

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

PRINTED: 04/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT MADISON AVENUE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>151 MADISON AVENUE</b> <b>MORRISTOWN, NJ 07960</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID 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  Survey date: 12/09/20  Census: 85  Sample: 2  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.  A Complaint's Survey was also conducted in conjunction with the COVID-19 FIC Survey; C#NJ00141604	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,	F 880		12/31/20	

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

TITLE

(X6) DATE

Electronically Signed

12/22/2020

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>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 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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# NJ00141604</p> <p>Based on observation, interview, and review of records, it was determined that the facility failed to: a) disinfect and sanitize the equipment used in the COVID-19 screening process; and, b) ensure that a worker was knowledgeable regarding the cleaning chemicals used in the workplace for 1 of 3 staff in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility updated on 7/28/20 included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when</p>	F 880	<p>POC F 880</p> <p>How the corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>The thermometer was disinfected and placed in a plastic bag/clean barrier. The top of the reception desk was also disinfected. The receptionist was educated on disinfecting the pens and the front desk surfaces, she was also educated on the contact time of the sani-wipes.</p> <p>How the facility will identify other residents have the potential to be affected by the same deficient practice</p> <p>Residents who were in the center had the potential to be affected, no affected residents noted. There are no active resident cases of SARS-COV2 in the center.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur</p> <p>1. On 12-10-2020 the receptionist were in-serviced on sanitizing the front desk area, including the pens, desk, and</p>		

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F 880	<p>Continued From page 3</p> <p>cleaning or disinfecting frequently touched surfaces and electronics." Additional considerations for employers: "Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19. Develop policies for worker protection and provide training to all cleaning staff on-site prior to providing cleaning tasks. Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA 's Hazard Communication Standard."</p> <p>On 12/9/20 at 8:51 AM, the surveyor entered the facility. The receptionist took the surveyor's temperature and placed the thermometer back onto the desk on top of the used pens container without disinfecting it and without placing it on a clean barrier. The receptionist then instructed the surveyor to fill out the COVID-19 screening questions; The receptionist did not disinfect the top of her desk where the surveyor filled out the COVID-19 screening form.</p> <p>At that same date and time, the Director of Nursing came and introduced herself to the surveyor. Afterward, two more staff came in and used the top of the receptionist desk for writing. The receptionist did not disinfect the thermometer after each use. Also, the receptionist did not disinfect the top of the reception area's table after each use.</p> <p>On that same day, at that same time, in the DON's presence, the surveyor interviewed the receptionist and asked how often she disinfects her desk and thermometer; The receptionist had no answer. The surveyor further asked the receptionist what the contact time of [REDACTED] was when the receptionist took a container of [REDACTED]. The receptionist did not respond. The</p>	F 880	<p>thermometer.</p> <p>a. There are 2 pen containers, one labeled for "clean" and one for "used". Have each person take a pen from the "clean" container to fill out their screening form and then place it in the "used" container. Used pens will be sanitized prior to placing in the clean receptacle.</p> <p>b. Reception staff educated on the contact time of the sani-wipes. Several times per week, a department head will assist the receptionist to assure social distancing and to enforce that all disinfecting practices are adhered to.</p> <p>c. Infrared no contact thermometer will be disinfected after use and placed in a plastic bag/clean barrier.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice will not recur</p> <p>Administrator and/or designee will observe the front desk for compliance two times weekly for one month, then once per week for two months. The findings will be reported to the QAPI committee quarterly for one quarter to review and revise the plan based on any trending.</p>		

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F 880	<p>Continued From page 4</p> <p>DON instructed the receptionist to check the [REDACTED] canister for contact time, and the receptionist stated, "Honestly, I don't usually read that." The receptionist further said, "I'm not sure," when asked by the surveyor if she received education about the [REDACTED]</p> <p>Afterward, the DON stated that, "I don't have an answer for that" when asked by the surveyor why the thermometer was placed directly on top of the used pen container without a barrier. She further stated, "I have to ask our Infection Control doctor, and I don't think we have a policy about that." The DON further said, "I know it should be wiped in between use."</p> <p>The surveyor requested the facility's policy and procedure on the screening process and the receptionist's education regarding the use of a disinfectant.</p> <p>At 1:04 PM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with a copy of the Coronavirus Disease-Visitors policy, but it did not include information on disinfecting the thermometer and the receptionist's surrounding area. There was also no documented evidence that the receptionist was provided education regarding the use of a disinfectant.</p> <p>At 1:08 PM, the surveyors met with the LNHA, DON, Assistant Director of Nursing, Regional Nurse. No additional information was provided.</p> <p>NJAC 8:39-19.4 (a)</p>	F 880			