

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

PRINTED: 12/02/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315429</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/13/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLOVER REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>28 WASHINGTON STREET COLUMBIA, NJ 07832</b>
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F 000	INITIAL COMMENTS  Complaint #: NJ 00142302  Census: 21  Sample Size: 9	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 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	F 880		2/26/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  02/10/2021
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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>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. 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 #: NJ 00142302</p>	F 880	How corrective action will be accomplished for the residents found to have been affected by the deficient		

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F 880	<p>Continued From page 2</p> <p>Based on observation, interviews and record review, as well as review of pertinent facility documents on 1/13/21, it was determined that the facility failed to establish and implement an acceptable standards of infection prevention and control to prevent the spread of infection control for 9 of 21 residents (Residents: #1, and unsampled Residents #A, #B, #C, #D, #E, #F, #G, #H) observed not wearing a face mask. This deficient practice is evidenced by the following:</p> <p>Reference: "EXECUTIVE DIRECTIVE NO. 20-026", dated October 20, 2020. "...III Required standards for visitation...3. Cohorting, PPE and Training Requirements in Every Phase...ii. Facilities shall implement universal source control for everyone in the facility. All residents, whether they have COVID-19 symptoms or not, must practice source control when around others (surgical mask if supply is available) in accordance with CDC guidance ..."</p> <p>Reference: New Jersey Department of Health, COVID-19 also known as Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2, dated November 23, 2020, "COVID 19...7 CONTROLLING FURTHER SPREAD...C. Managing Special Situations...Long-Term Care Facilities...Use of standard and transmission-based precautions which includes appropriate use of personal protective equipment; Implement universal source control (i.e., use of barrier to cover the nose and mouth)...All patients/residents, whether they have COVID-19 symptoms or not, should cover their nose and mouth (i.e., source control) when around others, as tolerated. Source control may be provided with tissue, facemasks, or cloth face coverings..."</p>	F 880	<p>practice.</p> <p>Residents #1, #A, #B, #C, #D, #E, #F, #G, and #H have either had COVID-19 within the past 60 days or are being tested twice weekly for COVID-19. All tested residents continue to test negative. Residents are being encouraged to wear masks at all times. Staff is instructed to remind residents to keep masks on. Many residents are incapable of following instructions and incapable of keeping the mask in place.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected. Residents are being encouraged to wear masks at all times. Staff is instructed to remind residents to keep masks on. Many residents are incapable of following instructions and incapable of keeping the mask in place.</p> <p>What measures will be put into place, or systemic changes made, to ensure that the deficient practice is being corrected and will not recur?</p> <p>Staff has received in-service education on: 1. reminding residents who are capable of wearing masks to wear the mask; 2. Encouraging residents to wear the mask who may not be capable of remembering to wear the mask; 3. as is feasible with cognitively impaired residents, maintaining and encouraging</p>		

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F 880	<p>Continued From page 3</p> <p>Reference: "DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE &amp; MEDICAID SERVICES, dated 11/2020..."Infection Prevention, Control &amp; immunizations...Source Control for COVID-19: Ensure residents (when receiving visitors or while outside of their room), visitors, and others at the facility are donning a cloth face covering or facemask while in the facility or while around others outside..."</p> <p>Reference: New Jersey Hospital Association (NJHA), COVID-19 TOOLKIT OF RESOURCES FOR LONG TERM CARE FACILITIES, Version 2, dated April 10, 2020, under "PROTECTING RESIDENTS, VISITORS, AND HCP...Restrict the movement of residents throughout the facility...Restrict residents (to the extent possible) to their rooms except for medically necessary purposes. IF they leave their room, residents should practice source control measures (e.g., use of barrier to cover their nose and mouth)...All residents, whether they have COVID-19 symptoms or not, should cover their nose and mouth...when around others..."</p> <p>During the tour with the Director of Nursing (DON) on 1/13/2021 the surveyor observed following:</p> <p>At 9:22 am to 10:07 am, the surveyor observed 7 unsampled residents (Resident A, B, C, D, E, F, and G) watching Television (TV) in the facility's activity room without a facemask on.</p> <p>At 10:05 am, surveyor observed unsampled Resident H walking in the hallway without a face mask on.</p> <p>At 10:08 am, the surveyor observed Resident #1,</p>	F 880	<p>social distancing; 4. Encouraging social distancing for all residents in public areas.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <p>The infection preventionist nurse or her designee will audit mask wearing and social distancing for residents on the day and evening shifts. The results of her audits will be presented at the quarterly QAPI meeting. The QAPI committee will determine the effectiveness of this plan of correction and will determine whether additional measures are required.</p>		

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F 880	<p>Continued From page 4</p> <p>enter the dining room without a face mask on. The surveyor observed Res #1 observed touched his/her mouth and nose then touched the table and the chair.</p> <p>At 10:29 am, Resident #1 left the dining room, continued to walk without a face mask on and opened the closets in the hallway. Then without a face mask on, Resident #1 walk past other residents towards the activity room.</p> <p>The surveyor conducted an interview with multiple Certified Nursing Assistants (CNAs) on 1/13/21 at 10:44 am. The CNAs stated residents were allowed to walk outside their rooms without a face mask on.</p> <p>The surveyor conducted an interview with Resident #1 who was [REDACTED] on 1/13/21 at 11:09 pm. The Resident stated that he/she was told by the staff that residents were allowed to walk outside their rooms without a face mask on. Resident #1 revealed that he/she had been [REDACTED] and had a [REDACTED]</p> <p>The surveyor conducted an interview with License Practical Nurse (LPN #1) on 1/13/21 at 11:39 am. The LPN stated that residents did not have to wear a face mask outside their rooms.</p> <p>The surveyor conducted an interview with the Director of Nursing (DON) on 1/13/21 at 12:14 pm. The DON stated that she was not aware that residents could not walk outside their rooms without a facemask on.</p> <p>NJAC 8:39-27.1(a)</p>	F 880			