care to their new/re admissions who resided in the facility. The Administrator stated that the PPE the staff donned when caring for the new/re admissions in</p>			F 880	<p>I. CORRECTIVE ACTION:</p> <p>C.N.A. #1, C.N.A. #2 and the marketing staff were re-in serviced by the infection control Preservationist/ADON on the deficient practice of Hand washing, Donning/Doffing PPE and the appropriate PPE for different categories of isolation with return demonstration per facility policy and procedure and the CDC guideline.</p> <p>Resident(s) #1, #2, #3, #4 and #5 charts were reviewed by the DON for deficient practice on the discontinuation of isolation based precaution for the positive COVID 19 residents per CDC guidelines and the facility policy. All the residents with positive COVID 19 were assessed by the DON/ADON and the designee for COVID 19 symptoms and the residents were discontinued from isolation using the symptom based strategy as recommended by the CDC.</p> <p>All staff in serviced by the DON/ADON on CDC guidelines and on facility policies to use symptom based strategy for discontinuing isolation for positive COVID 19.</p> <p>II. IDENTIFICATION OF RESIDENTS AT RISK:</p>		

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F 880	<p>Continued From page 3</p> <p>the facility included gloves, gowns, goggles or a face shield, N95 or KN95 masks, surgical masks, hair nets and shoe coverings. The surveyors further asked the management staff how many COVID-19 positive residents resided at the facility; the Administrator stated that the facility currently had one COVID-19 positive resident.</p> <p>On 7/21/2020 at 10:47 AM, the surveyors entered the █-wing unit which was the quarantine unit designated for for the new and readmission. These residents had tested negative for the COVID-19 virus in the hospital. The surveyors observed signs posted on how to properly don and doff PPE. Signage posted in the area also instructed staff on how to appropriately perform hand hygiene and apply a mask. The surveyors observed that there were signs posted on the resident's doors who were new/re-admissions to the facility which indicated they were on contact and droplet precautions. The surveyors further observed an adequate supply of PPE in the area for staff to use.</p> <p>1. On 7/21/20 at 10:51 AM, the surveyor observed a room in the subacute unit with Droplet and Contact precaution signs and a bin on the door which contained personal protective equipment (PPE). The surveyor observed there were alcohol-based hand rub (ABHR) sanitizer pumps on the walls of the unit. The surveyor observed a staff member in the isolation precaution room speaking to a resident. The staff member was wearing a blue surgical mask and no other PPE. The staff member walked out of the room, did not perform any hand hygiene and began to walk down the subacute unit hall.</p> <p>This resident was a recent admission who had</p>			F 880	<p>All residents may be at risk for this deficient practice. these residents can be identified by reviewing the Physician Orders, medication Administration records and the residents medical records.</p> <p>III. SYSTEMATIC CHANGES</p> <p>All staff re-in serviced on Hand washing, Donning/ Doffing appropriate PPE for different categories of isolation i.e. (Contact, Droplet and airborne isolation) and discontinuing transmission based precautions for positive COVID 19.</p> <p>Infection Control Preservationist or Designee will perform random audits of 16 members per week on hand washing, Donning/ Doffing PPE and appropriate PPE for the different categories of transmission based precautions i.e. (Contact, Droplet, and Airborne isolation precautions) with return demonstration and competency test to ensure compliance.</p> <p>Upon Hire to the facility all staff will receive in-services and competencies on hand washing, Donning/Doffing PPE and appropriate PPE is in place and being utilized and facility policies for discontinuing isolation on transmission based precautions for COVID 19.</p> <p>IV. QUALITY ASSURANCE:</p> <p>A random weekly audit of 16 staff members will be done by the infection</p>		

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F 880	<p>Continued From page 4</p> <p>been tested for COVID -19 in the hospital prior to admission and was negative for the virus.</p> <p>The staff member was identified as a marketing staff member.</p> <p>During an interview with the surveyor at 10:53 AM, the marketing staff member stated she was aware of the isolation precaution signs and the available PPE. The marketing staff member stated she was told the resident did not have COVID but was just being quarantined because the resident was a new admission from the hospital. The marketing staff member also stated she had been educated on PPE, hand hygiene and isolation precautions.</p> <p>During an interview with the surveyor at 10:57 AM, the Licensed Practical Nurse Unit Manager (LPN/UM) stated the subacute unit had eight residents who were on isolation precautions for 14 days upon being admitted to the facility. The LPN/UM stated there are isolation precaution signs on the doors to alert the staff of what PPE to wear, to protect everyone and to prevent the spread of infection.</p> <p>During an interview with the surveyor at 10:58 AM, the Assistant Director of Nursing Infection Preventionist (ADON/IP) stated the marketing staff member had been trained on infection control, isolation precautions and hand hygiene. The ADON/IP stated staff should perform hand hygiene and DON PPE (gown, N95 masks, gloves and face shield) before entering an isolation room.</p> <p>A review of the in-services, education and competencies for the marketing staff member</p>	F 880	<p>Preservationist/ DON or designee on Hand washing, Donning/ Doffing PPE, discontinuing isolation for positive COVID 19 residents using symptoms based strategy and appropriate PPE for the different transmission based categories for six months, then bi-weekly for three months, then monthly for three means for one year. Any issues identified will be immediately addressed and findings will be reported to the Administrator as well as the Quality Assurance Committee Quarterly for one year.</p> <p>A RCA (Root Cause Analysis) was completed for hand hygiene, donning/doffing PPE and discontinuation of transmission based precautions. The hand washing deficiency occurred because because staff didn't understand in-services and were complacent to hand hygiene. The Donning and Doffing PPE deficiency occurred because staff didn't understand the in-services given, were complacent and were getting confused by the various gowns the facility was using. The discontinuation of transmission based precaution deficiency occurred because were not educated on the discontinuation of transmission based precaution policy</p> <p>All staff have watched the required videos.</p>		

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F 880	<p>Continued From page 5 revealed the following:</p> <p>"Infection Control Guidelines" in-service dated 6/19, revealed education on the use hand hygiene before and after contact with residents, before and after entering isolation precaution settings; and that PPE required for transmission-based precautions. The in-service also included a competency for donning and doffing of PPE which reflected the marketing staff member was deemed S (satisfactory) at performing.</p> <p>"Understanding COVID" in-service dated 3/5/20, revealed a passing test regarding symptoms, the spread of infection and PPE.</p> <p>2. On 7/21/2020 at 11:18 AM, the surveyor asked the Certified Nursing Aide #1 (CNA) to demonstrate hand hygiene in front of the surveyor. CNA#1 was observed first putting soap on her hands, she then turned on the faucet with her right hand and wet her hands under the running water. The surveyor observed CNA#1 rinse and lather her hands inside and outside of the running water for 15 seconds. CNA#1 then turned the faucet off with her wet bare hands and then dried her hands with a paper towel.</p> <p>The surveyor conducted an interview with CNA#1 who stated that hand hygiene was required before and after entering a resident's rooms by using soap and water or an Alcohol Based Hand Rub (ABHR). The surveyor asked CNA#1 to explain the process for washing her hands. The CNA stated that she was to apply soap to her hands prior to wetting them. She then stated that she would lather them inside and</p>			F 880			

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F 880	<p>Continued From page 6</p> <p>outside of the running water for 20 seconds. CNA#1 admitted to the surveyor that she had incorrectly turned off the faucet with her bare hand and should have used a paper towel to turn the water off to the sink.</p> <p>A review of CNA#1 Handwashing In-Service dated 7/15/2020 reflected that CNA#1 performed all required elements of appropriate hand hygiene. The Hand Washing Competency Checklist indicated that all stages must be carried out to be assessed as competent. The competency reflected to wet hands under running water before applying soap and to apply enough soap to cover all hands surfaces. The competency instructions provided pictures for the staff to follow and instructions that indicated, "1. Palm to palm. 2. Right palm over left dorsum and left palm over right. 3. Palm to fingers interlaced. 4. Back of fingers to opposing palms and fingers interlocked. 5. Rotating rubbing of thumbs. 6. Rotating rubbing backwards and forwards with clasped fingers. 7. Rub each wrist with opposite hand. Rinse hands thoroughly under running water. Wash hands for 30 seconds. Dry thoroughly using paper towels. Use another paper towel to close faucet."</p> <p>3. On 7/21/2020 at 11:42 AM, the surveyor entered the COVID-19 positive area. The COVID-19 positive area was blocked off by a plastic barrier and was dedicated to resident's who were positive for the virus.</p> <p>At 11:47 AM, the surveyor observed the Registered Nurse (RN) who cared for the COVID-19 positive residents seated in a designated nurse station area on the unit. The</p>			F 880			

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F 880	<p>Continued From page 7</p> <p>RN was observed wearing a N95 mask, surgical mask, face shield, lab coat, hair and shoe covers. The RN stated that she performed a COVID-19 evaluation on the residents, assessed for signs and symptoms of the virus and took the residents vital signs every shift which she then documented in the resident's medical record. The RN stated that all the resident's that resided on the unit were tested for the virus yesterday and were kept on the unit until they received a negative test result. The RN further stated that she was unaware of the facility's policy for the discontinuation of transmission-based precautions for the COVID-19 positive residents and stated that was left up to the Director of Nursing (DON) who was currently on vacation. The surveyor asked the RN to provide the surveyor with a list of the residents' who resided on the COVID-19 positive unit. The RN handed the surveyor a list of 12 residents.</p> <p>The surveyors toured the COVID-19 positive unit and observed 12 resident's residing on the unit.</p> <p>The surveyor reviewed the medical record for Resident #1.</p> <p>A review of the resident's Face Sheet (Admission Record) reflected that the resident had resided at the facility for over a year and had diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the resident's COVID-19 laboratory test results revealed the following: 4/25/2020- positive, 5/27/2020- not detected, 6/19/2020-</p>	F 880			

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F 880	<p>Continued From page 8 positive, and 7/14/2020- not detected.</p> <p>A review of the resident's progress notes from 7/8/2020 to 7/21/2020 indicated that the resident received assessments q (every) shift for signs and symptoms of COVID-19. The nurses documented from 7/8/2020 to 7/21/2020 that the resident did not experience fatigue, increased weakness, and increased care needs. The documentation further reflected that the resident had no body aches, did not require oxygen, had no cough, had no shortness of breath, congestion, runny nose or headache. On 7/12/2020 at 22:25 (12:25 PM), on 7/14/2020 at 13:39 (1:29 PM), on 7/15/2020 at 15:06 (3:06 PM), and on 7/17/2020 at 12:29 AM the progress notes reflected that the resident had a poor appetite. A further review of a progress note dated 7/17/2020 at 13:08 (1:08 PM) reflected that the resident was recommended to start on the [REDACTED]. The PN further reflected that the resident's target behaviors for the [REDACTED]. The PN indicated for the resident to receive one-to-one socialization in his/her room with activities, social services, and nursing due to isolation from the COVID-19 outbreak.</p> <p>Resident #1 had been asymptomatic for COVID-19 for 14 days.</p> <p>The surveyor reviewed the medical record for Resident #2.</p> <p>A review of the resident's Face Sheet (Admission Record) reflected that the resident had resided at</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>the facility for over two years and had diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the resident's COVID-19 laboratory test results revealed the following: 4/26/2020 -not detected, 5/18/2020 - not detected, 5/22/2020 - not detected, 5/29/2020 - not detected, 6/5/2020 - not detected, 6/12/2020 - positive, 6/15/2020 - positive, and 7/14/2020 - not detected.</p> <p>A review of the resident's progress notes from 7/8/2020 to 7/21/2020 indicated that the resident received assessments q shift for signs and symptoms of COVID-19. The nurses documented from 7/8/2020 to 7/21/2020 that the resident did not experience fatigue, loss of appetite, increased weakness, and increased care needs. The documentation further reflected that the resident had no body aches, did not require oxygen, had no cough, had no shortness of breath, congestion, runny nose or headache.</p> <p>Resident #2 had been asymptomatic for COVID-19 for 14 days.</p> <p>The surveyor reviewed the medical record for Resident #3.</p> <p>A review of the resident's Face Sheet (Admission Record) reflected that the resident had resided at the facility for [REDACTED] and had diagnoses which included but were not limited to [REDACTED]</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>A review of the resident's COVID-19 laboratory test results revealed the following: 4/23/2020 - positive, 5/26/2020 - not detected, 6/15/2020 - specimen collection not sufficient to complete testing. Please recollect, 6/19/2020 - positive, 6/24/2020 - positive.</p> <p>A review of the resident's progress notes from 7/7/2020 to 7/21/2020 indicated that the resident received assessments q shift for signs and symptoms of COVID-19. The nurses documented from 7/7/2020 to 7/21/2020 that the resident did not experience fatigue, loss of appetite, increased weakness, and increased care needs. The documentation further reflected that the resident had no body aches, did not require oxygen, had no cough, had no shortness of breath, congestion, runny nose or headache.</p> <p>Resident #3 had been asymptomatic for COVID-19 for 15 days.</p> <p>The surveyor reviewed the medical record for Resident #4.</p> <p>A review of the resident's COVID-19 laboratory test results revealed the following: 4/25/2020 - not detected, 5/18/2020 - not detected, 5/22/2020 - not detected, 5/29/2020 - not detected, 6/5/2020 - not detected, 6/12/2020 - not detected, 6/19/2020 - positive, and 7/14/2020 - not detected.</p> <p>A review of the resident's progress notes from 7/8/2020 to 7/21/2020 indicated that the resident received assessments q shift for signs and</p>			F 880			

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F 880	<p>Continued From page 11</p> <p>symptoms of COVID-19. The nurses documented from 7/8/2020 to 7/21/2020 that the resident did not experience fatigue, loss of appetite, increased weakness, and increased care needs. The documentation further reflected that the resident had no body aches, did not require oxygen, had no cough, had no shortness of breath, congestion, runny nose or headache.</p> <p>Resident #4 had been asymptomatic for COVID-19 for 14 days</p> <p>The surveyor reviewed the medical record for Resident #5.</p> <p>A review of the resident's Face Sheet (Admission Record) reflected that the resident had resided at the facility for [REDACTED] and had diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the resident's COVID-19 laboratory test results revealed the following: 4/26/2020 - positive, 5/21/2020 - not detected, 5/26/2020 - not detected, 6/24/2020 - positive, and 7/14/2020- not detected.</p> <p>A review of the resident's progress notes from 7/8/2020 to 7/21/2020 indicated that the resident received assessments q shift for signs and symptoms of COVID-19. The nurses documented from 7/8/2020 to 7/21/2020 that the resident did not experience fatigue, loss of appetite, increased weakness, and increased care needs. The documentation further reflected</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>that the resident had no body aches, did not require oxygen, had no cough, had no shortness of breath, congestion, runny nose or headache.</p> <p>Resident #5 had been asymptomatic for COVID-19 for 14 days</p> <p>During an interview with the surveyors on 7/21/20 at 1:00 PM, the LNHA stated the process for discontinuation of transmission-based precautions for the COVID residents, was that the resident would be asymptomatic for 10 days and had two negative COVID-19 tests. The LNHA stated the facility used both the testing based and symptom-based strategies together to determine the status.</p> <p>During an interview with the surveyors on 7/21/20 at 2:38 PM, the ADON/IP stated the facility previously was not retesting COVID positive residents but had been using the symptom-based method because retesting COVID positive residents could lead to a false positive test result.</p> <p>4. On 7/21/2020 at 12:13 PM, the surveyor observed CNA#2 on Unit [redacted] remove her gown and exit a new/re-admission residents' room without performing hand hygiene or utilizing the ABHR that was observed attached to the wall in the vicinity of the resident's room. CNA#2 was observed wearing only a surgical mask on the unit. The surveyor then observed CNA#2 apply a gown, enter another new/re-admission residents' room without performing hand hygiene. The surveyor observed that CNA#2 was not wearing a KN95 mask, N95 mask, gloves, goggles, or a</p>			F 880			

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F 880	<p>Continued From page 13</p> <p>face shield. The surveyor observed the resident in his/her room seated in a wheelchair with his/her legs elevated and a blanket covering his/her body. A staff member handed CNA#2 the resident's lunch tray in the doorway of the resident's room. The surveyor observed CNA#2 place the lunch tray on the resident's overbed table and adjust the table to the resident's desired height. CNA#2 was further observed touching the resident's lower extremities with ungloved hands. The surveyor observed CNA#2 exit the resident's room without taking off her gown or performing hand hygiene. CNA#2 then walked back into the same resident's room, removed her gown, threw it away by touching the top of the garbage can in the resident's room to open it. The surveyor further observed CNA#2 exit the resident's room without performing hand hygiene.</p> <p>At 12:21 PM, the surveyor interviewed CNA#2 who stated that the signs on the resident's doors meant that they just came from the hospital and needed to be monitored for 14 days and they were on contact and droplet transmission-based precautions. CNA#2 stated that contact and droplet transmission-based precautions meant that staff was required to wear a gown, shoe covering, hair cover, and gloves. The surveyor observed that CNA#2's surgical mask was not covering her nose. The surveyor asked CNA#2 why she was only wearing the surgical mask. CNA#2 stated that she was not wearing a KN95 mask or N95 mask because it was not needed. The CNA further stated that she was required to remove PPE before exiting the resident's room and perform hand hygiene. CNA#2 stated that she should have been wearing gloves. CNA#2 then stated, "We wear gloves all the time." The</p>			F 880			

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F 880	<p>Continued From page 14</p> <p>surveyor asked CNA#2 why she wasn't wearing gloves and the CNA stated that she wasn't wearing gloves because she just dropped the tray off to the resident. The CNA#2 further stated that she didn't technically touch the resident when she moved his/her legs with her bare hands. The CNA#2 stated that hand hygiene should be performed for 30 seconds before entering and exiting a resident's room, but she didn't wash her hands because she was just dropping off the resident's lunch tray.</p> <p>A review of CNA#2 Handwashing In-Service dated 4/1/2020 reflected that the CNA#1 performed all required elements of appropriate hand hygiene. The Hand Washing Competency Checklist indicated that all stages must be carried out to be assessed as competent. The competency reflected to wet hands under running water before applying soap and to apply enough soap to cover all hands surfaces. The competency instructions provided pictures for the staff to follow and instructions that indicated, "1. Palm to palm. 2. Right palm over left dorsum and left palm over right. 3. Palm to fingers interlaced. 4. Back of fingers to opposing palms and fingers interlocked. 5. Rotating rubbing of thumbs. 6. Rotating rubbing backwards and forwards with clasped fingers. 7. Rub each wrist with opposite hand. Rinse hands thoroughly under running water. Wash hands for 30 seconds. Dry thoroughly using paper towels. Use another paper towel to close faucet."</p> <p>A review of CNA#2 Standard Precautions & Transmission Based Precautions competency dated 3/11/2020 indicated that CNA#2 was competent in standard and Transmission Based Precautions. The competency indicated that the,</p>			F 880			

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F 880	<p>Continued From page 15</p> <p>"Staff correctly identified the appropriate PPE for the following scenarios: a. Standard Precautions (PPE to be worn on anticipated level of exposure)* b. Contact/Contact Enteric Precautions (gown and gloves) c. Droplet Precautions (surgical mask) d. Airborne Precautions (fit-tested respirator if applicable)."</p> <p>The competency did not provide instructions on appropriate donning and doffing of PPE.</p> <p>During an interview with the surveyors on 7/21/20 at 12:52 PM, the ADON/IP stated the residents who are new, or readmissions are on both droplet and contact precautions. The ADON/IP stated the staff should wear a PPE gown, mask (N95 and surgical), face shield or goggles and gloves. The ADON/IP further stated the staff should perform hand hygiene prior to entering an isolation room. The ADON/IP explained the process for hand washing was for the staff to turn on the water, wet their hands, apply soap, lather hands outside the running water for at least 20 seconds, dry their hands with a paper towel and use a different paper towel to turn off the faucet.</p> <p>During an interview with the surveyors on 7/21/20 at 1:00 PM, the LNHA stated the process for discontinuation of transmission-based precautions for the COVID residents, was that the resident would be asymptomatic for 10 days and had two negative COVID-19 tests. The LNHA stated the facility used both the testing based and symptom-based strategies together to determine the status.</p> <p>During an interview with the surveyors on 7/21/20 at 2:38 PM, the ADON/IP stated the facility previously was not retesting COVID</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>positive residents but had been using the symptom-based method because retesting COVID positive residents could lead to a false positive test result.</p> <p>The Administrator and ADON/IP could not speak as to why there were 12 residents residing on the COVID-19 positive unit and stated that their DON who had just started her vacation was the staff member responsible for the discontinuation of transmission-based precautions on the COVID-19 positive unit.</p> <p>A review of the facility, "Handwashing/Hand Hygiene" policy and procedure, dated May 2020 revealed, personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors; use ABHR or soap and water before and after entering isolation precaution settings and before and after direct contact with residents.</p> <p>A review of the facility policy, "Discontinuation of Transmission-Based Precautions for Persons Diagnosed with COVID-19" updated May 14, 2020 in the Outbreak Response Plan, revealed Symptoms-based strategy: resident should remain on isolation full transmission-based precautions at least until 10 days have passed since symptoms attributed to COVID-19 first appeared AND at least 3 days have passed since recovery defined as: resolution of fever, without use of fever-reducing medications AND improvement in respiratory signs and symptoms.</p> <p>Test-based strategy: negative results from at least two consecutive nasopharyngeal swabs specimens collected over > (greater than or</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>equal to) 24 hours apart (total of two negative specimens) AND resolution of fever, without use of antipyretic (fever reducing) medication AND improvement in illness signs and symptoms.</p> <p>Review of the NJ Department of Health, "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities", dated May 11, 2020, reflected that "the decision to discontinue Transmission-Based Precautions should be made using a test-based strategy or a time/symptom-based strategy. Decisions to extend or remove persons from Transmission-Based Precautions should be made in consultation with a healthcare provider and/or public health professional and is subject to differences in disease course, symptoms, living situation, available resources and clinical management."</p> <p>A review of the, "Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings issued by the New Jersey Department of Health and New Jersey Communicable Disease Services" dated 5/11/2020 indicated, "Implement Standard and Transmission-Based Precautions including use of N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new and re-admissions, confirmed and suspected COVID-19 case(s), and any patient/resident cared for by a confirmed or suspected COVID-19 positive HCP [Health Care Provider]. Note HCP [Health Care Provider] should use all recommended COVID-19 PPE for the care of all patients/residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic patients/residents."</p>	F 880			

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F 880	Continued From page 18 NJAC 8:39-27.1(a)	F 880			