

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

PRINTED: 06/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT DELAIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W STIMPSON AVE LINDEN, NJ 07036
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F 000	INITIAL COMMENTS 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 implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 5/27/2020 Census: 160	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 conducted according to §483.70(e) and following accepted national standards;	F 880		6/2/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/12/2020
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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> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure: a.) the roommates of residents that were confirmed positive for COVID-19 were identified as potentially infected and placed on transmission-based precautions for 4 of 11 residents identified as exposed to the novel coronavirus (Resident #1, #2, #3, and #4), and b.) the same gown was not worn when caring for different residents who were on droplet precautions for having been exposed and potentially incubating the virus in accordance with nationally accepted guidelines for infection prevention and control for COVID-19. This deficient practice was identified for 2 of 4 nursing staff on 1 of 4 floors (██████ Floor ████-Side).</p> <p>The evidence was as follows:</p> <p>On 5/27/2020 at 8:20 AM, the surveyor conducted an entrance conference with the Licensed Nursing Home Administrator (LNHA), the Assistant LNHA, and the Director of Nursing (DON). The LNHA informed the surveyor that the facility had a current COVID-19 outbreak that began on 3/26/2020, and recently they had conducted facility-wide re-testing for COVID-19 for all their residents. The LNHA and DON stated that the facility had begun their first round of weekly testing for all residents that had initially tested negative for the virus. The DON stated that on Saturday 5/23/20 they became aware of four residents that had tested positive for COVID-19 that were all asymptomatic (experiencing no acute symptoms). Those residents were moved to the designated COVID-19 unit on the Fourth Floor A-Side. The</p>	F 880	<p>Resident #1- Isolation sign put on door, PPE worn and on unit</p> <p>Resident #2-Isolation sign put on door, PPE worn and on unit</p> <p>Resident #3-Isolation sign put on door, PPE worn and on unit</p> <p>Resident #4-Isolation sign put on door, PPE worn and on unit</p> <p>All 4 residents that were exposed to their roommates would have been off of exposure monitoring as of June 4th. All 4 residents had no ill effects.</p> <p>The Director of Nursing or designee will review COVID positive results received from 5/22 to current to identify residents and or roommates that need to be placed on transmission-based isolation precautions. Any residents that trigger will be placed on isolation with signage on the door, and PPE to be worn and on the units</p> <p>Employees educated on the transmission-based isolation policy.</p>		

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F 880	<p>Continued From page 3</p> <p>DON confirmed the four residents that had tested positive for COVID-19 had roommates that had tested negative for the virus. The DON stated to the surveyor that those residents were tested on 5/21/20 and results were reported on 5/23/20 and 5/24/20. The DON stated that the roommates had tested negative for the virus, and that they were "continuing to watch them" for symptoms.</p> <p>The surveyor inquired about the layout of the building and how the facility was cohorting (treating as a group) their residents. The DON stated that the [REDACTED] Floor was a long term care floor and was designated for residents that had all tested negative for the virus. The LNHA and DON both stated that the [REDACTED] Floor [REDACTED]-side was for new admissions from the hospital and residents that had tested positive for COVID-19. The surveyor inquired about identifying residents that were exposed to the virus, and the DON stated that the only residents the facility were treating as though exposed to the virus were the new admissions from the hospital, and those residents go to the [REDACTED] Floor [REDACTED]-Side, and are placed on transmission-based precautions for 14 days, even if they had tested negative for the virus. The DON added this was because the facility "wasn't aware of exposure" status of the new admissions and they are "treated as if potentially positive in their own rooms." The DON stated that the facility only had four residents that were actively being quarantined for testing positive COVID-19 on the [REDACTED] Floor [REDACTED]-Side and they were on droplet precautions (a level of precaution to prevent the spread of infection that is transmitted by droplet and includes the use of personal protective equipment of a gown, gloves, face mask, and eye protection/face shield). The DON stated that the other residents on the current census that had</p>	F 880	<p>When the isolation precautions are discontinued the signage will be removed.</p> <p>-The Infection Preventionist or designee will perform 5 observation audits for personal protective equipment weekly for 2 months to ensure proper usage and availability when indicated. -The results of these audits will be reported to the monthly Infection Prevention Committee. -Following the 2 months the QAPI Committee will determine the need and or frequency of audits.</p> <p>Results of the audits will be reported and trended to the facility's Quality Assurance Steering Committee. Which is the CMS recommended structure for Quality Assurance Performance Improvement Plan (QAPI). The Quality Assurance Steering Committee meets monthly to determine the frequency of the audits after the initial two months are completed and results are reviewed according to the trends recommendations and guidance via facility Quality Assurance Performance Improvement Plan (QAPI).</p>		

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F 880	<p>Continued From page 4</p> <p>once tested positive for the virus were now "recovered."</p> <p>At 10:15 AM, the LNHA stated to the surveyor that the facility had "an adequate supply of PPE" including gowns, gloves, and KN-95 masks. The surveyor inquired how long their supply of PPE should last them, and the LNHA indicated "awhile." The surveyor observed at least three dozen large boxes of PPE supplies inside an office which were marked to include gloves, lab coats/gowns, and masks. The LNHA stated that she had been reporting the PPE inventory par levels to the New Jersey Department of Health (NJDOH) daily.</p> <p>1. The surveyor reviewed the resident census report by unit dated 5/27/20, the cumulative resident infection line list, a list of the residents who tested positive for COVID-19 on 5/21/2020 and a list of their roommates. A review of the data revealed that the resident's who tested positive for the virus all resided on 1 wing out of four units, [REDACTED] Floor [REDACTED]-Side.</p> <p>A review of the daily census for 5/27/20 revealed that the four roommates (Resident #1, #2, #3, and #4) of the four residents that had tested positive for COVID-19 were still residing on the [REDACTED] Floor [REDACTED]-Side in private rooms.</p> <p>According to the U.S. Centers for Disease Control and Prevention (CDC) Responding to Coronavirus (COVID-19) in Nursing Homes, last reviewed 4/30/2020 included, "Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [COVID-19] 14</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>days after their last exposure (e.g. date their roommate was moved to the COVID-19 care unit)... HCP [Health Care Personnel] should use all recommended COVID-19 PPE [personal protective equipment] for the care of all residents on affected units (or facility wide if cases are widespread); this includes both symptomatic and asymptomatic residents."</p> <p>On the same day on 5/27/20 at 11:20 AM, the surveyor interviewed the facility's Infection Preventionist/Registered Nurse (IP/RN). The IP/RN stated that the facility utilized the guidelines issued by the U.S. CDC for COVID-19, as well as guidelines issued by the NJDOH.</p> <p>At 12:16 PM, the surveyor toured the [REDACTED] Floor [REDACTED]-side with the facility's IP/RN. The surveyor observed the rooms of Resident #1, #2, #3 and #4. There was no evidence that the residents were on transmission-based precautions. There were no stop signs outside the doors and no evidence of accessible PPE on the wing.</p> <p>At 12:26 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) for the B-Side who stated that COVID-19 can spread through the air and through droplets by a cough, sneeze or touching of a surface that has the virus on it. She stated that symptoms of COVID-19 included a fever, coughing, diarrhea, body aches, and loss of appetite. She acknowledged a change in the resident's baseline would cause a concern for possible COVID-19 in the elderly on her unit. She stated that if a resident exhibited any symptom she would notify the physician and "isolate the resident" because the resident could have "possible COVID." The surveyor asked what she meant by "isolate the resident" and the LPN stated staff would have to wear full PPE when</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>entering the room such as an N-95 respiratory mask, a gown, gloves and a face shield. She stated that the resident should also have their own private room if possible. The LPN stated that all of the residents on the █-Side wing had tested negative for COVID-19 and no residents on her wing were currently on transmission-based precautions.</p> <p>At 12:42 PM, the surveyor observed a Housekeeper with her cart outside of a resident room on the █ Floor █-Side. The Housekeeper was wearing a surgical mask and gloves. The Housekeeper informed the surveyor that she just started working at the facility this month and they had trained her how to clean the resident rooms and bathrooms. The surveyor asked if she cleans each resident room in any particular order, and she stated if there was a stop sign outside the resident room, she would do those rooms last because she would need to speak to the nurse first. The surveyor asked if there were any rooms on the █-Side that had a stop sign with a message that indicated to stop and see the nurse before entering, and the Housekeeper stated that there were no residents on the █ Floor █-Side that had the stop sign or a PPE bin, so therefore she could just clean all the rooms in no particular order. She confirmed that if any resident had tested positive for COVID-19, they wouldn't be on this unit. The Housekeeper stated that if she was cleaning a resident room and the resident began to cough or have another symptom of COVID-19, she would go tell the nurse right away.</p> <p>At 12:47 PM, the surveyor observed the private room of Resident #1. The door was wide open and the surveyor observed Resident #1 awake in bed not wearing a mask. The resident made a</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>friendly wave at the surveyor, and the IP/RN stated that the resident did not speak adequate English to be interviewed. The IP/RN stated that the resident had been a roommate of a resident that tested positive for COVID-19 6 days ago on 5/21. There was no evidence that Resident #1 was placed on droplet precautions.</p> <p>At 12:50 PM, the surveyor observed the private room of Resident #2. The resident's door was closed and there was no evidence that the resident was on droplet precautions. At that time, the surveyor knocked on the door, and CNA #1 opened the door. CNA #1 was wearing a surgical mask, a hairnet and a pair of gloves. She was not wearing a gown or eye protection/face mask. At that time, the surveyor observed Resident #2 in bed with a four ounce apple juice in front of him/her. CNA #1 stated that she had just finished feeding the resident lunch but stated that the resident didn't want to eat much and that was his/her normal. At that time, the surveyor observed CNA #1 pick up the apple juice and assist the resident to drink the juice. The surveyor asked CNA #1 if Resident #2 had a roommate and CNA #1 stated that the resident used to have a roommate who got tested for COVID-19 and that she didn't know the results of the test or why the roommate was moved. CNA #1 stated that she didn't work over the weekend, so it was likely the resident was moved to another room over the weekend but that she didn't know why. CNA #1 stated that the resident who used to share a room with Resident #2 was ambulatory with assistance and would use the bathroom. She further stated that when she provided care she would wear an N-95 mask and gloves, but that there were "no special precautions" for Resident #2. She acknowledged she did not need to wear a gown when entering the resident</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>room or to feed and she acknowledged she wasn't wearing a gown now. The CNA #1 stated that the facility told her that none of the residents on the unit required her to wear PPE, because the residents on the unit had tested negative for COVID-19.</p> <p>At 12:58 PM, the surveyor observed Resident #4 in bed by the window, the resident's eyes were closed and the door was fully open. The resident was not wearing a mask. There was no evidence the resident was on transmission-based precautions.</p> <p>At approximately 1 PM, the surveyor observed Resident #3 in bed by the door. The door was fully open and the resident was not wearing a mask. There was no evidence that Resident #3 was on transmission-based precautions.</p> <p>At 1:02 PM, the surveyor interviewed the LPN a second time who was wearing a N-95 mask and a white snap gown. The LPN stated that 4 residents had tested positive for COVID-19 over the weekend and that the residents who tested positive were moved to the [REDACTED] floor on Saturday 5/23/20. The surveyor asked about the roommates of the residents that tested positive for COVID-19, and the LPN confirmed that Residents #1, #2, #3, and #4 were exposed to the virus because their roommates had tested positive for the virus. She stated that if a resident was exposed, "you keep testing them and wash your hands." The LPN stated that she also has worn her white snap gown since this morning. She confirmed that none of the residents are on transmission-based precautions, even if the the four residents were exposed. She stated Resident #1, #2, #3, and #4 had tested negative for the virus on 5/21/20. All eight of the residents</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>involved, both positive and negative were tested on the same day. She acknowledged a resident can be asymptomatic with COVID-19 and she also stated that if a resident tested negative for COVID-19, they could still get the virus at a later time. She stated that all the residents on her unit were negative for COVID-19.</p> <p>At 1:10 PM, the surveyor interviewed the IP/RN who stated that the staff were not required to wear an N-95 on the [REDACTED] Floor. The IP/RN stated that none of the residents had symptoms of COVID-19. He stated that COVID-19 assessments were performed daily on all residents that are newly admitted to the facility, those that tested positive or if they are symptomatic with COVID-19 symptoms. He added that if a resident tested negative for COVID-19, the COVID-19 assessments were documented weekly, and vital signs are performed daily for all the residents. The surveyor asked the IP/RN about how the facility identifies "exposed" residents. The IP/RN stated that "exposure is any resident or staff that tested positive for COVID-19 and came in contact with someone else." He added that "exposure does not necessarily mean [the case was] confirmed." He stated that "we screen all staff daily and we test the residents [for COVID-19] weekly." The IP/RN stated that virus can spread from resident to resident or staff to resident and vice versa. The surveyor asked about the roommates of residents who tested positive for COVID-19, and the IP/RN replied, "Roommates absolutely can be affected by exposure and they are considered exposed." The surveyor asked what measures are taken at the facility for residents that are considered "exposed and asymptomatic" and the RN/IP stated that "Staff know to follow standard precautions" for Resident #1, #2, #3 and #4. He</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>stated that PPE was not required when following standard precautions, except for gloves, and he added that the facility had already implemented universal masking. He stated the staff monitor vital signs, but he acknowledged that they monitor the vital signs for all the residents whether they were exposed or not. The surveyor asked if they do anything different for the residents identified as exposed and asymptomatic, and the RN/IP stated they purposely kept them in private rooms but there was no other precautions put in place other than standard precautions.</p> <p>At 1:27 PM, the surveyor observed CNA #2 inside the room of Resident #1 with the door fully open. The CNA was wearing a N-95 mask, gloves, and a hair cap. The CNA #2 was not wearing a gown or appropriate eye protection. The CNA #2 stated that her supervisor had informed her that the resident's roommate had tested positive for COVID-19 and the resident was subsequently moved to the [REDACTED] Floor on Saturday 5/23/20 after her shift at 3 PM. The CNA #2 stated that the resident was asymptomatic as far as they knew but he/she was not able to verbally communicate symptoms due to his/her chronic medical state. The CNA #2 stated that she only follows standard precautions for Resident #1 but that the LNHA provided one gown in the morning if it was needed. She stated that PPE was not kept on the unit and if they needed PPE they would have to ask the IP/RN or the LNHA.</p> <p>At 1:38 PM, the surveyor interviewed CNA #3 who stated all of her assigned residents, including Resident #3 and #4 were on standard precautions. The CNA #3 confirmed that the roommates of Resident #3 and #4 had tested positive for COVID-19 and they were moved to the [REDACTED] Floor. She stated that she washes her</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>hands before and after resident contact. She confirmed there was no PPE accessible on the unit and she would have to ask the IP/RN to bring PPE upstairs if it was needed. She stated that the unit had surgical masks and gloves available on the unit but anything further she may need, she would have to ask.</p> <p>2. On 5/27/2020 at 1:55 PM, the surveyor toured the [REDACTED] Floor [REDACTED]-Side with the RN/IP. The surveyor observed that the [REDACTED]-Side was separated by a set of closed double doors with signs posted on the doors that indicated to stop and see nurse and "Droplet Precautions." Outside the double doors was a single plastic bin storing PPE that included eighteen (18) yellow storm ponchos, N-95 masks, three individually packaged surgical gowns and gloves. The RN/IP stated that that the A-Side consisted of the four COVID-19 positive residents and the newly admitted residents from the hospital that had tested negative for COVID-19. He stated that before entering through the [REDACTED]-Side doors, full PPE must be worn including gown, gloves, N-95 mask, and a face shield or eye protection. He stated that all the residents behind the doors were on droplet precautions because they were either exposed to COVID-19 or had tested positive for COVID-19. He stated that if they had a red sign on the door frame, it indicated that the resident was positive for COVID-19 and the other residents that didn't have that a red sign were negative for COVID-19 but droplet precautions were still needed.</p> <p>After donning the PPE, the surveyor and IP/RN entered the [REDACTED] Floor [REDACTED]-Side wing. The surveyor observed that there was no accessible PPE within the unit, and inside of the closed double doors where both COVID-19 positive</p>	F 880			

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F 880	<p>Continued From page 12 residents and COVID-19 negative residents currently resided.</p> <p>At 1:58 PM, the surveyor observed CNA #4 wearing yellow waterproof pants with a waterproof jacket with a KN-95 mask, gloves, and a face shield entering a room of a resident who was on droplet precautions for a positive COVID-19 test result. After assisting the resident back to bed, The surveyor observed CNA #4 perform hand hygiene, remove her PPE in a vacant resident room and store the yellow pants and jacket in a vacant cabinet, and perform hand hygiene again and exit the double doors to get the resident some ice water. Upon re-entry to the unit, she performed hand hygiene with alcohol-based hand gel (ABHG) and reapplied her yellow pants and jacket and brought the ice water to the resident.</p> <p>At 2:17 PM, the CNA #4 stated that she wears the PPE within the unit because it was a COVID-19 unit. The CNA #4 was able to appropriately identify which residents had tested positive for COVID-19 and which residents were persons under investigation (PUI) for COVID-19. She pointed to the red sign on the door that indicated those residents were positive for COVID-19. The CNA #4 stated that she only wears the yellow PPE for the COVID-19 positive residents and she changes her PPE when she goes into the resident rooms that had tested negative for the virus. She stated she assisted with care for the residents that tested negative for the virus first on her shift and would end with the COVID-19 positive residents. She stated that she would put on a gown and PPE at the start of her shift and was able to wear the same gown when caring for the residents who tested negative. She stated when it was time to care for the residents who</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>were positive, she would have to go behind the closed set of double doors to get new PPE. The surveyor asked why she had to go outside the double doors to get more PPE, and she stated because that's the only place they keep the PPE. She stated there was no PPE kept within the double doors. She stated that she also sprays her yellow waterproof pants and jacket at the end of her shift with a disinfectant agent and it would be kept in the vacant resident room in the cabinet.</p> <p>At 2:26 PM, the surveyor observed the Assistant Director of Nursing (ADON) wearing full PPE including a gown, gloves, N-95 mask and a face shield, assist an unsampled resident who was just transported by ambulance from the hospital to be admitted to the facility. The ADON stated that the resident had tested negative for COVID-19 while at the hospital and all residents readmitted from the hospital were placed on droplet precautions and on the put on Fourth Floor A-Side for observation. At that the surveyor observed the assigned Registered Nurse (RN) enter the newly admitted resident room to perform vital signs wearing a gown, gloves, N-95 mask, and face shield. Upon exiting the room, the RN cleaned the electronic vital sign machine with a disinfectant. The RN changed her gloves and performed hand hygiene.</p> <p>At 2:31 PM, the surveyor observed the ADON walk down the hall and enter another resident room that was identified to be negative for COVID-19. The ADON was wearing the same blue single-use gown between the two residents that had been identified as having tested negative for COVID-19. The ADON prepared to take a set of vital signs for the second unsampled resident that had tested negative for COVID-19. At that time the surveyor observed the RN enter the</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>resident room with the ADON and while assisting the ADON made direct physical contact with the resident. The RN was also wearing the same blue single-use gown between the two residents that tested negative.</p> <p>At 2:50 PM, the surveyor interviewed the RN who stated that she rounds by starting to care for residents that test negative for COVID-19 and that she can wear the same gown between resident rooms in which the residents tested negative. She states that when she has to go into the resident rooms in which the residents tested positive for COVID-19, she would have to exit through the double doors and apply a new set of PPE. She stated she could wear the same gown for residents that test positive for COVID-19 because they had the same infection. She stated that there were no residents on the unit that had a multi-drug resistant organism (MDRO). The RN confirmed that all the residents are on droplet precautions but could not speak to why they were on droplet precautions.</p> <p>At 3:05 PM the RN returned to the surveyor and stated that she remembered why the residents were on droplet precautions on the unit because the residents were "exposed from the hospital," and they need to be on isolation even if they tested negative. She added that it was because their interactions with others that may have been positive were unknown. She stated all the residents on the unit were asymptomatic.</p> <p>At 3:26 PM, the surveyor interviewed the ADON at the nurses station outside of the unit. The ADON stated that all the residents on the █-Side were on droplet precautions due to a positive diagnosis of COVID-19 or because they were a new admission from the hospital and they may</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>have been exposed to the virus and are "suspected cases." The ADON stated that nurse staff round on the residents that tested negative for the virus first wearing one set of PPE and just changing the gloves. She stated that the same gown was worn between residents that tested negative. After that the nurses have to change their PPE when going into the positive COVID-19 resident rooms. She stated the PPE must be changed after going into a resident's room that tested positive, if they have to go into a room where a resident tested negative. The surveyor asked about the location of the PPE bin outside the double doors of the unit, and the ADON acknowledged there was no PPE within the double doors. She confirmed staff can use the same gown between negative rooms. The IP/RN who was present acknowledged that staff can wear the same gown between caring for residents who were exposed and tested negative for COVID-19. The IP/RN acknowledged that the residents that tested negative could potentially be incubating the virus for 14 days after the last date of exposure.</p> <p>At 4:25 PM, the IP/RN provided the surveyor with the NJDOH issued Considerations for Cohorting COVID-19 patients in Post-Acute Care Facilities dated 5/11/20 which included, Cohort 2, Negative Exposed cohort group. IP/RN pointed to the section that the facility followed for Resident #1, #2, #3 and #4 that indicated, "Asymptomatic patients/residents should be closely monitored for symptom development." He stated they were closely monitoring the exposed residents as the guideline reported to do.</p> <p>At approximately 4:45 PM, the surveyor reviewed the findings with the LNHA, Assistant LNHA, DON, IP/RN, and ADON. They were unable to</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>speak to the CDC guidelines for not sharing a gown between residents who tested negative or a rationale as to why they were not following that guideline. They also acknowledged that Resident #1, #2, #3, and #4 had last been exposed to the virus as of Saturday 5/23/20 when their roommates were moved from their rooms for testing positive for COVID-19. They acknowledged the exposed, asymptomatic residents were on standard precautions. The DON stated that had a resident been exposed and became symptomatic during the monitoring that they would be placed on droplet precautions. The DON confirmed that residents don't have to have symptoms to test positive for COVID-19. The facility administrative team were unable to speak to why the Resident #1, #2, #3, and #4 were not on droplet precautions for exposure but the newly admitted residents from the hospital were placed on droplet precautions for exposure. The LNHA acknowledged a second time that the facility had an adequate supply of PPE to last an unspecified amount of time depending on results of COVID-19. She further added that the local health department made an on-site visit on 4/14/2020 and no recommendations were made at that time.</p> <p>A review of the U.S. CDC guidelines Preparing for COVID-19 in Nursing Homes last reviewed 5/19/20 specified a bolded section that included, "If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections" (e.g. MDRO).</p> <p>A review of the facility's COVID-19 Personal</p>	F 880		

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F 880	Continued From page 17 Protective Equipment policy updated 5/19/20 included, "in a situation where the gown is being used as part of standard precautions to protect HCP from a splash, the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, HCP risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients." Further under the section of the policy entitled Prioritizing Gowns, included the U.S. CDC guidelines, "If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections." NJAC 8:39-19.1, 19.2, 19.4, 19.5	F 880			