STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315434	A. BUILDING _____ B. WING _____	12/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY OF CARING HEALTHCARE AT RIDGEWOOD	304 S. VAN DIEN AVE RIDGEWOOD, NJ 07450

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Survey date: 12/29/20 Census: Sample: A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and has implemented 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 conducted according to §483.70(e) and following	F 880		1/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/08/2021

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	Continued From page 1 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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, and review of pertinent facility documents, it was determined that the facility failed to ensure the implementation of infection control practices and precautions on the proper use of Personal Protective Equipment (PPEs). This was identified for 1 of 3 employees observed working on the Covid-19 Positive Unit. This deficient practice was identified during the COVID-19 Focused Infection Control survey conducted on 12/29/2020, and was evidenced by the following: On 12/29/20 at 11:10 AM, the surveyor observed a nurse at a medication cart in the hallway of the Covid-19 Positive Unit wearing a N95 mask with a surgical mask over it. The nurse was not wearing a gown, eye protection or gloves. The surveyor observed a designated area to put on and remove PPE. Gowns, eye protection and gloves were readily accessible in this area. The surveyor observed signs at the entrance of the unit which specified the PPE required to be worn onto the unit, which included a gown, eye protection and gloves. At 11:14 AM, two surveyors interviewed the Assistant Licensed Nursing Home Administrator (A. LNHA) and the Staffing Coordinator (SC) who was also a Certified Nursing Assistant. They both stated that staff were required to wear full PPE to enter the unit which included a N95 mask with a	F 880	The LPN referenced in the statement of deficiencies was immediately removed from the unit and sent home. The nursing supervisor was assigned as the replacement nurse on the Covid Unit. The LPN who was sent home will quarantine for at least 14 days and will be re-educated on the facility's Infection Prevention and Control Program when she returns to work. She will also bee given a 30 day performance improvement program on her return to work. The unit manager assigned to the Covid unit was in compliance with the facility's Infection Prevention and Control Program and wore a gown, gloves, mask, and eye protection. All residents under the care of the LPN in the COVID-19 unit have the potential to be affected by this deficient practice. All nursing staff was re-educated on the facility's Infection Prevention and Control Program (IPCP), including the PPE (gown, gloves, mask, and eye protection) that is to be worn in the Covid unit. The Director of Nursing or Unit Manager will conduct rounds on the Covid unit two times per shift x 3 months, to ensure that the facility is in compliance with the Infection Prevention and Control Program. Thereafter, this monitoring will be part of	

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F 880	Continued From page 3 surgical mask over it, a gown, gloves and eye protection. At 11:16 AM, two surveyors, the A. LHNA and the SC observed the same nurse in the hallway of the Covid-19 Positive Unit wearing a N95 mask with a surgical mask over it. It was observed that the LPN was not wearing a gown, eye protection or gloves. There were two other staff members on the unit that were observed wearing full PPE appropriately. Both the A. LHNA and the SC stated that the nurse was a Licensed Practical Nurse (LPN) and acknowledged that she was not wearing the appropriate PPE on the unit and should have been wearing a gown, eye protection and gloves. They removed the LPN from the unit and sent her home immediately. At approximately 11:30 AM, the A. LNHA stated that the LPN would be precluded from work for a 14-day period and was instructed to get tested and to quarantine. She further stated that the LPN could not state the reason why she was not wearing a gown, eye protection or gloves. At 1:48 PM, the surveyor conducted a phone interview with the facility's Infection Control Preventionist. She stated that the LPN should have been wearing full PPE on the Covid-19 Positive Unit, which would have included a gown, eye protection and gloves. A review of the facility's protocol "Personal Protective Equipment Use in Cohorts: Outbreak Status" dated October 2020, revealed that in the "Red Cohort (COVID +)" full PPE was to be used "at all times" and listed gowns, gloves, face shields/goggles, and a N95 mask. N.J.A.C. 8:39-19.4(a)	F 880	the facility's ongoing monthly Quality Assurance program.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315434		1/25/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY OF CARING HEALTHCARE AT RIDGEWOOD	304 S. VAN DIEN AVE RIDGEWOOD, NJ 07450

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 01/25/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
12/29/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO