STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315499	A. BUILDING _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIONS GATE	1100 LAUREL OAK ROAD VOORHEES, NJ 08043

(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 DATE: 2/11/2021 CENSUS: 80 SAMPLE: 21 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	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	F 880		3/31/21

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

Electronically Signed | 02/17/2021

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F 880	Continued From page 1	F 880		

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.

§483.80(f) Annual review.
The facility will conduct an annual review of its

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F 880	Continued From page 2 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to disinfect a [redacted] between each resident use to minimize the potential spread of infection. This deficient practice was identified for 4 of 4 residents (Residents #83, #63, #82 and #1) on 1 of [redacted] units ([redacted] observed for infection control practices and was evidenced by the following: On 02/05/21 at 9:38 AM, the surveyor observed a Licensed Practical Nurse (LPN) obtain Resident #82's [redacted], while in the resident's room. The LPN used a reusable [redacted] cuff that was attached to a vital signs machine. After obtaining the [redacted] reading, the LPN exited the room and, without cleaning the [redacted] and vital signs machine, entered Resident #63's room with the vital signs machine. The surveyor observed that there was a container of disinfectant wipes attached to the vital signs machine and that there was a Contact Precaution sign outside of the resident' room. The Contact Precautions sign revealed that "Providers and Staff Must Also: Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person." Without cleaning the blood pressure cuff first, the surveyor observed the LPN obtain Resident #63's [redacted] using the same [redacted] that was used on Resident #82. After obtaining the resident's [redacted], the LPN exited the room. The surveyor observed that the LPN did not clean and disinfect the [redacted]	F 880	1. The corrective action for the residents affected by the deficient practice will be accomplished as follows: All residents affected will have their skin monitored for signs of [redacted], irritation and infection for the next 2 weeks. Any signs of [redacted] irritation or infection will be reported to the attending physician immediately. In addition, vital signs will continue to be monitored every shift to monitor for signs of a possible systemic infection. 2. Identification of other residents who could be affected by the deficient practice: All residents who had their [redacted] taken by the nurse in question had the potential to be affected by the nurse found to be using the deficient practice. 3. Measures or systemic changes to ensure that the deficiencies will not recur. The nurse using the deficient practice received inservice education on the date the deficiency was first noted by the surveyors to the Administration. Additionally, all nurses will be inserviced on the requirement to disinfect shareable equipment between residents each and every time. DPOC - A Root Cause Analysis (RCA)	

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F 880	Continued From page 3 pressure cuff before or after its use and observed a Contact Precaution sign outside of Resident #63's room. At 10:11 AM, the surveyor observed the LPN obtain Resident #83's [redacted], while in the resident's room. The LPN used the same [redacted] that was previously used on Resident #63. The surveyor observed the LPN exit Resident #83's room with the [redacted] and vital signs machine. The LPN did not clean and disinfect the [redacted] before or after its use and observed a Contact Precaution sign outside of Resident #83's room. At 10:22 AM, the surveyor observed the LPN obtain Resident #1's [redacted], while in the resident's room. The LPN used the same [redacted] that was previously used on Resident #83. The surveyor observed the LPN exit Resident #1's room with the [redacted] and vital signs machine. The LPN did not clean and disinfect the [redacted] before or after its use and observed a Contact Precaution sign outside of Resident #1's room. During an interview with the surveyor at 10:29 AM, the LPN stated that he "forgot" to clean and disinfect the [redacted]. During an interview with the surveyor at 10:42 AM, the Charge Nurse said the vital signs machine was to be wiped down before and after each room. She added, "The wipes are on the machine." Review of the facility's "Isolation - Categories of Transmission-Based Precautions" policy with a review date of 3/2/2020, revealed under "Policy	F 880	determined that the cause of the deficiency was “memory lapse” and will be addressed with inservice education on cleaning reusable medical equipment for all staff, both presently and annually thereafter. DPOC – The following inservice training modules were provided to staff: Module 1 – Infection Prevention and Control Program was provided to Topline Staff / Infection Preventionist. Module 11A – Reprocessing Reusable Resident Care Equipment was provided to all Frontline Staff. Keep [redacted] was provided to all staff. The module for Reprocessing Reusable Resident Care Equipment will also be added to the annual inservice requirement for all departments handling reusable resident care equipment. 4. Monitoring the continued effectiveness of the systemic change. Staff Development/Infection Preventionist will perform unannounced competency checks on staff to monitor staff compliance with cleaning reusable equipment between residents. 4 staff members per week will be monitored for a period of 3 months. These competency checks will be reported monthly at QAPI for 3 months to ensure the solution is sustained. Competency checks will continue after these three months at a rate of 4 staff members per month, ongoing.	

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F 880	Continued From page 4 Interpretation and Implementation" number 7, "When transmission-based precautions are in effect, non-critical resident-care equipment items such as a stethoscope, sphygmomanometer [blood pressure], or digital thermometer will be disinfected between residents. A. If re-use of items is necessary, then the items will be cleaned and disinfected according to current guidelines before use with another resident." NJAC 8:39-19.4	F 880		