

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

PRINTED: 03/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/03/2022
NAME OF PROVIDER OR SUPPLIER SPRING GROVE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 144 GALES DRIVE NEW PROVIDENCE, NJ 07974		
(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 Census: 89 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 Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 12/03/2022	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	F 880			1/3/23

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

TITLE

(X6) DATE

Electronically Signed

01/02/2023

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 observations, interviews, record review, document review, and facility policy review, the facility failed to ensure infection control measures were consistently implemented. Specifically, the facility: - failed to ensure residents on transmission-based precautions had signage posted outside their rooms to inform staff and/or visitors of the need for precautions for 7 (Residents #1, #2, #6, #7, #8, #9, and #10) of 9 residents observed for transmission-based precautions. - failed to ensure staff were fit-tested for the specific make, model, and size of N95 respirator masks that were in use.</p> <p>Findings included:</p> <p>1. Review of a facility policy titled, "Isolation - Categories of Transmission-Based Precautions," revised 10/2018, revealed, "Transmission-Based Precautions are additional measures that protect staff, visitors and other residents from becoming infected." The policy also indicated, "5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution. a. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE [personal protective equipment], and/or</p>	F 880	<p>1. Director of Nursing placed transmission-based precaution signs on the doors of residents #1, #2, #6, #7, #8, #9 and #10. LPN was fit tested on 12/6/22 using Makrite Sekura N95.</p> <p>2. Residents on transmission-based precautions have the potential to be affected.</p> <p>3. A. Residents on transmission-based precautions were audited by Director of Nursing on 12/3/22 to ensure signage was on their door informing staff and visitors of the type of precautions and what PPE was required and well as how to DON and Doff the PPE. B. Staff were in-serviced on the Policy for transmission-based precautions and the signage posted on the doors of residents on transmission-based precautions on 12/5/22. C. Admission Director or Designee will place Transmission based precaution signage on the door of new admissions being admitted on precautions. D. Infection Preventionist Audited staff on 12/6/22 to ensure staff were fit tested with</p>		

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F 880	<p>Continued From page 3</p> <p>instructions to see a nurse before entering the room. b. Signs and notifications comply with the resident's right to confidentiality or privacy."</p> <p>During initial rounds of the facility on 12/03/2022 at 10:28 AM, the doors to Rooms 1, 3, 5, 7, and 9 were observed to be closed and covered with plastic sheeting that covered the door frame. Down the middle of the plastic sheeting was a zipper. Outside each door was an isolation (ISO) cart with PPE. There was nothing posted on those doors to inform staff or visitors of isolation precautions.</p> <p>On 12/03/2022 at 10:30 AM, Licensed Practical Nurse (LPN) #1 was interviewed. LPN #1 stated the staff knew the above listed rooms were for the COVID-19 positive residents, since the doors had plastic over them. LPN #1 stated he knew what type of PPE was to be worn when he entered those rooms, even though there was no signage on the door.</p> <p>On 12/03/2022 at 11:00 AM, the Regional Director of Operations (RDO) was interviewed while walking past Rooms 1, 3, 5, 7, and 9. The RDO stated it was her expectation that each door should have a sign that indicated what type of isolation the residents were on and another sign to indicate what type of PPE was to be worn, along with how to don and doff the PPE correctly.</p> <p>Observations on 12/03/2022 at 3:40 PM revealed signs had been posted outside Rooms 1, 3, 5, 7, and 9, indicating the residents in those rooms were on droplet precautions. There was no signage to inform staff or visitors of what type of PPE to wear in those rooms, nor instructions for how to don and doff the PPE correctly.</p>	F 880	<p>the specific N95 (Makrite Sekura N95) the facility uses.</p> <p>E. Infection Preventionist will ensure New Hired staff are Fit tested upon Hire.</p> <p>F. All staff will be fit tested by January 31, 2023, for their annual fit testing using Makrite Sekura N95.</p> <p>G. Staff were in-serviced on 12/6/22 on the Policy for N95 asks the importance of using the N95 they were fit tested with.</p> <p>H. Facility completed a DPOC, which included the following:</p> <p>(1) Nursing Home infection Preventionist training course Module 1 – "Infection Prevention and Control" for Topline staff and infection preventionist.</p> <p>(2) CDC- Covid-19 prevention messages for frontline long-term care staff - Youtube – "Keep Covid-19 Out!" for frontline staff.</p> <p>(3) CDC- Covid-19 prevention messages for frontline long-term care staff – youtube – "use PPE correctly for covid-19" for frontline staff.</p> <p>(4) Nursing home infection prevention training course – Module 4 "infection surveillance" for topline staff, and infection preventionist.</p> <p>(5) Nursing home infection prevention training course – Module 6A – "principles of standard precautions" for all staff, including topline staff and infection preventionist.</p> <p>I. Facility completed a Root Cause Analysis.</p> <p>4.</p> <p>A. Infection Preventionist will audit the</p>		

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F 880	<p>Continued From page 4</p> <p>Observations on 12/03/2022 at 4:40 PM revealed there was still no signage posted to inform staff and visitors of the type of PPE to wear in Rooms 1, 3, and 5. The doorways to Rooms 7 and 9 now had the additional signage that included the type of PPE to wear in those rooms and how to don and doff the PPE correctly.</p> <p>On 12/03/2022 at 5:43 PM, the Infection Preventionist (IP) Nurse was interviewed. The IP nurse stated it was her expectation that rooms for the COVID-19 positive residents had a stop sign and signage that indicated what type of precautions to follow in those rooms. She stated the facility educated the staff and visitors about what type of PPE should be worn, so she did not necessarily expect to see the "donning/doffing sign" on the door.</p> <p>On 12/03/2022 at 6:38 PM, the Director of Nursing (DON) was interviewed. The DON stated anyone who approached a doorway of someone on isolation should be aware of what was going on when they got to that door, based on the signage posted and by the plastic covering over the door with the zipper down the middle. The signage should be a stop sign that also indicated the type of precautions and another sign that stated what type of PPE was required in the room. The DON indicated the PPE sign should be a "picture sign" that showed what kind of PPE to use and how to put it on and take it off.</p> <p>On 12/03/2022 at 7:11 PM, the RDO was interviewed. The RDO stated her expectation was each COVID-19 positive room should have signage on the doors that indicated the type of precautions to follow in those rooms, as well as</p>	F 880	<p>doors of residents on transmission-based precautions two times a week for 12 weeks and then monthly to ensure appropriate signage is on their door informing staff and visitors of the type of precautions and what PPE was required and well as how to DON and Doff the PPE.</p> <p>B. Assistant Director of Nursing will Audit the Fit Test log weekly for one month and then Monthly to ensure all staff are fit tested.</p> <p>C. Results of audits will be submitted to and reviewed by the Quality Assurance Performance Improvement Committee Monthly.</p> <p>D. The committee will make recommendations based upon the results of the audits.</p> <p>E. The QAPI committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		

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F 880	<p>Continued From page 5</p> <p>the proper PPE to wear and how to put it on and take it off.</p> <p>2. Review of the facility policy titled, "Respiratory Protection Program," dated 10/2020, revealed, "Fit Testing Employees who are required to wear tight-fitting respirators will be fit tested: Prior to being allowed to wear any tight-fitting respirator; Annually; and When there are changes in the employee's physical condition that could affect respirator fit (e.g. [for example], obvious change in body weight, facial scarring, etc. [et cetera]). Employees will be fit tested with the make, model, and size of respirator that they will actually wear. The Program Administrator will ensure fit tests are conducted in accordance with any appropriate and OSHA [Occupational Safety and Health Administration]-approved protocol from Appendix A of the Respiratory Protection Standard: https://www.osha.gov/laws-regs/regulations/standnumber/1910/1910.134AppA."</p> <p>Review of OSHA Standard Number 1910.134 - Respiratory protection revealed, "1910.134(f) Fit testing. This paragraph requires that, before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece [mask], the employee must be fit tested with the same make, model, style, and size of respirator that will be used."</p> <p>On 12/03/2022 at 10:30 AM, Licensed Practical Nurse (LPN) #1 was interviewed. LPN #1 stated he had not been fit tested for the N95 mask he was wearing. The mask he was wearing was an HDX N95 respirator mask, size medium/large (M/L). Observations at this time revealed this was the type of mask that was present on five of the six isolation (ISO) carts for the residents who</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>were on transmission-based precautions (TBP). The five carts for the COVID-19 positive residents were stocked with the HDX N95 mask, and the ISO cart for the residents on contact precautions was stocked with both the HDX N95 masks and the Makerite Sekura N95 masks.</p> <p>On 12/03/2022 at 4:52 PM, Certified Nursing Assistant (CNA) #4, CNA #5, and LPN #6 were all observed to be wearing the HDX N95 respirator masks, size M/L. All three were interviewed at this time and stated this mask was what was available on the ISO carts for them to use with residents who were COVID-19 positive. They stated it was not the mask they used when they were fit tested, but they did not know they needed to use the specific brand/size mask for which they were fit tested. CNA #5 stated she liked the soft mask that folded. CNA #4, CNA #5, and LPN #6 stated they did not know who stocked the ISO carts or where the masks came from.</p> <p>Review of a random sampling of "Qualitative Fit Test Records" for facility employees, including the record dated 07/12/2022 for CNA #5, revealed fit testing was completed using Makerite N95 masks.</p> <p>On 12/03/2022 at 5:43 PM, the Infection Preventionist (IP) Nurse was interviewed and stated she was unaware that when someone was fit tested for an N95 mask, they were tested for the specific make, model, and size of the mask. She stated it was the "facility staffer" who ordered supplies and that it was the IP Nurse's role to make sure N95 masks were being used with the COVID-19 positive residents. The facility staffer was not available for interview during the survey.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>On 12/03/2022 at 6:38 PM, the Director of Nursing (DON) was interviewed and stated it was her expectation that staff wore the N95 mask for which they were fit tested. The DON stated if the facility was going to change the type of N95 masks they were going to order, then all staff would need to be fit tested again for the new masks. She stated staff should only be wearing the masks for which they were fit tested.</p> <p>On 12/03/2022 at 7:11 PM, the Regional Director of Operations (RDO) was interviewed and confirmed that fit testing for an N95 mask was specific to the make, model, and size. The RDO stated if the facility staff were fit tested for the Makerite brand masks, it was her expectation to see all the employees wearing the Makerite masks and not the HDX masks. The RDO stated the company's corporate office had a stockpile of the Makerite N95 Sekura masks, and the RDO had no idea why someone would have ordered the HDX masks.</p> <p>New Jersey Administrative Code § 8:39-19.4(a)&(c)</p>	F 880			