

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

PRINTED: 04/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2022
NAME OF PROVIDER OR SUPPLIER ACCLAIM REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 198 STEVENS AVE JERSEY CITY, NJ 07305		
(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 C #: Covid-19 Infection Control Census: 112 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		6/30/22	

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

TITLE

(X6) DATE

Electronically Signed

06/03/2022

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: C #: Covid-19 Infection Control</p> <p>Based on observation, interviews and review of pertinent facility documentation on 5/12/22, it was determined that the facility failed to ensure that all staff and visitors entering the building were screened for Covid-19 signs and symptoms in accordance with the facility policy "COVID-19 [CORONA VIRUS] and Centers for Disease Control and Prevention (CDC) guidelines for 7 of 15 employees (nursing and dietary staff) and 7 of 20 visitors, reviewed for Covid-19 screening. This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) COVID-19, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 2/2/22, showed "...1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic, Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility. HCP [Health Care Provider] should report any of the 3 above criteria to occupational health or another point of contact designated by the facility, even if they are up to date with all recommended COVID-19 vaccine</p>	F 880	<p>I. Corrective action for those resident affected by the deficient practice: An in-service was conducted with the Front Desk Receptionists and Security personnel to ensure that every Staff/Visitor Screening Form for Covid-19 will be screened and the form will be filled out in its entirety before allowing entry to the facility. The Front Desk Receptionists and Security personnel will notify the Administrator, Director of Nursing/Designee for anyone denied entry who presents an issue.</p> <p>II. Identify other residents who have the potential to be affected by the deficient practice: All residents have the potential to be affected. All employees have the potential to be affected.</p> <p>III. Systemic changes to ensure deficient practices do not recur: The facility immediately purchased and installed the Advanced Entry Kiosk on 5/16/22 utilizing facial recognition software, temperature scanning with a trigger alarm for anyone who should be denied entry. The Front Desk Receptionists and Security personnel were in-serviced on</p>		

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F 880	<p>Continued From page 3</p> <p>doses. Recommendations for evaluation and work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2..."</p> <p>On 5/12/22 at 9:30 am, prior to entering the building the surveyor completed the screening form for Covid-19 screening and handed it over to the Reception Staff (RS). The RS instructed the surveyor to enter the facility without checking her body temperature. The surveyor requested the RS to take the surveyor's body temperature to complete the screening process before allowing her to enter the facility.</p> <p>During the entrance conference with the Administrator on 5/12/22 at 9:30 am, she provided the surveyor the Line Listing (LL) that showed that the Covid-19 outbreak started on 5/3/22 involving 4 employees and 7 residents. The last tested positive for Covid-19 was on 5/4/22 involving 2 employees. The LL further showed that the affected employees and residents were fully vaccinated including booster for Covid-19.</p> <p>The "Staff/Visitor Screening form for COVID-19", showed that the staff/visitor were to answer yes or no to the following questions: diagnosed with Covid-19, travel last 14 days, Covid-19 symptoms (fever, cough...) and contact with someone with or under investigation for Covid-19. The form further showed that if yes is circled for any above questions, and/or temperature is 100.5 or greater, entry would not be allowed.</p> <p>The "...Visitor Screening form for COVID-19" dated from 5/3/22 to 5/12/22 showed that seven</p>	F 880	<p>the new Advanced Entry Kiosks. The policy and procedure were reviewed and revised to reflect the change in method of screening.</p> <p>IV. Monitoring of corrective actions to ensure deficient practice does not recur: The Front Desk Receptionists and Security personnel will deny entry to visitors/staff who do not meet the Advanced Entry screening process criteria. A daily visitor report is sent to the Administrator and all negative findings will be reported to the QAPI committee weekly x 4weeks, monthly x 2 months and quarterly x 3.</p> <p>V. DPOC RCA was completed and was determined that the front desk Receptionist and Security personnel failed to follow the facility policy and CDC guidelines related to staff/visitor screening.</p> <p>A mandatory in-service was conducted for Front Desk Receptionist and Security personnel on the facility policy on staff/visitor screening.</p> <p>The facility installed the Advanced Entry Kiosk utilizing facial recognition software and temperature scanning with a trigger alarm for anyone who should be denied entry.</p> <p>The facility shall provide in-service training to appropriate staff as follows:</p>		

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F 880	<p>Continued From page 4</p> <p>(7) visitors (Vs, fully vaccinated) did not complete the screening form prior to entering the facility which was not according to their policy and CDC guidelines:</p> <p>Vs' #1, #2, #3, #4, #5 and #6 showed no documented evidence that their body temperatures were taken prior to entering the facility.</p> <p>Vs' #2 and #7 did not answer yes or no to the aforementioned screening questions prior to entering the facility.</p> <p>The "Staff...Screening form for COVID-19" dated from 5/2/22 to 5/12/22 showed that 7 employees (E, fully vaccinated) did not complete the screening form prior to entering the facility which was not according to their policy and CDC guidelines:</p> <p>E's #1, #2, #3 and #4 (nursing department, worked on the aforementioned dates) did not answer the yes or no to the aforementioned screening questions prior to entering the facility.</p> <p>E's #1, #5, #6 and #7 (nursing and dietary departments, worked on the aforementioned dates) did not have documented evidence that their body temperatures were taken prior to entering the facility.</p> <p>Interviewed with the Administration on 5/12/22 at 4:30 pm, they stated that reception staff and security staff should ensure that anyone entering the facility will actively screened for fever and symptoms of Covid-19. They were unable to explain why the aforementioned employees and visitors entered the facility without fully screened for Covid-19 symptoms.</p>	F 880	<p>Nursing Home Infection Preventionist Training Course Module 1 – Infection Prevention and Control https://www.train.org/main/course/1081350/ Topline Staff and Infection Preventionist</p> <p>CDC COVID-19 Prevention Message for Front Line Long-Term Care Staff Keep COVID-19 Out! https://youtube/7srwrF9MGdw Front Line Staff</p> <p>CDC COVID-19 Prevention Message for Front Line Long-Term Care Staff Closely Monitor residents https://youtu.be/1ZbT1Njv6xA Front Line Staff</p> <p>CDC COVID-19 Prevention Message for Front Line Long-Term Care Staff Use PPE Correctly for COVID-19 https://youtube/YTTAw9yv4 Frontline staff</p> <p>Nursing Home Infection Preventionist Training Course Module 5 - Outbreaks https://www.train.org/cdctrain/course/1081803 Topline Staff and Infection Preventionist</p> <p>Nursing Home Infection Preventionist Training Course Module 4 – Infection Surveillance https://www.train.org/cdctrain/course/1081802 Topline Staff and Infection Preventionist</p>		

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F 880	<p>Continued From page 5</p> <p>The surveyor attempted to conduct a telephone interview with aforementioned employees; however, they were not available.</p> <p>The facility policy titled, "COVID-19 [CORONA VIRUS] dated 3/29/22, showed "POLICY: It is the policy of this facility to follow CDC and DOH [Department of Health] guidelines for the management of the COVID-19...Procedure: 1. All people entering this facility will be screened for symptoms consistent with COVID-19 and will have their temperature taken..."</p> <p>NJAC 8:39-19.4(a)(b)</p>	F 880	<p>Nursing Home Infection Preventionist Training Course Module 7 – Hand Hygiene https://www.train.org/main/course/1081806/ All Staff including Topline staff and Infection Preventionist</p> <p>Nursing Home Infection Preventionist Training Course Module 6A – Principle of Standard Precautions https://www.train.org/main/course/1081804/ All Staff including Topline Staff and Infection Preventionist+</p> <p>Nursing Home Infection Preventionist Training Course Module 6B – Principles of Transmission Based Precautions https://www.train.org/main/course/1081805/ All Staff including Topline Staff and Infection Preventionist</p> <p>VI. Date of correction and title of person responsible for correction of deficiency: The Administrator/DON/Designee will be responsible for the completion/correction.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315083	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/1/2022
NAME OF FACILITY ACCLAIM REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 198 STEVENS AVE JERSEY CITY, NJ 07305	

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/30/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 5/12/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			