STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315442	A. BUILDING _____ B. WING _____	12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITAS HOSPITAL	**655 EAST JERSEY STREET ELIZABETH, NJ 07206**

(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 Survey Sample: 8 Census: 76 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 to prepare for COVID-19.	F 000		
F 885 SS=D	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must— (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly	F 885		1/12/23

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

Electronically Signed | 01/10/2023

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 885	Continued From page 1 or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This REQUIREMENT is not met as evidenced by: C #: Covid-19 Infection Control Based on record review and staff interviews, and review of pertinent facility documents on 12/12/22 and 12/13/22, it was determined that the facility failed to ensure resident representatives were notified by 5 PM the next calendar day following the occurrence of a NJ Exec Order 26.4b1 [redacted] This deficient practice was identified for 3 of 3 sampled residents (Resident #1, #7 and #8) reviewed for notifications and was evidenced by the following: The surveyor reviewed the NJ Exec Order 26.4b1 list and revealed that a staff member, the US FOIA (b)(6) [redacted] tested [redacted] for NJ Exec Order 26.4b1 on [redacted]. A review of the NJ Exec Order 26.4b1 laboratory result for the [redacted] indicated that the NJ Exec Order 26.4b1 was [redacted] on [redacted] with a [redacted] result. It was revealed that the result was verified and reported to the facility on [redacted] On 12/13/22 at 8:30 AM, the US FOIA (b)(6) [redacted], provided the surveyor copies of the representative or family notification documentations for the sampled residents. The [redacted] stated that resident's families were notified via phone by the US FOIA (b)(6) [redacted]) and these	F 885	1. For the residents found to have been potentially affected by the deficient practice: Families of Residents #1, #7 and #8 were contacted on [redacted] by the Administrator and were informed that they will be notified by 5pm the next calendar day following the occurrence of either a [redacted] of [redacted] or three or more residents or staff with new onset of [redacted] symptoms occurring within 72 hours of each other. Weekly updates from the Administrator will follow. The nursing staff and the interdisciplinary team were in-serviced on timely notification of residents, families and staff according to regulatory requirements and facility protocol by 1/10/2023 by the DON/ADON. 2. How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected by the alleged deficient practice.	

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F 885	Continued From page 2 communications were documented into the resident's Progress Notes (PN). The surveyor reviewed the phone communication documentations with the [US FOIA (b)(6)] and it was revealed that Resident #1, #7, and #8's families were notified on [NJ Exec Order 26.4b] instead of [NJ Exec Order 26.4b1] by 5PM following the facility's first confirmed NJ Exec Order 26.4b1 The [US FOIA (b)(6)] could not explain why the resident's families or representatives were not notified timely. On 12/13/22 at 10:06 AM, the surveyor interviewed the US FOIA (b)(6) who stated that the [US FOIA] were responsible for notifying resident's representatives or families when an [NJ Exec Order 26.4b1] of [NJ Exec Order 26.4b1] have been identified. She explained that new NJ Exec Order 26.4b1 in the facility are discussed during morning meetings and resident's families are notified via phone call weekly. In addition, nurses would notify families of residents immediately after a NJ Exec Order 26.4b1 test. Furthermore, the [US FOIA (b)(6)] indicated that she was unsure if resident's representatives were notified the next day by 5PM following the first confirmed NJ Exec Order 26.4b1 . However, she agreed that the timely requirements for family notifications and their facility's policy for notification were not followed and could not explain why they were not followed. Review of the facility's policy titled "Infection Prevention and Control Manual" under "Notifications and Communication" indicated that 2. Contact and inform resident, their representatives, and families of those in facilities by 5 PM, the next calendar day following occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff	F 885	Notice was posted on 12/13/22 at the entrance of every unit notifying families and staff of the number of covid19 cases in the facility listing mitigating actions to prevent or reduce the risk of transmission. All staff will be educated on notification of residents, families and staff according to regulatory requirements and facility protocol by 1/10/23. 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur: a. Facility Policy and procedure for infection control was reviewed on 12/13/2022 by the Administrator and the Director of Nursing and was found to be in compliance with regulations. b. Registered with "[NJ Exec Order 26.4b1]" on 12/19/2022 to deliver mass notification to families and staff. c. Written communication of positive covid19 cases will be provided to all patients. d. Family and staff emails and cell phone numbers were obtained and uploaded into the "[NJ Exec Order 26.4b1]" system on 12/23/22. e. Administrator / Designee will devise the letter to be uploaded by the Social Worker and sent to residents, families and staff by 5pm whenever there is a single confirmed infection of Covid19 , or three or more residents or staff with new onset of respiratory symptoms occurring within	

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F 885	Continued From page 3 with new onset of respiratory symptoms occurring within 72 hours of each other. NJAC: 8:39-13.1 (c)	F 885	72 hours of each other. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur: The facility administrator/designee will audit all notifications to family, residents and staff to ensure that they were notified in a timely manner according to facility and regulatory requirement. The results of the audits will be quantified and forwarded to the QAPI committee for review and recommendations for duration of the auditing. The administrator/Designee will be responsible for the auditing.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315442 Y1	A. Building B. Wing Y2	1/12/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITAS HOSPITAL	655 EAST JERSEY STREET ELIZABETH, NJ 07206

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 F0885	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(g)(3)(i)-(iii)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/12/2023	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
12/13/2022	☐ YES ☐ NO