

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

PRINTED: 03/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/23/2022
NAME OF PROVIDER OR SUPPLIER CAREONE AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666		
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F 000	INITIAL COMMENTS Covid- 19 Infection Control Census: 73 Sample Size: 5 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 not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. C #: NJ: 153733, 154497 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	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	F 880		7/22/22	

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

TITLE

(X6) DATE

Electronically Signed

06/09/2022

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>and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</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</p>	F 880			

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F 880	<p>Continued From page 2 by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: C #: NJ 154497, Covid-19 Infection Control</p> <p>Based on interviews and review of pertinent facility documentation on 5/23/22, it was determined that the facility failed to ensure that all staff and visitors entering the building were screened for Covid-19 signs and symptoms in accordance with the facility policy "COVID-19..." and Centers for Disease Control and Prevention (CDC) guidelines for 3 of 10 employees and 6 of 10 visitors, reviewed for Covid-19 screening. This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) COVID-19, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 2/2/22, showed "...1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic, Options could</p>	F 880	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE:</p> <p>Staff were re-educated on the COVID Screening process and form completion, Covid screens and the policy relating to the covid screens and temperature checks prior to entering the facility.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED: Residents may have the potential to be affected. A review of the screening forms and temperature checks was reviewed, and no other residents were affected.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMATIC CHANGES WILL BE MADE TO ENSURE PRACTICE WILL NOT RECUR:</p>		

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F 880	<p>Continued From page 3</p> <p>include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility. HCP [Health Care Provider] should report any of the 3 above criteria to occupational health or another point of contact designated by the facility, even if they are up to date with all recommended COVID-19 vaccine doses. Recommendations for evaluation and work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2..."</p> <p>During an interview with the Infection Preventionist Nurse (IPN) on 5/23/22 at 10:29 am, she provided the surveyor the Line Listing (LL) that showed that the Covid-19 outbreak started on 4/26/22 involving Resident #5, who had an exposure with a family who had Covid-19. The last tested positive for Covid-19 was on 5/20/22 involving an employee. The LL further showed that the affected employees and residents were fully vaccinated including booster for Covid-19.</p> <p>The form titled, "Universal Covid-19 Screening Questionnaires" revised on 12/9/21, showed that the staff/visitors were to answer yes or no but were not limited to the following questions: tested positive for Covid-19, travel last 10 days, Covid-19 symptoms (fever, cough...) and temperature reading (must be less than 100 degrees Fahrenheit for entry). The form further showed that if yes is marked for any above questions, and/or temperature is 100 or greater, entry would not be allowed.</p>	F 880	<p>Administrator, Director of Nursing, Facility Educator or designee provided re-education on the COVID screening process which included temperature checks, questionnaires and a review of the policy. Designee assigned to the front screening area was included in the education to ensure that screens are completed and logged prior to employee or visitor departing from the screening area.</p> <p>Additional thermometers purchased and designee assigned to control the screening area and monitor for form completion prior to walking out of reception area. Screening area was moved to streamline foot traffic.</p> <p>Screening questionnaire was shortened to 4 questions and a temperature log.</p> <p>HOW WILL THE FACILITY MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>Administrator or designee will document an audit of the completion of ten visitor, ten employee screenings twice weekly for one month, then weekly for two months. Results of the audit will be presented to the Quality Assurance Performance Improvement Committee monthly for the period of three months. The committee will review the data and determine the need for further changes to the plan.</p> <p>Directed Plan of Correction</p>		

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F 880	<p>Continued From page 4</p> <p>The "Universal Covid-19 Screening Questionnaires" for the month of 5/2022 showed that seven (7) visitors did not complete the screening form prior to entering the facility which was not according to their policy and CDC guidelines:</p> <p>Vs' #1, #2, #3, #4, #5 and #6 showed no documented evidence that their body temperatures were taken prior to entering the facility.</p> <p>The "Universal Covid-19 Screening Questionnaires" for the month of 5/2022 showed that 3 employees (E, fully vaccinated) did not complete the screening form prior to entering the facility which was not according to their policy and CDC guidelines:</p> <p>E's #1 and #2 (Certified Nursing Assistant and Housekeeping) showed no documented evidence that their body temperatures were taken prior to entering the facility.</p> <p>E #3 (Dietary staff) did not answer yes or no to the aforementioned questions and no documented evidence that his/her body temperature was taken prior to entering the facility.</p> <p>Interviewed with the Reception staff (RS) on 5/23/22 at 11:38 am, she stated that staff and visitors were to complete including recording their body temperature on the aforementioned screening form prior to entering the facility. The RS further stated that if the staff/visitor did not write down their temperatures on the form; she would write it down for them.</p> <p>Interviewed with the Administration on 5/23/22</p>	F 880	<p>A root case analysis was completed and will be reviewed at the next monthly Quality Assurance and Performance Improvement Committee Meeting for one month.</p> <p>Directed in servicing includes the following: Module 1 Infection Prevention and Control Program- training provided to topline staff and infection preventionist. Module 4 Infection Surveillance Module 5 Outbreaks Module 6A Principles of Standard Precautions Module 6B Principles of Transmission Based Precautions</p>		

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F 880	<p>Continued From page 5</p> <p>and the IPN on 5/23/22 from 2:07 pm to 3:45 pm, they stated that RS and nursing supervisors should ensure that anyone entering the facility will actively screened for fever and symptoms of Covid-19. They were unable to explain why the aforementioned employees and visitors entered the facility without fully screened for Covid-19 symptoms.</p> <p>The facility policy titled, "COVID-19 Preparedness and Response Plan" :</p> <p>Under Covid-19 Outbreak...Case in Resident;New staff Case" dated 3/2/22, showed "...Visitation...Screen all prior to entry, including healthcare personnel and visitors..."</p> <p>Under "Coronavirus Disease (COVID-19)-Visitors, dated 3/10/22, showed "...For the safety of residents and staff...and in compliance with current recommendations from the Centers for Disease...2. Core principles of COVID-19 prevention and best practices to reduce COVID-19 transmission are adhered at all times, including; a, screening of all who enter the facility for signs and symptoms of COVID-19..." Attached with this policy is the aforementioned "Universal....Screening..."</p> <p>NJAC 8:39-19.4(a)(b)</p>	F 880			