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M 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00164090 Census: 82 Sample Size: 3 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	M 000		
M 415	8:43F-6.3(b) General Services The facility shall develop written job descriptions and ensure that personnel are assigned duties based upon their education, training, and competencies, and in accordance with their job descriptions. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00164090 Based on interview and record review on 5/16/2023 and 5/17/2023 it was determined that the facility failed to ensure the Certified Nursing Assistants (CNAs) were assigned duties based upon their education, training, and competencies	M 415		

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M 415	Continued From page 1	M 415		

in accordance with their job descriptions for 2 of 2 CNAs, CNA #1 and CNA #2. This deficient practice was evidenced by:

On 05/16/2023 at 10:55 a.m., the surveyor interviewed CNA #1 who stated she performed EX. Order 26.(4) B1 checks at the facility.

On 05/17/2023 at 11:03 a.m., the surveyor interviewed both the Licensed Practical Nurse (LPN) and Registered Nurse (RN), who both stated CNA #2 performed all EX. Order 26.(4) B1 checks without supervision in the "Examination Room". The RN explained it was her first day, and she was told the CNAs performed the EX. Order 26.(4) B1 checks at the facility.

On 05/17/2023 at 11:10 a.m., the surveyor interviewed CNA #2, who stated she performed EX. Order 26.(4) B1 checks at the facility.

On 05/17/2023 at 12:31 p.m., CNA #2 confirmed she performed all EX. Order 26.(4) B1 checks in the morning, and if clients required any additional EX. Order 26.(4) B1 checks, the nurse would do it.

On 05/17/2023 at 3:21 p.m., the Administrator (ADM) stated there was no documentation on training given to the CNAs for EX. Order 26.(4) B1 monitoring or cleaning and disinfecting the EX. Order 26.(4) B1

The surveyor reviewed the "Nurse In-services" binder, but did not see any documented in-service or training that was given to CNA #1 or CNA #2 for cleaning and disinfecting EX. Order 26.(4) B1 or performing EX. Order 26.(4) B1 checks.

On 05/17/2023 at 4:56 p.m., the surveyor discussed the need for a removal plan with the

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M 415	Continued From page 2 ADM for the CNAs practicing outside of their scope without documented training. On 04/13/2023 at 5:44 p.m., the ADM submitted a removal plan which stated, "as of May 18, 2023, the RN, LPN, or Agency Nurse will perform all EX. Order 26.(4) B1] checks". The facility did not ensure CNA #1 and CNA #2 received proper training prior to performing duties outside their scope of practice.	M 415		
M 425	8:43F-7.1(a) Nursing Services A registered professional nurse shall be designated in writing as the director of nursing services and shall be on duty at all times when participants are present in the facility. A registered professional nurse shall be designated in writing to act in the director's absence. This REQUIREMENT is not met as evidenced by: NJ00164090 Based on interview and record review on 5/16/23 and 5/17/23 it was determined that the facility failed to employ a full time Registered Nurse (RN) to perform the duties of Director of Nursing (DON) during Participant attendance and or designate a RN to perform the duties in the DON's absence. This deficient practice was evidenced by the following: On 5/16/23 at 12:44 p.m., the surveyor	M 425		

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interviewed the Administrator (ADM) who explained the facility DON called out today and there was no Registered Nurse (RN) on duty.

On 5/16/23 at 4:20 p.m., the ADM explained the facility hired a part-time RN on [redacted] and the prior DON on [redacted] resigned without notice. The ADM stated the part-time RN worked full-time at the facility after the DON left up to [redacted] Additionally, the ADM explained the part-time RN was to transition to the full-time position of DON but was undecided.

On 5/16/23 at 5:45 p.m., the ADM explained the facility did not have RN coverage or a DON on duty [redacted] and [redacted]. The ADM stated the facility acquired a contract with a Staffing Agency on [redacted] for RN coverage and provided the surveyor with a copy.

On 5/17/23 at 11:02 a.m., the surveyor interviewed the RN on duty who explained she worked at the facility per diem (on an as needed basis) and today [redacted] was the first day.

On 5/17/23 at 11:24 a.m., the ADM explained the facility did not have a DON and a per diem RN was currently on duty.

On 5/17/23 at 12:00 p.m., the surveyor reviewed the "Time Sheet" of the part-time RN and identified the part-time RN worked at the facility on [redacted] to [redacted] There was no time in, or time out documented for [redacted] or [redacted]

On 5/17/23 at 12:27 p.m., the ADM stated another RN covered on [redacted] 3 and the facility would be covered by an agency RN on [redacted] through [redacted] but was unable to provide documentation for RN coverage.

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M 425	Continued From page 4 On 5/17/23 at 1:30 p.m., the surveyor reviewed the facility policy and procedure titled, "Staffing Policies" and listed under "Procedure:..3... DON or Designated RN-one RN [shall be] onsite at all times while participants are present...." The facility failed to have a RN scheduled to work for four days [redacted] through [redacted] and failed to employ a full-time RN to perform the duties of the DON.	M 425		
M 765	8:43F-16.1(b)(1-4) Infection Control, Santation, Housekeeping (b) The administrator shall designate a person who shall be responsible for the direction, provision, and quality of infection prevention and control services. The designated person shall: 1. Have education, training and completed course work or experience in infection control or epidemiology; 2. Be responsible for developing and maintaining written objectives for infection prevention and control services; 3. Be responsible for developing a policy and procedure manual for infection prevention and control services; and 4. Be responsible for developing an organizational plan and a quality improvement program for infection prevention and control services.	M 765		

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This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00164090

Based on observation, interview, and record review on 5/16/2023 and 5/17/2023 it was determined that the facility failed to designate an Infection Preventionist to implement the facility's Infection Control Program by taking responsiblity for the direction, provision, and quality of infection prevention and control services. This deficient practice was evidenced by the following:

On 05/16/2023 at 10:53 a.m., the surveyor observed an Embrace Talk EX. Order 26.(4) B1 (single-patient use EX. Order 26.(4) B1itor) in the "examination room" where morning vital signs were obtained.

On 05/16/2023 at 10:54 a.m., the surveyor interviewed the Licensed Practical Nurse who stated there was no Registered Nurse (RN) or Director of Nursing (DON) on duty.

On 05/16/2023 at 10:55 a.m., the surveyor interviewed Certified Nursing Assistant (CNA) #1, who explained the procedure for checking a EX. Order 26 EX. Order 26 and disposing EX. Order 26.(4) B1 but did not mention cleaning and disinfecting the EX. Order 26.(4) B1r in between patient use. CNA #1 stated she cleaned the EX. Order 26.(4) B1 in the morning and in the afternoon when she finished checking al EX. Order 26 EX. C Order levels. CNA #1 stated she cleans the EX. Order 26.(4) B1 with EX. Order 26.(4) B1

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Alcohol wipes. Per the cleaning agent's instructions for use, the "Sani Professional EX. Order 26.(4) B1 Alcohol" wipes are, "...used as an adjunct to handwashing", and is not intended for cleaning and disinfecting medical equipment.

On 05/16/2023 at 11:23 a.m., the Administrator (ADM) stated she did not have a Director of Nursing (DON), a full-time Registered Nurse (RN), or a designated person to oversee the Infection Control program. In addition, the ADM stated she has a RN who is part-time and another RN who is Per Diem.

The surveyor reviewed the facility's "Infection Control Program", which showed, "the Director of Nursing is the Infection Control monitor." Another facility document titled, "Role of the Infection Control Coordinator", read, "the Administrator has designated the Director of Nursing to establish and conduct the Infection Control Program for [the facility] as the Infection Control Coordinator".

On 05/17/2023 at 10:56 a.m., the surveyor observed one EX. Order 26.(4) B1 (multi-patient use) in the "examination room" along with the box. The instructions for use for the EX. Order 26.(4) B1 stated the EX. Order 26 should be cleaned and disinfected with EX. Order 26.(4) B1 wipes.

On 05/17/2023 at 11:10 a.m., the surveyor interviewed CNA #2, who stated she usually cleaned and disinfected the EX. Order 26.(4) B1 in between client use with EX. Order 26.(4) B1 wipes, but the facility did not have anymore, so she cleaned the monitor with EX. Order 26.(4) B1 Wipes on the day of survey. CNA #2 stated she was given one EX. Order EX. Order 26.(4) B1.

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M 765	Continued From page 7 On 05/17/2023 at 3:21 p.m., the ADM stated there was no documentation on training given to CNAs for EX. Order 26.(4) B1 monitoring or cleaning and disinfecting the EX. Order 26.(4) B1. The surveyor reviewed the nurse in-services binder, but did not see any documented in-services or training that was given to CNA #1 or CNA #2 for cleaning and disinfecting EX. Order 26.(4) B1 or performing EX. Order 26.(4) B1 checks.	M 765		
M 775	8:43F-16.2(e)(1-3) Infection Control, Santation, Housekeeping (e) Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later; 2. If the Mantoux test is significant (10 millimeters or more of induration), a chest x-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy; and	M 775		

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3. Any employee with positive results shall be referred to the employee's personal physician and if active tuberculosis is suspected or diagnosed shall be excluded from work until the physician provides written approval to return.

This REQUIREMENT is not met as evidenced by:
NJ00164090

Based on interview and record review it was determined that the facility failed to ensure and provide documentation that new employees received two-step Mantoux tuberculin skin test (determines if a person is infected with tuberculosis) for 2 out of 2 employees reviewed, Licensed Practical Nurse (LPN) and Registered Nurse (RN). This deficient practice was evidenced by the following:

On 5/17/23 at 12:00 p.m., during employee health record review the surveyor identified there were no health records to show a Mantoux tuberculin skin test or documentation of exemption for the following new employees:

1. The LPN was hired on [redacted] with no health record to show a Mantoux tuberculin skin test was performed.

2. The RN was hired on [redacted] with no health record to show a Mantoux tuberculin skin test was performed.

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M 775	Continued From page 9 On 5/17/23 at 12:27 p.m., the surveyor interviewed the Administrator who explained the LPN and RN just started working at the facility and she did not have a health record to show either employee received the Mantoux tuberculin skin test. The facility was unable to provide documentation to show records for both the LPN and RN for Mantoux skin testing who were new employees at the facility. Reference: M-0797, 8:43F-16.3(a)	M 775		
M 783	8:43F-16.2(i)(1-8)(i-iv) Infection Control, Santation, Housekeeping (i)Written infection control policies and procedures shall include, but not be limited to, policies and procedures for the following: 1. In accordance with N.J.A.C. 8:57 a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all participants or personnel having these infections, diseases, or conditions; 2. Infection control in accordance with 29 CFR--1910.1030 Bloodborne pathogens as amended and supplemented, incorporated herein by reference; 3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;	M 783		

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M 783	Continued From page 10 4. Surveillance techniques to minimize sources and transmission of infection; 5. Techniques to be used during each participant contact, including handwashing before and after caring for a participant; 6. Protocols for identification of participants with communicable diseases and education of participants regarding prevention and spread of communicable diseases; 7. The prevention of decubitus ulcers; and 8. Where applicable, cleaning, sterilization and disinfection practices and techniques used in the facility, including but not limited to, the following: i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; ii. Selection, storage, use, and disposition of disposable and nondisposable participant care items. Disposable items shall not be reused; iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and iv. Care of urinary catheters, intravenous	M 783		

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catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms.

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00164090

Based on observation, interview, and record review on 5/16/2023 and 5/17/2023 it was determined that the facility failed to develop and implement infection prevention and control policies and procedures, including cleaning and disinfecting EX. Order 26.(4) B1 monitors) which provided a portal of entry for blood-borne pathogens for 40 participants that received EX. Order 26.(4) B1 at the facility. This deficient practice was evidenced by the following:

On 05/16/2023 at 10:53 a.m., the surveyor observed an EX. Order 26.(4) B1 (single-patient use EX. Order 26.(4) B1) in the "examination room" on the exam bed.

On 05/16/2023 at 10:55 a.m., the surveyor interviewed Certified Nursing Assistant (CNA) #1, who explained the procedure for checking a EX. Order 26 EX. Order 26 and disposing EX. Order 26.(4) B1 but did not mention cleaning and disinfecting the EX. Order 26.(4) B1

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in between patient use. CNA #1 stated she cleaned the EX. Order 26.(4) B1 in the morning and in the afternoon when she was finished checking all EX. Order 26.(4) B1 levels. CNA #1 stated she cleaned the EX. Order 26.(4) B1 with EX. Order 26.(4) B1 EX. Order 26.(4) B1 Alcohol wipes. Per the cleaning agent's instructions for use, the EX. Order 2 Alcohol" wipes are, "...used as an adjunct to handwashing", and is not intended for cleaning and disinfecting medical equipment. CNA #1 did not have the EX. Order 26.(4) B1 packaging.

On 05/16/2023 at 1:56 p.m., during an interview with the Administrator (ADM), she stated the packaging for the EX. Order 26.(4) B1 was somewhere in the facility.

On 05/16/2023 at 2:01 p.m. the ADM gave the glucometer box to the surveyor and the box did not state the an EX. Order 26.(4) B1 was intended for multiple-patient use.

On 05/16/2023 at 3:10 p.m., the surveyor requested a removal plan from the ADM.

On 05/16/2023 at 5:29 p.m., the ADM submitted a removal plan which stated she would buy three new multi-patient use EX. Order ometers, in-service staff on the correct procedure for cleaning and disinfecting the EX. Order 26.(4) B1 in between client use, and in-service staff on which products are acceptable for cleaning and disinfecting the EX. Order 26.(4) B1

On 05/17/2023 at 10:50 a.m., the ADM stated she purchased the EX. Order 26.(4) B1

On 05/17/2023 at 10:56 a.m., the surveyor observed one EX. Order 26.(4) B1 in the

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MORRIS ADULT DAY CARE	784 ROUTE 46 PARSIPPANY, NJ 07054

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M 783	Continued From page 13 "Examination Room". On 05/17/2023 at 11:03 a.m., the surveyor interviewed the Registered Nurse (RN) on duty, who stated CNA #2 used one EX. Order 26.(4) B1 EX. Order 26.(4) B1 r for the morning EX. Order 26.(4) B1 checks. On 05/17/2023 at 11:10 a.m., the surveyor interviewed CNA #2, who stated she usually cleaned and disinfected the EX. Order 26.(4) B1 with EX. Order 26.(4) B1 wipes, but the facility did not have anymore, so she cleaned the monitor with EX. Order 26.(EX. Order 26.(4) B1 Wipes. CNA #2 stated she only had one EX. Order 26.(4) B1 . On 05/17/2023 at 11:18 a.m., the surveyor observed a EX. Order 26.(4) B1 box on the ADM's desk. On 05/17/2023 at 12:36 p.m., the ADM showed the surveyor the EX. Order 26.(4) B1 EX. Or Order 26.(4) B1 that were purchased, and all were multi-patient use. The surveyor reviewed the nurse in-services binder, but did not see any documented in-service or training that was given to CNA #1 or CNA #2 for cleaning and disinfecting EX. Order 26.(4) B1 The facility did not have infection prevention and control policies and procedures in place to prevent cross contamination and infection for all clients who required EX. Order 26.(4) B1 checks while at the center.	M 783		
M 797	8:43F-16.3(a) Infection Control, Santation, Housekeeping	M 797		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14007	A. BUILDING: _____ B. WING _____	C 05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRIS ADULT DAY CARE	784 ROUTE 46 PARSIPPANY, NJ 07054

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M 797	Continued From page 14 The facility shall require all new employees to complete a health history and to receive an examination performed by a physician, advanced practice nurse, or physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment upon employment, the physician, advanced practice nurse or physician assistant examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the content and frequency of physical examinations for employees, and shall develop policies which specify the circumstances under which other persons providing direct participant care services shall receive a physical examination. This REQUIREMENT is not met as evidenced by: NJ00164090 Based on interview and employee file review it was determined that the facility failed to maintain employee files to include history and physical (H&P) examination records for 2 out of 2 employees, Licensed Practical Nurse (LPN) and Registered Nurse (RN). This deficient practice was evidenced by the following: On 5/17/23 at 11:45 a.m., the surveyor requested the facility employee health files from the Administrator (ADM). On 5/17/23 at 12:00 p.m., the surveyor identified the following employees' files did not contain	M 797		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14007	A. BUILDING: _____ B. WING _____	C 05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRIS ADULT DAY CARE	784 ROUTE 46 PARSIPPANY, NJ 07054

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M 797	Continued From page 15 records of a H&P: 1. The LPN was hired on [redacted] with no documentation or record of a H&P in the employee files. 2. The RN was hired on [redacted] with no documentation or record of a H&P in the employee files. On 5/17/23 at 12:27 p.m., the surveyor interviewed the ADM who explained the LPN and RN both just started working at the facility and she did not have a health record to show H&P's for either employee. On 5/17/23 at 12:45 p.m., the surveyor reviewed the facility policy and procedure titled "Staffing Policies" and listed under number "...7[.] Employee health records are maintained for each employee. Employee health records are confidential and kept separate from personnel records and include documentation of all medical screening tests performed and results. All health records are maintained in accordance with state,...requirements...." The facility was unable to provide documentation for H&P's for the aforementioned employees.	M 797		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14007	A. BUILDING: _____ B. WING _____	R-C 07/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRIS ADULT DAY CARE	784 ROUTE 46 PARSIPPANY, NJ 07054

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M 000	Initial Comments Type of Survey: Monitoring Census: 63 Sample Size: 0 On 7/5/23 a monitoring survey was conducted to ensure compliance with ordered Curtailment of Admissions and Directed Plan of Correction. The facility was in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services.	M 000		

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

784 US-46 West, Parsippany, NJ 07054
O: (973) 794-4455 • **F:** (973) 794-4373 • **E:** morrisadc@gmail.com

6/30/23

RE: Morris Adult Day Care

784 US-46

Parsippany, NJ 07054

Plan of Corrections

Survey: Complaint #NJ00164090

Provider #: 14007

Dear Ms. Johnson

Attached is the plan of corrections to the cited deficiency from the above- mentioned complaint survey.

All finds that were listed have been taken into consideration.

If you have any questions on the plan of correction or need additional information, please feel free to

Contact me at (973) 794-4455.

Sincerely,

Uma Kalu, LNHA, CSW, CDP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14007	A. BUILDING: _____ B. WING _____	C 05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00164090 Census: 82 Sample Size: 3 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	M 000		
M 415	8:43F-6.3(b) General Services The facility shall develop written job descriptions and ensure that personnel are assigned duties based upon their education, training, and competencies, and in accordance with their job descriptions. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00164090 Based on interview and record review on 5/16/2023 and 5/17/2023 it was determined that the facility failed to ensure the Certified Nursing Assistants (CNAs) were assigned duties based upon their education, training, and competencies	M 415		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: UMA KALU, LNHA — TITLE: Administrator — (X6) DATE: 6/30/2023

Plan of Correction

Provider: Morris Adult Day Care
784 US-46, Parsippany, NJ 07054

ID Prefix Tag #	How the corrective action is accomplished for those participants found to have been affected by the practice?	How the facility shall identify other participants having the potential to be affected by the same practice?	What measures shall be put into place or systemic changes to ensure that the practice shall not recur?	How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?	Completion Date:
M415	**Corrective Action:** Administrator/ DON shall review and revise the CNA job description to ensure that CNAs are assigned duties based upon their education, training, and competencies. New Administrator was hired on [redacted] New Director of Nursing was hired on [redacted] CNA 1 and CNA 2 were educated on their scope of practice. CNA 1 and CNA 2 were educated not to perform [redacted] monitoring as of May 18, 2023. CNA 1 and CNA 2 no longer work at facility.	**Identification:** All participants receiving [redacted] monitoring have the potential to be affected by this practice.	**Systemic Changes:** Per removal plan submitted to DOH on May 17, 2023, that "as of May 18, 2023, the DON, RN, LPN or agency Nurse will perform al[redacted] checks."	**Quality Assurance:** Administrator / DON shall review the CNA's job description annually. Administrator shall document all in-service training and forms shall be kept in the Administrator's office. Administrator shall report changes of the CNA's job descriptions to the QAPI Committee. Administrator shall review new hire employee records upon hire and annually. Administrator shall report findings to the QAPI committee quarterly. Based on quarterly audits results, ongoing audits shall be continued on a monthly, quarterly or semi-annual basis.	**5/18/2023 and on going** **6 /30/2023 and on going**

ID Prefix Tag #	How the corrective action is accomplished for those participants found to have been affected by the practice?	How the facility shall identify other participants having the potential to be affected by the same practice?	What measures shall be put into place or systemic changes to ensure that the practice shall not recur?	How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?	Completion Date:
M425	**Corrective Action:** New Director of Nursing was hired on [redacted]. A registered nurse shall be an alternate designee per job description and policy.	**Identification:** All participants have the potential to be affected by this practice.	**Systemic Changes:** Director of Nursing was hired on [redacted] Administrator and DON reviewed the policy on alternate DON in the event of DON's absence. Administrator is working with several staffing agencies to enhance staffing.	**Quality Assurance:** Administrator shall report changes of the policy for alternate DON to the QAPI Committee annually. Administrator shall review and update information with staffing agencies quarterly to QAPI Committee. Based on quarterly audit results, ongoing audits shall be continued on a monthly, quarterly or semi-annual basis.	**6/30/2023and on going**

ID Prefix Tag #	How the corrective action is accomplished for those participants found to have been affected by the practice?	How the facility shall identify other participants having the potential to be affected by the same practice?	What measures shall be put into place or systemic changes to ensure that the practice shall not recur?	How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?	Completion Date:
M765	**Corrective Action:** New Director of Nursing was hired on [redacted] DON job description reviewed and revised to reflect the DON is also the Infection Control Officer. Facility purchased three new multi-person use [redacted] CNA 1 and CNA 2 were educated on their scope of practice. CNA 1 and CNA 2 were educated not to perform [redacted] monitoring as of May 18, 2023. CNA 1 and CNA 2 no longer work for the facility. LPN no longer working at facility. All nursing staff were in-serviced on new policy and procedure on [redacted] disinfecting after each client use with proper chemical approved by CDC. Nursing staff are educated and competencied on proper technique of performing proper [redacted]	**Identification:** All participants receiving [redacted] monitoring have the potential to be affected by this practice.	**Systemic Changes:** Per removal plan submitted to DOH on May 17, 2023, that "as of May 18, 2023, the DON, RN, LPN or agency Nurse will perform all [redacted] checks." New Director of Nursing was hired on [redacted] Administrator reviewed and revised the DON job description to reflect that DON is also the Infection Control Officer. DON was in-serviced on new Job description and responsibilities. Infection control in -services and competencies were completed with all staff including handwashing, use of alcohol base hand rub, blood borne pathogens and standard precautions. New policy for [redacted] cleaning created. Infection control in-services and competencies for nursing department were completed including infection control measures while performing [redacted] monitoring on new multi-patient [redacted] All new nursing hires shall be educated and competencied on use performing correct [redacted] value and proper glucometer cleaning.	**Quality Assurance:** Administrator shall report changes of the job descriptions to the QAPI Committee. DON shall conduct infection control audits including but not limited to, only licensed nursing staff are performing [redacted] monitoring. DON shall report all audit findings to the QAPI Committee. Based on quarterly audits results, ongoing audits shall be continued on a monthly, quarterly, or semi-annual basis.	**6/30/2023 and on going**

ID Prefix Tag #	How the corrective action is accomplished for those participants found to have been affected by the practice?	How the facility shall identify other participants having the potential to be affected by the same practice?	What measures shall be put into place or systemic changes to ensure that the practice shall not recur?	How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?	Completion Date:
M775	**Corrective Action:** LPN and RN at time of survey are no longer working at the facility. New Administrator was hired on [redacted] New Director of Nursing was hired on [redacted] and was designated the Infection Control Officer. QAPI audit was completed on all personnel files. Administrator and DON in-serviced on PPD, TB, employee screening policy and procedure.	**Identification:** The facility shall implement a QAPI program to ensure personnel files are audited quarterly for completion for 2 -step Mantoux. All participants have the potential to be affected by this practice.	**Systemic Changes:** New Administrator was hired on [redacted] New Director of Nursing was hired on [redacted] and was designated the Infection Control Officer. Administrator and DON in-serviced on PPD, TB, and employee screening policy and procedure.	**Quality Assurance:** On a quarterly basis the Administrator / DON shall audit personnel files for 2 step Mantoux skin test as required. Audit shall include 100% of personnel files. Findings shall be presented to the QAPI Committee. Based on quarterly audit results, ongoing audits shall be continued on a monthly, quarterly, or semi- annual basis.	**6/30/23 and on going**

ID Prefix Tag #	How the corrective action is accomplished for those participants found to have been affected by the practice?	How the facility shall identify other participants having the potential to be affected by the same practice?	What measures shall be put into place or systemic changes to ensure that the practice shall not recur?	How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?	Completion Date:
M783	**Corrective Action:** New Director of Nursing was hired on [redacted] New Administrator was hired on [redacted]. DON job description reviewed and revised to reflect the DON was also the Infection Control Officer. Facility purchased three new multi-person glucometers. CNA 1 and CNA 2 were educated on their scope of practice. CNA 1 and CNA 2 were educated not to perform [redacted] monitoring as of May 18, 2023. CNA 1 and CNA 2 no longer work for the facility. LPN no longer working at facility. All licensed nursing staff were in-serviced on new policy and procedure on [redacted] disinfecting after each client use with proper chemical approved by CDC. Licensed Nursing staff were educated and competencied on proper technique of performing proper [redacted] testing.	**Identification:** All participants have the potential to be affected by this practice.	**Systemic Changes:** DON shall in-service licensed nursing staff on the correct procedure for cleaning the multi-person [redacted] and will instruct on which products are acceptable for cleaning the [redacted]. Licensed nursing staff will also be instructed that [redacted] are to be cleaned and disinfected after each participant use. Facility purchased three new multi-person glucometers. New Director of Nursing was hired on [redacted], and was also designated the Infection Control Officer. Infection control in -services and competencies were completed with all staff including handwashing, use of alcohol-based hand rub, blood borne pathogens and standard precautions. New policy for glucometer cleaning created. Infection control in-services and competencies for nursing department were completed including infection control measures while performing [redacted] monitoring on new multi-patient glucometers. All newly hired licensed nurses shall be educated and competencied on use performing correct [redacted] value.	**Quality Assurance:** Administrator shall report audit results of the nursing department's job descriptions to ensure compliance with scope of practice. Results shall be reported to the QAPI Committee. DON shall conduct infection control audits as needed and report findings to the QAPI Committee quarterly. Based on quarterly audits results, ongoing audits shall be continued on a monthly, quarterly, or semi-annual basis.	**6/30/2023 and on going**

ID Prefix Tag #	How the corrective action is accomplished for those participants found to have been affected by the practice?	How the facility shall identify other participants having the potential to be affected by the same practice?	What measures shall be put into place or systemic changes to ensure that the practice shall not recur?	How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?	Completion Date:
M797	**Corrective Action:** LPN and RN at time of survey are no longer working at the facility. New Administrator was hired on [redacted] New Director of Nursing was hired on [redacted]. QAPI audit was completed on all personnel files. Administrator and DON in-serviced on new hire personnel files.	**Identification:** All participants have the potential to be affected by this practice.	**Systemic Changes:** New Administrator was hired on [redacted]. New Director of Nursing was hired on [redacted] and was designated the Infection Control Officer. The facility shall implement a QAPI program to ensure personnel files are audited quarterly for completion.	**Quality Assurance:** On a quarterly basis the Administrator / DON shall audit personnel files for H & P as required. Audit shall include 100% of personnel files. Findings shall be presented to the QAPI Committee. Based on quarterly audit results, ongoing audits shall be continued on a monthly, quarterly, or semi-annual basis.	6/30/2023 and on going