

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

PRINTED: 08/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2020
NAME OF PROVIDER OR SUPPLIER JEFFERSON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 535 EGG HARBOR ROAD SEWELL, NJ 08080		
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F 000	<p>INITIAL COMMENTS</p> <p>Survey date: 11/25/20</p> <p>Census: 126</p> <p>Sample: 6</p> <p>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.</p> <p>COVID-19 (Coronavirus Disease 2019) is a disease caused by the coronavirus SARS-CoV-2. COVID-19 is thought to spread mainly from person to person via respiratory droplets produced when an infected person coughs, sneezes talks or yells. Covid-19 is a transmissible virulent virus that is known to be deadly and could cause the liklihood of serious harm, impairment or death.</p> <p>The facility failed to implement mitigation strategies to prevent the transmission of COVID-19 by a.) not appropriately identifying residents exposed to COVID-19 as persons under investigation (PUI) for the virus b.) not implementing appropriate PPE according to Centers for Disease Guidelines (CDC) after discovery that residents were exposed to Covid-19 c.) posting proper signage to identify residents exposed to Covid-19 as PUI and the type of isolation precautions necessary for that resident d.) educate staff on approparite infection control measures upon discovery that residents</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

12/10/2020

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 000	Continued From page 1 were exposed to Covid-19. The facility's failure to identify residents on the Unit, Unit and Unit that were exposed to COVID-19 and implement strategies to prevent the spread of COVID-19, posed a serious and immediate threat to the safety and well being of all non-ill residents. This resulted in an Immediate Jeopardy (IJ) situation that was identified on 11/25/20 when the facility was notified by the survey team. The facility submitted an acceptable removal plan on 11/27/20 at 1:25 PM The survey team verified the implementation of the removal plan during an 11/30/30 onsite review at which time the immediacy was removed.	F 000			
F 880 SS=L	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	F 880		3/16/21	

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F 880	<p>Continued From page 2 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 infection.</p> <p>§483.80(f) Annual review.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, medical record review and other facility documentation, it was determined that the facility failed to implement mitigation strategies to prevent the transmission of COVID-19 by not a.) appropriately identifying residents exposed to COVID-19 as persons under investigation (PUI) for the virus and not implementing appropriate PPE according to Centers for Disease Guidelines (CDC) and b.) posting proper signage to identify residents exposed to Covid-19 as PUI and the type of isolation precautions necessary for that resident c.) educating staff on appropriate infection control measures upon discovery that residents were exposed to Covid-19.</p> <p>This deficient practice was identified on 1 of 5 units () identified as a non-Covid-19 (well) unit and 2 of 5 units () identified as Persons Under Investigation (PUI) unit during a focused infection control survey.</p> <p>On 11/10/2020, the facility became aware that one staff member, a Certified Nursing Assistant (CNA #1) was confirmed positive for Covid-19. CNA #1 worked on the () Unit and provided direct care to the residents that resided on that unit.</p> <p>On 11/17/2020, the facility discovered that 8 residents on the () Unit tested positive for the Covid-19 virus after routine weekly testing was done. The facility moved these Covid-19 positive residents to the Covid-19 (Red) positive unit and moved their roommates to the Presumptive, Under Investigation Unit (PUI) that</p>	F 880	<p>It is the practice of the facility to implement appropriate transmission based precautions/PPE to prevent the further spread of infections. This standard was not met by:</p> <p>a) Failure to appropriately identify residents exposed to COVID-19 as persons under investigation (PUI) for the virus.</p> <p>b) Failure to implement appropriate PPE according to Centers for Disease guidelines after discovery that residents were exposed to COVID-19.</p> <p>c) Failure to post proper signage to identify residents exposed to COVID-19 as PUI and the type of isolation precautions necessary for that resident.</p> <p>d) Educate staff on appropriate infection control measures upon discovery that residents were exposed to COVID-19.</p> <p>All residents in the center have the potential to be affected by this deficient practice.</p> <p>All residents in the center, excluding COVID positive residents, were designated as persons under investigation. The center will continue to monitor/screen all residents and place them in the appropriate zones.</p>		

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F 880	<p>Continued From page 4</p> <p>was located as a subpart of the [REDACTED] Unit. The rest of the [REDACTED] Unit continued to be identified by the facility as a 'well' non-exposed unit.</p> <p>The surveyors reviewed the facility Line Listing on [REDACTED]. This review revealed that during the routine Covid-19 testing of the unidentified exposed residents on the [REDACTED] unit conducted on [REDACTED] and [REDACTED] it was noted [REDACTED] additional residents were positive for Covid-19.</p> <p>The line list also indicated that during routine testing of employees for Covid-19 on [REDACTED], [REDACTED], [REDACTED], and [REDACTED], that [REDACTED] additional employees tested positive for Covid-19.</p> <p>The surveyor reviewed the facility line listing provided by the facility on 11/25/20. According to the line list, the facility became aware one nurse who worked on the [REDACTED] unit tested positive for Covid-19 on [REDACTED]. The [REDACTED] unit consists of new admissions/short stay unit/PUI Unit and non-ill residents.</p> <p>On 11/10/20, 2 residents on the [REDACTED] Unit tested positive for Covid-19. On [REDACTED], [REDACTED] nurses on the [REDACTED] Unit and one therapist who works throughout the facility tested positive for Covid-19. On [REDACTED], two residents on the [REDACTED] Unit tested positive for Covid-19. In addition, on [REDACTED], a resident who resided on the [REDACTED] Unit was sent to the hospital and tested positive for Covid-19 at the hospital. On [REDACTED], one nurse on the [REDACTED] Unit tested positive for Covid-19.</p> <p>The facility failed to identify that all residents residing on the [REDACTED], and [REDACTED] Units were</p>	F 880	<p>Center immediately implemented appropriate PPE based on CDC cohort zones. Zones for entire building were changed to red (COVID positive residents) and yellow (all other residents being treated as person[s] under investigation) on Wednesday, 11/25/20 prior to surveyors leaving. Unit [REDACTED] remained the [REDACTED] Units [REDACTED] were designated as the yellow zone prior to the surveyors exiting on 11/25. The red zone is a COVID positive unit. All staff need to wear N95, face shield, gown, and gloves when entering the unit. The yellow zone is the presumed positive unit. All staff need to wear N95 and face shield when entering the unit. Staff entering resident rooms need to wear N95, face shield, gown, and gloves. The green zone is where the residents have not had any exposure. Staff need to wear standard facemask and face shield. At this time, the center does not have any green zones.</p> <p>Signage was posted on the units prior to surveyors leaving the building on 11/25. Signage posted included what zone the unit was designated as and what PPE is required for caring for the residents in that zone.</p> <p>The center developed and implemented ongoing and formal education of appropriate infection control measures and in the moment education and feedback for non-compliance. This is in addition to education that has been provided since 10/16/20. Employees</p>		

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F 880	<p>Continued From page 5</p> <p>exposed to Covid-19 and should have been considered as PUI with the accompanying Transmission Based Precautions (TBP) implemented to mitigate the continued spread of the virus with appropriate PPE as indicated by the CDC such as N95 mask, gown, gloves and goggles/faceshields.</p> <p>During the survey of 11/25/20, the surveyors staff on the [REDACTED] units wearing only face shields, N95 mask or only a surgical mask as the only personal protective equipment (PPE) because the residents on these units were not identified by the facility as exposed to Covid-19 and were not placed on transmission-based precautions.</p> <p>The facility's failure to adequately identify the Covid-19 exposed cohort resident group and institute appropriate TBP and PPE, appropriately identify the unit as a PUI unit and institute necessary TBP for those residents, and lack of education to staff as to appropriate TBP isolation precautions posed a serious and immediate threat to the safety and wellbeing of all non-ill residents residing in the facility.</p> <p>After consultation with the office it was determined that an Immediate Jeopardy (IJ) situation was identified on 11/25/2020 at 03:25 PM. The facility provided an acceptable Removal Plan on 11/27/2020 at 01:25 PM. The Removal Plan implementation was verified by the surveyor during an on-site visit on 11/30/2020.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the facility Administrator and the acting Director of Nursing Infection Preventionist</p>	F 880	<p>currently working on 11/25/2020 were immediately educated on the different zones throughout the center and the proper PPE to utilize in each zone. Staff were educated that while in the red zone, they need to wear N95, face shield, gown, and gloves. Gloves are patient specific for the red zone but gowns can be worn from room to room. While in the yellow zone, staff need to wear N95, face shield, gown, and gloves. Gowns and gloves are one time use and patient specific for the yellow zone. While in the green zone, staff need to wear a standard facemask and face shield. Staff not working on 11/25 were educated prior to the start of their next shift. Ongoing education on proper PPE usage and transmission of COVID 19 will occur by the Managers/Designee on a monthly basis and as needed.</p> <p>The Managers/Designee will conduct audits to ensure proper PPE usage in the facility. This audit will also include ensuring the proper signage has been posted. Random audits will be conducted daily x 2 weeks or until 100% compliance then weekly x 8 weeks until 100% compliance then monthly x 4. The results of these audits will be brought through the QAPI committee, which meets quarterly and as needed, for review and revision as deemed necessary.</p> <p>Jefferson Health Care Center submitted a proposal for a Certified Infection Control Practitioner which was approved on March 16, 2021. The candidate has begun employment at the center. A root cause analysis was completed on</p>		

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F 880	<p>Continued From page 6</p> <p>(DON/IP) the facility followed the CDC guidelines for cohorting. Cohorting means any group of individuals affected by common diseases, environmental or temporal influences, treatments, or other traits whose progress is assessed in a research study should be house together. This cohorting guideline was as follows:</p> <p>a) Cohort 1 - COVID-19 Positive: This cohort consists of both symptomatic and asymptomatic patients/residents who test positive for COVID-19, including any new or re-admissions known to be positive, who have not met the discontinuation of Transmission-Based Precautions criteria. If feasible, care for COVID-19 positive patients/residents on a separate closed unit. Patients/residents who test positive for COVID-19 are known to shed virus, regardless of symptoms; therefore, all positive patients/residents would be placed in this positive cohort.</p> <p>b) Cohort 2 - COVID-19 Negative, Exposed: This cohort consists of symptomatic and asymptomatic patients/residents who test negative for COVID-19 with an identified exposure to someone who was positive. Exposed individuals should be quarantined for 14 days from last exposure, regardless of test results. All symptomatic patients/residents in this cohort should be evaluated for causes of their symptoms. Patients/residents who test negative for COVID-19 could be incubating and later test positive. To the best of their ability, long-term care facilities (LTCFs) should separate symptomatic and asymptomatic patients/residents, ideally having one group housed in private rooms. Even though symptomatic COVID-19 negative</p>	F 880	<p>January 6, 2021. It was determined that there was inconsistent implementation of infection prevention and control plan related to strategies to prevent the spread of COVID-19.</p> <p>The Infection Prevention and Intervention Plan was implemented immediately on November 25, 2020 prior to the surveyors exiting for the day. The tracking tool to monitor all residents and staff for communicable, respiratory infection was revised and was fully being utilized by 1/7/21. The Infection Preventionist re-completed the CDC training on 1/7/21. Audits are completed to monitor compliance with PPE at a minimum 5 times per week on various units and departments. These rounds began on 11/25/20.</p> <p>The long-term care self-assessment was completed on 12/28/20 and will be reviewed annually and as needed.</p> <p>Staff completed Module 1 <input type="checkbox"/> Infection Prevention & Control Program, Nursing Home Infection Preventionist Training Course Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions, Nursing Home Infection Preventionist Training Course Module 6A <input type="checkbox"/> Principles of Standard Precautions, CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out!, and CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19.</p>		

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F 880	<p>Continued From page 7</p> <p>patients/residents might not be a threat to transmit COVID-19, they still may have another illness, such as influenza. Asymptomatic patients/residents should be closely monitored for symptom development.</p> <p>c) Cohort 3 - COVID-19 Negative, Not Exposed: This cohort consists of patients/residents who test negative for COVID-19 with no COVID-19 like symptoms and are thought to have no known exposures. The index of suspicion for an exposure should be low, as COVID-19 has been seen to rapidly spread throughout the post-acute care setting. In situations of widespread COVID-19, all negative persons in a facility would be considered exposed. Cohort 3 should only be created when the facility is relatively certain that patients/residents have been properly isolated from all COVID-19 positive and incubating patients/residents and HCP. Facilities may not be able to create this cohort.</p> <p>d) Cohort 4 - New or Re-admissions: This cohort consists of all persons from the community or other healthcare facilities who are newly or re-admitted. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19. Testing at the end of this period could be considered to increase certainty that the person is not infected. COVID-19 positive persons who have not met the discontinuation of Transmission-Based Precautions should be placed in Cohort 1 - COVID-19 Positive. Individuals who have cleared Transmission-Based Precautions and it has been <3 months after the date of symptom onset or positive viral test (for asymptomatic) of prior infection can go to cohort 3.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>On 11/25/2020 at 9:35 AM, Surveyor #1 interviewed the Administrator and acting Director of Nursing Infection Preventionist (DON/IP) who both described the different types of resident cohorting that was done in the facility and what PPE was to be worn in each cohort. The description was as follows:</p> <p>a.) Cohort 1- (Red Zone) comprised of Covid-19 positive residents. The required PPE on that zone were N95 mask, face shield, disposable isolation gown and gloves. The DON added that all staff were fit tested for the N95 mask and if the staff member failed the fit test they were provided with a PAPR mask (is a type of personal protective equipment used to safeguard workers against contaminated air. PAPRs consist of a respirator in the form of a hood.</p> <p>b.) Cohort 2 (Yellow Zone) was comprised of Covid-19 negative but exposed residents and was considered a PUI. The required PPE on that zone were N95 mask, face shield, disposable isolation gown and gloves.</p> <p>c.) Cohort 3 - (Green Zone) were comprised of Covid-19 negative, not exposed residents and the PPE required for this zone was a simple surgical mask and face shield.</p> <p>d.) Cohort 4- was comprised of new admissions and readmissions. The Administrator stated that this cohort was not considered a yellow zone or a PUI unit and stated that the residents were just quarantined for 14 days in their room to observe for signs of Covid-19 and that staff were only required to wear a N95 mask and a face shield.</p> <p>On 11/25/2020 at 10:00 AM, Surveyor #1 interviewed the DON/IP who stated that CNA #1</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>was asymptomatic, last had weekly routine facility testing done on [REDACTED] and was determined to be positive for Covid-19. The employee was then quarantined to home. The employee worked on the [REDACTED] Unit on [REDACTED] and all residents on the [REDACTED] Unit were tested on [REDACTED] and were negative for Covid-19. The DON/IP then revealed that upon weekly routine resident testing, [REDACTED] residents tested positive for Covid-19 on the [REDACTED] Unit on [REDACTED]. All [REDACTED] residents were asymptomatic. He added that based on contact tracing, he determined that CNA #1 could have exposed the residents to the Covid-19 virus when she worked on the [REDACTED] Unit on [REDACTED]. After discovery of the [REDACTED] positive residents on the [REDACTED] Unit, the DON/IP moved the positive residents to the Covid-19 positive unit and then moved their roommates to the PUI unit.</p> <p>He added that the remaining residents on the [REDACTED] unit were not converted to a PUI (Yellow zone) and that there was no change in PPE requirement because he felt that there was no exposure to Covid-19. "CNA #1 was wearing a face shield and mask when she provided direct care to residents on the [REDACTED] Unit on [REDACTED] so I did not think she exposed them."</p> <p>On 11/25/2020 at 12:30 PM, Surveyor #1 interviewed the acting DON/IP who did not have a response when questioned why residents on the [REDACTED] Unit were not identified to be PUI after exposure to an employee who tested positive for Covid-19.</p> <p>Surveyor #2 was conducting a tour simultaneously while Surveyor #1 was conducting an entrance conference and interview with the acting DON/IP and Administrator.</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>On 11/25/20 at 8:57 AM, Surveyor #2 interviewed the Administrator who stated that all employees were to wear a surgical mask and a face shield on all units except the Covid19 positive unit and the PUI Unit.</p> <p>On 11/25/20 at 9:16 AM, Surveyor #2 toured the [REDACTED] Unit and observed a housekeeper #2, LPN #1, LPN#2, RN/UM wearing N-95 masks with a face shield in the hallways and in the resident's rooms. The surveyor did not observe any signs indicating the type of unit it was or what PPE the staff should wear on the [REDACTED] unit.</p> <p>On 11/25/20 at 9:25 AM, during the tour of the [REDACTED] Unit, Surveyor #2 interviewed the Registered Nurse Unit Manager (RN/UM) who stated she was the Unit Manager for the [REDACTED] Unit but was covering the [REDACTED] Unit. The RN UM stated that the [REDACTED] Unit consisted of [REDACTED] hallways of non-ill residents and one hallway of PUI residents. The PUI unit had a plastic sheet blocking the entrance to the hallway and the staff entered the PUI Unit using a separate door. The surveyor observed no signage indicating this hallway was a PUI Unit or signs indicating what PPE the staff was to wear on the unit either on the plastic sheet or on the doorway to the unit. The RN UM stated the PUI Unit consisted of the exposed roommates of the positive Covid-19 residents.</p> <p>The RN-UM added that the [REDACTED] Unit was dedicated for new admissions and re-admissions who were isolated for 14 days upon admission. These residents were encouraged to stay in their room and that the staff were to wear only a N-95 mask and face shield when caring for these residents. The RN UM confirmed that the staff</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>were not to wear a gown or gloves upon entering a new admission's room on the [REDACTED] Unit even though the residents on that unit were presumptive positive for Covid-19.</p> <p>On 11/25/20 at 9:49 AM, Surveyor #2 toured the [REDACTED] Units (new admissions/short stay unit/PUI Unit and non-ill resident unit) which had a locked separate entrance for staff and residents. During the tour of the PU [REDACTED] Unit, the surveyor observed an RN#1, CNA #2 and CNA wearing N-95 masks and face shields only. Staff did not wear a gown or gloves upon entering the residents' rooms on this unit. Surveyor #2 did not observe any signage posted to indicate what type of unit this was or what PPE the staff should be wearing on this unit or in the resident's rooms.</p> <p>On 11/25/20 at 9:55 AM, Surveyor #2 observed 2 resident rooms with a yellow colored bag of PPE hanging on the door. The surveyor interviewed RN #1 who stated that these residents were on isolation precautions which were not Covid-19 related and that the staff were to wear a gown and gloves upon entering the room.</p> <p>On 11/25/20 at 10:03 AM, Surveyor #2 observed a Certified Nursing Assistant (CNA #2) wearing only a N95 and a face shield who was interviewed at this time and stated that she was instructed to wear a N-95 mask and face shield only on this unit, and only donned full PPE (N95 mask, isolation gown, gloves, and face shield) upon entering a room housing a resident on isolation. Such a room would have a yellow bag of PPE hanging on the door.</p> <p>On 11/25/20 at 10:10 AM, Surveyor #2 toured the [REDACTED] Unit (new admissions/short stay unit/PUI Unit and non-ill resident unit) and observed a CNA#3,</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>LPN UM and RN #3 wearing a N95 mask with a surgical mask covering the N-95 mask and a face shield only. The surveyor did not observe the CNA#3 and RN #3 donning gowns or gloves upon entering the resident rooms on this unit. The surveyor did not observe any signs to indicate what type of unit this was or what PPE the staff should wear upon entering the unit or residents' rooms.</p> <p>On 11/25/20 at 10:15 AM, Surveyor #2 observed CNA #3 wearing only a N95 mask and face shield who was interviewed at this time and stated that all the residents on the [REDACTED] Unit were admissions from the hospital and she only needed to wear a N-95 mask with a face shield in the hallway and in the resident's rooms. CNA #3 stated she was aware that 2 residents had tested positive for Covid-19 on this unit and had been transferred to the Covid-19 Unit. CNA #3 also stated that the [REDACTED] Unit had a PUI (Yellow Zone) hallway designated for residents that had been the roommates of the Covid-19 positive residents. She stated that the PUI unit had yellow bags of PPE hanging on the outside of each door and the staff was to wear full PPE upon entering those resident's room.</p> <p>On 11/25/20 at 10:40 AM, Surveyor #2 interviewed the Licensed Practical Nurse Unit Manager (LPN UM) for the [REDACTED] Unit who stated the [REDACTED] Unit had a hallway for Enhanced Respiratory Isolation residents and the rest of the unit consisted of residents on "quarantine" from the hospital for 14 days but was not designated as a PUI Unit. She stated that Quarantine meant the residents were to stay in their room for 14 days after admission and the staff were only to wear a N-95 mask and a face shield in the hallways and in the resident's rooms. The only</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>residents on this unit on isolation were those on Enhanced Respiration Isolation which included residents that had symptoms for Covid-19 and were waiting for Covid-19 testing results or residents that were exposed to Covid -19 by their positive roommate. When questioned how does the staff know what type of isolation precautions the residents were on or what type of PPE was required for the resident because there weren't any signs posted on the resident's doors, the LPN UM stated that the staff were taught to not enter any room with a yellow bag of PPE hanging on the door but to ask the nurse first what PPE is needed before entering the rooms.</p> <p>On 11/25/2020 at 12:45 PM, Surveyor #1 and Surveyor #2 interviewed the contracted Director of Infection Prevention for the facility healthcare system (DOIP) and acting DON/IP. The DOIP stated that she came over from the hospital and offered consulting for the facility due to the outbreak. She added that she reviewed the facility line listing, toured the facility and determined that there was a breach in the PPE due to the outbreak of staff and residents. She stated that she recommended that the facility institute universal N95 mask wearing which was supposed to start on 11/30/2020. She revealed that there was a break in PPE, and it could have been from staff not wearing the PPE correctly.</p> <p>She stated that she did not think that by staff not wearing isolation gowns contributed to the outbreak. She also stated that when she worked in another location that if one resident or staff tested positive for Covid-19, that she would make the whole unit a PUI unit but didn't do that in New Jersey.</p> <p>On 11/25/20 at 3:30 PM, both Surveyor #1 and</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>Surveyor #2 toured the [REDACTED] Unit and observed Housekeeper #1, LPN #1 and LPN #2 wearing N-95 masks and face shields. The surveyors did not observe any signs prior to entering the [REDACTED] Unit or signage posted on the residents' doors to indicate what type of cohorting was in place or what PPE should be worn while in residents' rooms. On 11/25/2020 at 10:00 AM, Surveyor #1 interviewed the DON/IP who revealed that some staff and residents had tested positive for Covid-19 on this unit and had been moved to the Covid-19 Positive (Red) Unit. However, the residents that remained on the unit were not identified as PUI by the facility.</p> <p>On 11/25/20 at 3:30 pm, both surveyors interviewed Housekeeper #1 (HK#1) on [REDACTED] Unit who stated she was told by the facility last week that some residents on the [REDACTED] Unit tested positive for Covid-19 and that the staff were to wear only a N-95 mask while in the residents rooms. She further stated that if a resident was "under investigation" then the staff was to wear a gown and gloves before entering the room. She stated that she was not educated by the facility to wear a gown and gloves in residents' rooms on the [REDACTED] Unit even though residents on that unit had been exposed to Covid-19.</p> <p>On 11/25/20 at 3:30 PM, the surveyors interviewed LPN #1 on [REDACTED] unit who stated that if any resident showed signs or symptoms of Covid-19 then they would be moved to the PUI unit but until then staff were to wear only N-95 mask and face shield while caring for residents on the [REDACTED] unit even though the residents on that unit were exposed to Covid-19. LPN #1 stated indicated that the facility did not tell her to</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>wear PPE such as an isolation gown or gloves in residents' rooms.</p> <p>On 11/25/20 at 3:35 PM, Surveyor #1 interviewed LPN #2 on [REDACTED] unit who was observed wearing a N95 mask and a face shield. LPN #3 stated that after residents and staff began contracting Covid-19 on [REDACTED] unit that she thought that the entire unit was a Yellow Zone but was not sure. She thought that signs would have been posted on what PPE should have been worn, but since there was no signs, she did not think she needed to wear gown and gloves in resident's rooms. She stated "I'm not sure."</p> <p>On 11/30/2020 at 01:35 PM, Surveyor #2 conducted a telephone interviewed with CNA #1 who stated that she had a routine Covid-19 test on [REDACTED] and she worked throughout that day on the [REDACTED] unit. She stated that she found out she was positive for Covid-19 on [REDACTED]. She added that when she cared for residents on [REDACTED] she was wearing a N95 mask and a face shield. She said that she was not required to wear a gown or gloves when caring for residents on this unit because the unit was a Green Zone and the residents were non-ill.</p> <p>On 11/30/2020 at 02:10 PM, Surveyor #2 conducted a telephone interviewed with CNA #4 who had tested positive for Covid-19 on [REDACTED]. CNA #4 stated that she wore a N95 mask and a face shield when she cared for residents on [REDACTED] on the [REDACTED] unit. She stated that she was not educated that she should wear a gown or gloves in the resident's rooms even though residents and staff tested positive for Covid -19 on that unit.</p> <p>On 11/30/2020 at 02:20 PM, Surveyor #2</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>interviewed CNA #5 who worked on the [REDACTED] unit on [REDACTED] and tested positive for Covid-19 on [REDACTED]. CNA #5 stated that he was wearing only a surgical mask when he worked on the [REDACTED] unit on [REDACTED] and that he did not wear a face shield because his "face shield was destroyed", and he forgot to get a new one.</p> <p>According to the facility's Covid-19 education dated October 2020:</p> <p>a.) Face Shields-were required when in the presence of patients.</p> <p>b.) N95 Mask and Surgical Mask- N95 mask were required during care of patients who were positive for Covid-19, PUI, or residents getting aerosol-generating procedures. N95 mask for asymptomatic patients are generally not recommended and surgical mask should be worn instead.</p> <p>This education curriculum did not include when disposable gowns or gloves should be utilized after outbreak was identified on [REDACTED].</p> <p>According to the facility policy with revised date of 11/2020 and titled, "Infectious Outbreaks" indicated that in the event of an outbreak the facility would group residents into 3 categories:</p> <ol style="list-style-type: none"> 1. Patients/residents who have tested positive for Covid-19. 2. Patients/residents who have been exposed to someone who has tested positive for Covid-19 or has shown symptoms of Covid-19. 3. Patients/residents who are not ill and have not been exposed. <p>According to Communicable Disease Services (CDS) "Testing Response to a Newley Identified</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>Covid-19 cases in Long-Term Care Facilities" dated 10/29/2020;</p> <p>Once a new case of Covid-19 was identified, there are critical actions facilities should take regardless of where the transmission event occurred.</p> <p>The following steps should take place:</p> <ul style="list-style-type: none"> -Perform a risk assessment to determine any potential exposures and/or infection control breaches at the facility. -Determine any possible exposures the new case of Covid-19 (e.g., resident, Healthcare Provider, essential caregiver) may have had prior to diagnoses including contact with other known Covid-19 positive persons or those who later developed symptoms consistent with Covid-19. -Alert the local Health Department. -Identify close contacts. Close contacts are identified as being within six feet of a Covid-19 case for a prolonged period of time, a cumulative total of 15 minutes and having direct contact with infectious secretions from and individual with Covid-19. -Quarantine close contacts for 14 days from last exposure and provide care using all Covid-19 recommended PPE. <p>According to the CDC and referenced website (https://www.nj.gov/gov/health/cd/topics/covid2019healthcare.shtml)</p> <p>Covid-19 PPE is comprised of N95, gown, gloves and eye protection and full PPE is required for:</p> <ul style="list-style-type: none"> -Covid-19 positive. -Suspected of having Covid-19. -New and Re-admission. -Close contact/exposed to Covid-19 positive person. -Unit (or facility) wide when transmission is suspected or identified. 	F 880			

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F 880	<p>Continued From page 18</p> <p>Full PPE can be discontinued according to the following criteria:</p> <ul style="list-style-type: none"> -Covid-19 positive-Upon meeting the discontinued TBP criteria. -Suspected of having Covid-19-Upon meeting the discontinued TBP criteria or based on alternate diagnoses. -New and Re-admission-Upon completion of 14-day quarantine. -Close contact/exposed to Covid-19 positive person-Upon completion of 14-day quarantine. -Unit (or facility) wide when transmission is suspected or identified-Upon containment of outbreak or 2 incubation periods of no new cases-in conjunction with Local Health Department (LHD). <p>NJAC 8:39-19.4 (a)(b)(c)(d)</p>	F 880			