

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

PRINTED: 10/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT BEY LEA, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1351 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753</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: 2/16/21  Census: 93  Sample: 11  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 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=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	F 880			3/22/21

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

TITLE

(X6) DATE

Electronically Signed

02/17/2021

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</p> <p>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 transport linens so as to prevent the spread of</p>			F 880			

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F 880	<p>Continued From page 2 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: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to appropriately don (put on) and doff (remove) Personal Protective Equipment (PPE) when entering and exiting rooms of residents who were on Transmission Based Precautions (TBP). This deficient practice was identified for 4 of 11 resident's reviewed, (Resident #8, #9, #10, and #11) on 1 of 3 nursing units during a COVID-19 Focused Infection Control Survey.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 2/16/21 at 9:33 AM, the surveyors reviewed the map of the facility with the facility's Administrator. The facility map indicated that rooms 9 through 25 were considered People Under Investigation (PUI) because that was where the new and re-admissions to the facility resided.</p> <p>At 11:22 AM, the surveyor observed double doors that were shut. Signs posted on the doors indicated that the unit was considered PUI. The surveyor entered the PUI unit by rooms 9 and 10 and observed plastic bins containing PPE outside of the entranceways to every resident's room on the unit.</p> <p>At 11:31 AM, the surveyor observed the Certified</p>	F 880	<p>DISCLAIMER: This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically disagreed with. The submission of the plan does not constitute an agreement by the facility that the findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p>F800: SCOPE and SEVERITY = D CFR(s): 483.80(a)(1 )(2)(4)(e)(f) Infection Prevention &amp; Control</p> <p>1. Corrective Actions: CNA #1 was re-educated by the DON prior to survey exit on the appropriate Donning (putting on) and Doffing (Taking off) of Personal Protective Equipment (PPE) when entering and exiting rooms of residents who are on Transmission Based Precautions (TBP). Effectiveness of re-education was evaluated via a successful Return Demonstration by CNA #1 of Donning and Doffing of PPE.</p>		

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F 880	<p>Continued From page 3</p> <p>Nursing Aide (CNA #1) on the PUI unit standing inside of Resident #11's room pouring the resident a drink. The surveyor observed that the CNA's gown was not securely tied around her back and neck, leaving the back of the CNA's clothing exposed. The surveyor observed the CNA remove her gown and hang it on a hook by the entrance to the resident's room.</p> <p>At 11:33 AM, the surveyor interviewed CNA #1 upon exiting Resident #11's room. CNA #1 stated that each staff member was given a gown at the start of their shift that they use individually to provide care for the resident's on TBP and that the gown should be tied in the back.</p> <p>At 11:54 AM, the surveyor observed CNA #1 enter Resident #8's room on the PUI unit holding a lunch tray. CNA #1 was observed wearing a KN95 mask covered with a surgical mask, face shield, gown, but no gloves inside of the resident's room. The surveyor observed CNA #1 place the lunch tray on the resident's over bed table, remove her gown inside of the resident's room, apply Alcohol Based Hand Rub (ABHR), exit the resident's room and clean off her face shield with an alcohol wipe. The surveyor did not observe the CNA change out her surgical mask upon exiting the resident's room.</p> <p>At 11:57 AM, the surveyor observed CNA #1 enter Resident #9's room on the PUI unit holding a lunch tray. CNA #1 was observed wearing a KN95 mask covered with a surgical mask, face shield, gown, and no gloves inside of the resident's room. The surveyor observed the CNA place the lunch tray on the resident's over bed table and then touch the resident's over bed table with her bare hands. The surveyor observed the</p>	F 880	<p>1. Facility staff continued to monitor Residents #8, #9, #10 and #11 for COVID-19 Signs and Symptoms as per facility Policy. All 4 residents remained asymptomatic.</p> <p>2. How the facility will identify other residents having the potential to be affected. 1. All residents have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put in place or systemic changes to ensure the practice does not recur? 1. All staff members were re-in serviced on the Facility's Policy re: Proper Use of Personal Protective Equipment when Caring for Residents with Confirmed or Suspected COVID-19. Emphasis was made on Proper Donning (putting on) and Doffing (Taking off) of Personal Protective Equipment (PPE) when entering and exiting rooms of residents who are on Transmission Based Precautions (TBP).</p> <p>4. How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur? 1. The Director of Nursing/Infection Preventionist/Designee will conduct Competency Assessments on 5 Staff members per week x 4 months on the Proper Donning (putting on) and Doffing</p>		

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F 880	<p>Continued From page 4</p> <p>CNA remove her gown inside of the resident's room, apply ABHR, exit the resident's room and clean off her face shield with an alcohol wipe. The surveyor did not observe the CNA change out her surgical mask upon exiting the resident's room.</p> <p>At 12:00 PM, the surveyor observed CNA #1 enter Resident #10's room on the PUI unit holding a lunch tray. The CNA was observed wearing a KN95 mask covered with a surgical mask, face shield, gown, and no gloves inside the resident's room. The surveyor observed the CNA place the lunch tray on the resident's over bed table and then touch the resident's over bed table with her bare hands. The surveyor observed the CNA remove her gown inside of the resident's room, apply ABHR, exit the room and clean off her face shield with an alcohol wipe. The surveyor did not observe the CNA change out her surgical mask upon exiting the resident's room.</p> <p>At 12:02 PM, the surveyor interviewed CNA #1 who stated that prior to entering a resident's room she had to don full PPE which included a KN95 mask, a surgical mask over, a face shield, and gown. The CNA stated that she had to clean her face shield after exiting a resident's room. The CNA stated that she didn't change out her surgical mask because she was wearing a face shield. The CNA further stated that if the resident asked for something and she was providing care to the resident, she would wear gloves. The CNA stated that she didn't have to wear gloves when touching items in the resident's rooms, only when providing care.</p> <p>At 12:34 PM, the surveyor interviewed the Director of Nursing/Infection Preventionist (DON/IP) who stated that before staff entered a resident's room on the PUI new and re-admission</p>	F 880	<p>(Taking off) of Personal Protective Equipment (PPE).</p> <p>¿ Results of Competency Assessments will be reported to the Administrator on a weekly basis; to the Regional Director of Clinical Services on a monthly basis; and presented in the facility's QAPI Meeting on a Quarterly basis.</p>		

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F 880	<p>Continued From page 5</p> <p>unit, the PPE that was required to be donned included a N95 or KN95 mask, surgical mask over, face shield, gown, and gloves. The DON/IP further stated that when staff exited the resident's room, they were required to disinfect their eye wear and don a new surgical mask. The DON/IP stated that the staff was required to do this because the PUI rooms were considered contaminated.</p> <p>Review of the facility's Policy for Emergent Infectious Diseases (COVID-19) (Outbreak Plan) updated 01/28/2021 indicated that Cohort 4 were considered New or Re-Admissions to the facility. The facility's Outbreak Plan further indicated, "This cohort consists of all persons from the community or other healthcare facilities whose COVID-19 status is unknown. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19."</p> <p>Review of New Jersey Department of Health Communicable Disease Services (NJDOH/CDS) Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities dated 10/22/2020 indicated, "Full Transmission-Based Precautions and all recommended COVID-19 PPE should be used for all patients/residents who are New and re-admissions."</p> <p>Review of NJDOH/CDS Recommendations for Long-Term Care Facilities during COVID-19 Pandemic dated 11/10/2020 indicated, "For suspect or confirmed COVID-19 case(s), Standard and Transmission-based Precautions including use of N95 respirator or higher (or facemask, if unavailable), gown, gloves, and eye protection is recommended.</p>	F 880			

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F 880	Continued From page 6 NJAC 8:39-19.4(a)(1-2); 27.1(a)	F 880			