

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

PRINTED: 06/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315429	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/03/2020
NAME OF PROVIDER OR SUPPLIER CLOVER REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 28 WASHINGTON STREET COLUMBIA, NJ 07832		
(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: 12/3/2020 Census: 29 Sample: 1 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 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	F 880		12/5/20	

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

TITLE

(X6) DATE

Electronically Signed

12/17/2020

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 880	<p>Continued From page 1</p> <p>arrangement based upon the facility assessment 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of records, it was determined that the facility failed to: a) screen everyone upon entering the facility for symptoms of Covid-19 virus, and failed to disinfectant and sanitize the equipment used in the COVID-19 screening process; and, b) ensure that workers were knowledgeable regarding the cleaning chemicals used in the workplace for 3 of 3 staff in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility, updated on 7/28/2020, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface</p>	F 880	<p>F880 SS=D 1. Screening Questionnaire was immediately moved from the nurse's station to the entrance of the facility. RN and DON were in serviced on Visitor Screening, disinfecting medical devices between each use, and not leaving medical devices directly on surfaces without a barrier by nursing Consultant on 12/4/20.</p> <p>A. Contact times for all cleaning and sanitizing items were immediately obtained for all disinfectants from the EPA's List N for Disinfectant for Use Against Sars-COV, the virus that causes Covid 19. Housekeeping Director, housekeeper, and RN were in serviced on 12/4/2020 on contact times for Sani cloths.</p> <p>B. Houskeeping Director and Housekeeper were also in serviced on contact times for all disinfectants on 12/4/2020.</p> <p>2. A review of the U.S. CDC's Cleaning and Disinfecting Your Facility, updated on 7/28/2020, that included, "Practice routine cleaning of frequently touched surfaces.</p>		

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F 880	<p>Continued From page 3</p> <p>thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." Additional considerations for employers: "Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19. Develop policies for worker protection and provide training to all cleaning staff on-site prior to providing cleaning tasks. Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication Standard."</p> <p>1. On 12/3/20 at 8:59 AM, the Registered Nurse, allowed surveyors access into the facility and guided the surveyors through a hallway, past resident rooms to the nurses' station on A Unit. The RN did not screen the surveyors upon entrance. The Director of Nursing (DON) met the surveyors at the nurses' station on A unit and used the thermometer that had been sitting directly on the desk, not on a clean barrier, to take the surveyor's temperatures. The DON then placed the thermometer back on the desk without disinfecting it. The surveyors asked the DON what the facility's screening policy and the procedure was. The DON replied, "we take the temperatures and then have you sign the book." The surveyors asked the DON why she didn't disinfect the thermometer and why she didn't ask the screening questions for symptoms or contact. The DON did not respond. The surveyors asked the RN why she did not screen them upon entry into the facility. The RN did not respond.</p> <p>The surveyor reviewed the facility policy entitled, "Infection Control-Outbreak Plan," dated March 2020 and revised November 2020, which indicated that the facility shall screen and log</p>	F 880	<p>High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." Additional considerations for employers: "Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19. Develop policies for worker protection and provide training to all cleaning staff on-site prior to providing cleaning tasks. Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication Standard."</p> <p>Was thoroughly reviewed by the Administrator, DON, and Housekeeping director.</p> <p>3. All nurses were in serviced on screening visitors, disinfecting medical devices between each use, contact times for Sani wipes and not leaving medical devices directly on surfaces without a barrier on 12/4/2020 by nurse consultant. No touch thermometer to be placed in each bag after each use</p>		

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F 880	<p>Continued From page 4</p> <p>everyone entering the facility for symptoms of the infectious disease. Screening will include:</p> <p>Temperature checks, including subjective or objective fever equal to or greater than 100.4 degrees Fahrenheit or as further restricted by the facility.</p> <p>Completion of questionnaire about symptoms and potential exposure, which shall include a minimum:</p> <p>a. Exhibit signs and symptoms of infectious disease, including Covid-19, such as fever, chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion, or runny nose, nausea or vomiting, or diarrhea.</p> <p>b. Has had contact with someone with a confirmed diagnosis of infectious disease, or someone under investigation for the infectious disease, or someone ill with respiratory illness in the last 14 days.</p> <p>c. In the last 14 days, has returned from a designated state under the 14-day quarantine travel advisory.</p> <p>2. On 12/3/2020 at 9:40 AM, the Housekeeping Director (HD), in the presence of the DON, informed the surveyor that he was also the director of maintenance and had been working in the facility for over 11 years. The HD stated that housekeeping staff use bleach germicidal wipes and liquids as disinfecting chemicals for frequently touched surfaces. The surveyor asked the HD what the bleach wipes' contact time was, and the HD replied, "I'm not sure." The surveyor then asked the HD if the housekeeping staff were educated about the disinfecting chemicals used in</p>	F 880	<p>A 2nd housekeeper was in serviced for contact times of sani wipes and all cleaning disinfectant wipes on 12/4/20</p> <p>4 Using an audit tool DON or Designee will Audit Screening Protocol as part of Daily Rounds to ensure compliance. Don or Designee will Audit Staff to ensure correct disinfecting of medical devices, and contact times are being adhered to, and not laying medical devices on surfaces without barriers as part of daily rounds. Housekeeping Director will audit housekeeping staff during daily rounds to ensure that contact times are being adhered to. These audits will take place at a minimum of 2X a week until greater than 90% compliance is achieved for 4 consecutive weeks.</p> <p>5. The result of the Audits will be presented at the QA/QAPI Quarterly meeting.</p>		

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F 880	<p>Continued From page 5</p> <p>the facility. The HD did not respond. The surveyor asked the HD for any documentation of in-services that the staff had been educated on the proper use of the chemicals.</p> <p>On that same day at 10:00 AM, during an interview, the surveyor asked the housekeeper what chemicals were used to clean the high touch areas in resident rooms. The housekeeper replied that she used disinfectant 30-17 and Clorox bleach wipes. The surveyor asked the housekeeper what the contact time was for each of the cleaning agents. The housekeeper replied, "I don't know." The housekeeper stated that she had not received an in-service on contact times for the chemicals.</p> <p>On that same At 10:15 AM, the HD told the surveyor that he was not able to provide any documentation that the staff received in-services about the chemicals used in the facility.</p> <p>On that same day, at 10:30 AM, during an interview, the Registered Nurse (RN) stated that she used Sani wipes for disinfecting multiuse equipment and Chlorox bleach wipes to disinfect the medication cart. The surveyor asked the RN what the contact time was for the Sani wipes and the Bleach wipes. The RN replied, "I have no idea." The surveyor asked the RN if she received in-services regarding the contact time for the disinfectant chemicals. The RN did not respond.</p> <p>A review of the facility's Infection Control-Outbreak Plan Policy with a revised date of November 2020 included:</p> <ol style="list-style-type: none"> 1. The facility shall screen and log everyone 	F 880			

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F 880	<p>Continued From page 6 entering the facility for symptoms of the infectious disease. Screening will include:</p> <p>a. Temperature checks, including subjective and /or objective fever equal to or greater than 100.4 degrees Fahrenheit or as further restricted by the facility.</p> <p>b. Completion of questionnaire about symptoms and potential exposure, which shall include a minimum:</p> <p>c. Exhibit signs and symptoms of infectious disease, including Covid-19, such as fever, chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion, or runny nose, nausea or vomiting, or diarrhea.</p> <p>d. Has had contact with someone with a confirmed diagnosis of infectious disease, or someone under investigation for the infectious disease, or someone ill with respiratory illness in the last 14 days.</p> <p>e. In the last 14 days, has returned from a designated state under the 14-day travel advisory.</p> <p>2. "Environmental cleaning the facility will follow current CDC guidelines for environmental cleaning specific to the ID in addition to routine cleaning for the duration of the threat." Also, Environmental Cleaning and Disinfection included, "Housekeeping Department will increase the frequency of routine cleaning and disinfection of frequently touched surfaces and shared medical equipment using frequently using products that have EPA-approving emerging viral</p>	F 880			

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F 880	Continued From page 7 pathogens claims that have demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Adhere to internal environmental cleaning protocols to ensure appropriate measures are being taken to clean and disinfect throughout the facility." At 11:11 AM, the surveyors met with the DON and discussed the above concerns. The facility provided no additional information. NJAC 8:39-19.4 (a) NJAC 8:39-27.1	F 880			