

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

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

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|---|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315340 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/22/2021 |
| NAME OF PROVIDER OR SUPPLIER SEASHORE GARDENS LIVING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 22 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205 | | |
| (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: 4/22/21 Census: 78 Sample: 6 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. | F 000 | | | |
| F 880 SS=D | Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment | F 880 | | | 5/25/21 |

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

TITLE

(X6) DATE

Electronically Signed

05/11/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 880 | <p>Continued From page 1</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> | F 880 | | | |

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| F 880 | <p>Continued From page 2 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to adhere to current infection control guidelines to prevent the possible spread of COVID-19 during a COVID-19 focused survey which included: a) improper donning/doffing of personal protective equipment b) failure to perform hand hygiene after glove removal c) failure to perform hand hygiene in accordance with facility policy and CDC Guidelines.</p> <p>This deficient practice was identified on 1 of 4 Nursing units, () and for 1 of 1 resident reviewed for transmission-based precautions (Resident #2), and was evidenced by the following:</p> <p>On 9/22/21 at 9:35 AM, during the Entrance Conference, the Assistant Administrator (AA) stated that residents who resided on the Nursing Unit were considered Persons Under Investigation (PUI) as they were exposed to an employee or resident who previously tested positive for COVID-19 and were monitored for signs and symptoms of the virus for 14 days. The Executive Director (ED) stated that staff who worked on () were required to wear full Personal Protective Equipment (PPE) (garments or equipment used to protect the body from injury or infection) which included gown, gloves, N-95 (face mask that filters out 95% of particles) or</p> | F 880 | <p>1. Nurse did not follow current Infection Control Guidelines as evidenced by improper donning and doffing of personal protective equipment and not performing proper hand hygiene after glove removal. The phone used by nurse was sanitized immediately and nursing stations are on a sanitizing schedule twice daily. The nurse re-educated by taking the following courses: Keeping Covid 19 Out, Use of PPE Correctly for COVID 19, Module 1 Infection Prevention and Control Program and Module 7 Hand Hygiene from the Nursing Home Infection Preventionist Training course. The nurse identified has been assigned to complete the entire Infection Preventionist Training Course. Top Management will complete Keeping COVID 19 Out, Use of PPE Correctly for COVID 19, Module 1 Infection Prevention and Control Program, and Module 7 Hand Hygiene from the Nursing Home Infection Preventionist Training course. All other staff to complete Keeping Covid 19 Out, Use of PPE Correctly for COVID 19, Module 7, Hand Hygiene from the Nursing Home Infection Preventionist Training course.</p> <p>2. All residents and staff have the potential of being affected by a staff member not performing proper donning</p> | | |

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| F 880 | <p>Continued From page 3</p> <p>KN-95 masks, surgical mask and either a face shield or goggles when they entered resident rooms.</p> <p>At 11:11 AM, the surveyor observed the Registered Nurse Nursing Supervisor (RNNS) as she spoke with Resident #2 at the resident's bed side. The RNNS wore a face shield, K-N95 mask, plastic poncho and gloves.</p> <p>At 11:12 AM, the surveyor observed the RNNS as she exited Resident #2's room. The RNNS had already removed her gloves and held them in her right hand as she walked towards a doffing station that was set up in the hallway across from the resident's room. The RNNS dropped the gloves that she held in her hand on the floor as she attempted to tear the plastic poncho that she wore down the middle to remove it. She picked up the soiled gloves from the floor, lifted the lid to the trash can and placed both the gloves and plastic poncho in the trash. She then replaced the lid to the trash can. There was no alcohol-based hand sanitizer on the table that contained PPE at the doffing station.</p> <p>At 11:14 AM, the surveyor observed the RNNS as she walked into the nurse's station and picked up a telephone that was located on the desk and made a call without first performing hand hygiene. When interviewed, the RNNS stated that she was supposed to wash her hands immediately after she doffed her PPE. The RNNS stated that since she doffed her gloves prior to the poncho, picked up her soiled gloves from the carpet, and lifted the lid to the trash, she should have performed hand hygiene prior to using the telephone. She stated that there was a possibility that she transferred any bacteria that were present on her</p> | F 880 | <p>and doffing of personal protective equipment and not performing proper hand hygiene. A minimum of 10 weekly random audits will be conducted for 6 months by DON and/or her designee to identify any deficient hand hygiene and/or donning and doffing PPE practices for all staff. The nurse identified will also be audited at random. DON and/or her designee will re-educate staff as needed.</p> <p>3. All staff must follow proper donning and doffing of PPE and handwashing procedures to ensure proper donning and doffing and handwashing procedures are followed in accordance with 42 CFR 483.80 infection control regulations as it relates to implementation of the CMS and CDC recommended practices for COVID 19. All staff and the Nurse identified re-educated as directed by Initial Notice and Imposition of Enforcement Remedies received on 5/11/21 from the New Jersey Department of Health by 5/25/21. Root Cause Analysis completed and we concluded that the nurse required re-education and stated she was nervous during observation. Cuing signs were placed for handwashing, donning and doffing of PPE, and cuing signs for PPE required PUI or COVID 19 positive areas. Additionally, trash cans with foot pedals were placed inside resident rooms in PUI and/or COVID 19 positive area, additional hand sanitizing dispensers placed, and PPE organizational storage bins outside rooms in the PUI area and/or any COVID 19 positive areas.</p> | | |

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| F 880 | <p>Continued From page 4</p> <p>hands onto the phone. She further stated that she should have washed her hands or used alcohol-based hand sanitizer that was located in the hallway at intervals immediately before she used the phone in order to prevent contamination and minimize the spread of infection.</p> <p>At 11:22 AM, the surveyor observed the RNNS perform hand hygiene. The RNNS turned on the faucet, applied soap to her left hand from the soap dispenser and began to lather the soap between her left and right hands without first wetting her hands with water for a period of 13 seconds. She then began to rub her hands together under running water for 10 seconds. The RNNS obtained a paper towel and dried her hands. She then turned off the faucet with the same paper towel.</p> <p>The surveyor interviewed the RNNS immediately after the hand washing observation. She stated that she was required to apply soap to her hands, turn on the faucet, wash her hands for 20 seconds, obtain a paper towel to turn off the faucet and obtain a second paper towel to dry her hands. The RNNS stated that she was able to determine that she washed her hands for 20 seconds if she sang happy birthday twice. The RNNS further stated that she normally washed her hands under running water for 20 seconds, but she was nervous during the observation and failed to wet her hands before she attempted to lather her hands with soap.</p> <p>At 11:43 AM, the surveyor interviewed the Assistant Director of Nursing (ADON), who stated that 2 South was the PUI Unit. She stated that staff were expected to doff their PPE when they exited resident rooms at doffing stations that were</p> | F 880 | 4. DON or her designee shall report findings of audits to Infection Control Committee quarterly and Quality Assurance Performance Improvement Committee quarterly for 6 months. | | |

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| F 880 | <p>Continued From page 5</p> <p>centrally located in the hallways of the unit that were positioned between every three to four rooms because the facility did not have enough trash cans to place one in every resident's room.</p> <p>The ADON stated that the proper sequence to doff PPE to prevent the spread of infection was to first doff the poncho or gown, then doff the gloves and perform hand hygiene immediately after. The ADON stated that staff were required to tear the front of the poncho to remove it. She further stated that if a staff member removed his/her gloves prior to removing the poncho and failed to perform hand hygiene immediately after, the staff member would have cross-contaminated any surfaces that were touched afterward such as the phone.</p> <p>The ADON stated that the proper technique to for hand washing was to first turn on the water, apply soap to the hands, wet hands, lather for 20 seconds out of running water with friction to cover all surfaces of the hands and nails, rinse in a downward position under the running water, turn of the faucet with a paper towel and discard the paper towel, obtain a second paper towel to dry hands and discard the paper towel.</p> <p>The ADON stated it was not ideal to wash your hands with soap without first wetting the hands as water was required for the soap to form a lather. The ADON stated that if the same paper towel was used to both dry the hands and turn off the faucet it would cross-contaminate the faucet.</p> <p>At 12:47 PM, the surveyor interviewed the ED, who stated that the facility did not have a shortage of gowns and used ponchos to conserve PPE. She stated that staff were trained to doff</p> | F 880 | | | |

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| F 880 | <p>Continued From page 6</p> <p>their PPE in a particular order to minimize the transmission of infection. She stated that staff should remove the poncho, then their gloves and use hand sanitizer immediately. She stated if staff doffed their PPE and did not perform hand hygiene after they could spread infection.</p> <p>The ED stated that the proper technique for hand washing was to: Turn on the faucet, wet hands, apply soap, rub all surfaces of hands and nails for 20 seconds, turn off the water with a paper towel and discard it, obtain a second paper towel to dry the hands and discard the paper towel after. She stated that you would have to wet your hands first before soap application to properly sanitize them. She further stated that if you used the same paper towel to dry your hands and turn off the faucet it would not be a clean technique.</p> <p>At 12:48 PM, the AA provided the surveyor with the in-service training records for the RNNS, which indicated that she completed Hand Hygiene Training on 3/27/21 and Personal Protective Equipment (PPE) training on 4/18/21.</p> <p>Surveyor review of the facility policy, "Hand Washing/Hand Hygiene" (11/2020) revealed the following:</p> <p>Purpose: To decrease the risk of transmission of infection by appropriate hand hygiene.</p> <p>Policy: Handwashing/hand hygiene is generally considered the most important single procedure for preventing healthcare-associated infections.</p> <p>Policy Interpretation and Implementation</p> <p>All personnel shall follow our established</p> | F 880 | | | |

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| F 880 | <p>Continued From page 7</p> <p>handwashing procedures to prevent the spread of infection and disease to other personnel, patients, and visitors.</p> <p>...After removing gloves ...</p> <p>Handwashing:</p> <p>...Turn on the water to a comfortable warm temperature.</p> <p>Moisten hands with soap and water and make a heavy lather.</p> <p>Scrub hands for at least 20 seconds or hum the Happy Birthday song twice, using a rotary motion and friction.</p> <p>Rinse hands well continuing with friction motion under running water.</p> <p>Dry hands with a clean paper towel.</p> <p>Use the paper towel to turn off the faucet without contaminating hands, and then discard.</p> <p>At 12:54 PM, the ADON provided the surveyor with the facility policy, "Protective Equipment" (11/2020). Surveyor review of the policy revealed the following:</p> <p>"How to safely remove Personal Protective Equipment (PPE)"</p> <p>...Remove all PPE before exiting the patient room except respirator, if worn ...</p> <p>Gloves</p> | F 880 | | | |

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| F 880 | <p>Continued From page 8</p> <p>Outside of gloves are contaminated!</p> <p>If your hands get contaminated during glove removal, immediately wash your hands or use alcohol-based hand sanitizer ...</p> <p>...Gown</p> <p>Gown front and sleeves are contaminated!</p> <p>If your hands get contaminated during removal, immediately wash your hands or use an alcohol-based hand sanitizer ...</p> <p>...Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE.</p> <p>"PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE."</p> <p>NJAC 8:39-19.4</p> | F 880 | | | |