

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

PRINTED: 07/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER BERGEN NEW BRIDGE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 E RIDGEWOOD AVE PARAMUS, NJ 07652		
(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: 1/12/2021 Census: 374 Sample: 5 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 arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		1/27/21	

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

TITLE

(X6) DATE

Electronically Signed

02/02/2021

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 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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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>	F 880			

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F 880	<p>Continued From page 2</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 documents, it was determined that the facility failed to: a.) ensure proper use of personal protective equipment (PPE) for 2 of 3 staff; and, b.) perform hand hygiene appropriately for 3 of 14 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>According to the U.S. CDC guidelines Responding to Coronavirus (COVID-19) in Nursing Homes, Considerations for the Public Health Response to COVID-19 in Nursing Homes, updated 4/30/2020 included, "All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown."</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene, which</p>	F 880	<p>1. The registered nurse from Unit [redacted] who was observed in the nursing station in her personal protective equipment (PPE) gown was provided with re-education and corrective action.</p> <p>The housekeeper on Unit [redacted] was reassigned to an area that did not require the use of a N-95 mask.</p> <p>The housekeeper from Unit [redacted] who did not perform proper hand hygiene was provided with re-education and corrective action.</p> <p>The two licensed nurses who did not perform proper hand hygiene in between glove use were both provided with re-education and corrective action.</p> <p>2. All residents have the potential to be affected by this practice.</p> <p>Hand hygiene observations were completed for the two licensed nurses and housekeeper.</p> <p>Proper personal protective equipment (PPE) donning and doffing observation was completed for registered nurse.</p> <p>3. Re-education was provided to all employees regarding proper donning and</p>		

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F 880	<p>Continued From page 3</p> <p>included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times."</p> <p>1. On Executive Order 26, 4.b., the Director of Nursing (DON) informed the surveyors that two staff had Executive Order 26, 4.b., one Recreation Aide, and one Certified Nursing Aide (CNA). The DON stated that the positive CNA was from unit ██████████.</p> <p>At 10:37 AM, the DON and the surveyor toured the unit ██████████. The DON informed the surveyor that unit ██████████ was a ██████████ unit, which meant no Executive Order 26, 4.b. residents resided on that unit.</p> <p>At that same time, the DON and the surveyor observed the Registered Nurse (RN) in the nursing station of ██████████ with full PPE, i.e., gown, face shield, KN95 mask, gloves. The RN had no answer why she was wearing PPE in the nursing station.</p> <p>At 10:43 AM, the Registered Nurse/Unit Manager (RN/UM) of unit ██████████ stated that the RN should not wear the PPE in the nursing station.</p> <p>At 11:12 AM, the DON and the surveyor toured the unit ██████████. The DON informed the surveyor that</p>	F 880	<p>doffing of personal protective equipment.</p> <p>Re-education was provided to all employees regarding proper hand hygiene, including in between glove use.</p> <p>4. The Director of Nursing/designee will perform 10 PPE audits per month ensuring that proper donning and doffing is followed. The results will be reported to the Administrator and the Quarterly Quality Assurance/Performance Improvement Committee.</p> <p>The Director of Nursing/designee will perform 10 hand hygiene audits of Nursing staff to ensure that proper procedures, particularly after glove use, are followed. The results will be reported to the Administrator and the Quarterly Quality Assurance/Performance Improvement Committee.</p> <p>The Director of Environmental Services/designee will perform ten (10) hand hygiene audits per month of Housekeeping staff to ensure that proper procedures are followed. The results will be reported to the Administrator and the Quarterly Quality Assurance/Performance Improvement Committee.</p>	

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F 880	<p>Continued From page 4</p> <p>unit [REDACTED] was a Executive Order 26, 4.b. [REDACTED] unit. The DON stated that staff was mandated to wear a full PPE that includes a gown, N95 mask, face shield, and gloves when inside resident rooms of [REDACTED] unit.</p> <p>At 11:18 AM, the surveyor observed the Housekeeper (HK) wearing a surgical mask only, but no N95 mask. The HK was prepared to enter the PUI room. At that same time, the HK was prevented from entering the room by the DON and left the unit. During a follow-up interview, the HK stated that she was not able to tolerate an N95 mask.</p> <p>At 12:28 PM, the Director of Infection Prevention & Control (DIPC) informed the surveyors that the RN should not wear PPE in the hallways and the nursing station. She further stated that the HK and all other staff were mandated to use an N95 mask in a PUI room.</p> <p>2. On 1/12/2021 at 11:18 AM, the surveyor, observed that the HK did not perform hand hygiene between gloves in front of a PUI room.</p> <p>At 11:24 AM, the surveyor observed the HK performed handwashing. The HK touched the faucet with bare hands to rinse after scrubbing hands with soap. The HK did not respond to why she uses her soaped hands to get water to rinse her hands.</p> <p>At 12:28 PM, the surveyors informed the DIPC of the above concerns. The DIPC stated that staff must perform hand hygiene before and after gloves use. She further noted that handwashing should be at least 20 seconds according to facility policy and CDC guidelines. She also stated that</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>when the HK touched the faucet with bare hands, it already contaminates her hands, and she should have rewashed her hands.</p> <p>At 1:55 PM, the surveyors informed the LNHA and the DON of the above concerns.</p> <p>A review of the facility's Hand Hygiene Policy provided by the DON with a revised date of 2/19 included, "Hand Washing must be performed before donning sterile gloves ...after removing gloves. Hand Hygiene technique: soap and water, wet hands with water before applying soap, rub hands together vigorously for twenty seconds, make sure you cover all surfaces of hands and fingers. Rinse hands with water and dry thoroughly with a paper towel. Use a dry paper towel to turn the faucet off."</p> <p>At 2:06 PM, the surveyors met with the LNHA and the DON, and there was no additional information provided by the facility.</p> <p>3. On 1/12/21 at 11:20 AM, the surveyor, observed a Licensed Practical Nurse (LPN) and Registered Nurse (RN) performed staff COVID-19 testing. Both the LPN and RN did not perform hand hygiene in between gloves use.</p> <p>On 1/12/21 at 12:30 AM, the surveyor interviewed both the LPN and the RN, who both stated that they failed to perform hand hygiene between gloves. They said that whenever gloves are put on or taken off, they need to perform hand hygiene.</p> <p>A review of the facility's policy titled Hand Hygiene indicated the following under Hand</p>	F 880			

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F 880	Continued From page 6 Washing/Hand Antisepsis must be performed: "After removing gloves." And under Hand Hygiene Technique: Under number 2. "Soap and water; wet hands with water before applying soap, rub hands together vigorously for twenty (20) seconds, make sure you cover all surfaces of hands and fingers. Rinse hands with water and dry thoroughly with a paper towel." NJAC 8:39-19.4 (a) (1) (n) NJAC 8:39-19.4 (a) (1) (2)	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315017	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/14/2021	Y3
NAME OF FACILITY BERGEN NEW BRIDGE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 E RIDGEWOOD AVE PARAMUS, NJ 07652		

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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 _____	01/27/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
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LSC _____		LSC _____		LSC _____	
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Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
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Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/12/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

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