

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

PRINTED: 10/14/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315507</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARNERT SUBACUTE REHABILITATION CENTER, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>680 BROADWAY SUITE 301 PATERSON, NJ 07514</b>		
(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  STANDARD SURVEY:3/10/2021  CENSUS: 41  SAMPLE: 12  The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, 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 procedures for the program, which must include,	F 880		5/14/21	

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

TITLE

(X6) DATE

Electronically Signed

03/30/2021

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</p> <p>but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other 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:</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain proper infection control practices identified during 1 of 1 [REDACTED] treatment observation for Resident #24.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/8/21 at 10:38 AM, the surveyor observed the Licensed Practical Nurse (LPN#1) perform a [REDACTED] treatment for Resident #24's [REDACTED]; LPN #2 assisted LPN #1 with the positioning of the resident during the treatment.</p> <p>The surveyor reviewed the [REDACTED] Physician Order Summary, which reflected a Physicians' order (PO) to cleanse the [REDACTED] pat dry, apply [REDACTED], [REDACTED] Dressing, and cover with a dry dressing daily. The PO was noted on the [REDACTED] Electronic Treatment Administration Record.</p> <p>The surveyor observed LPN #1 wash his hands, put on gloves, and disinfect the over-bed table with [REDACTED] Germicidal Disposable Wipes, which have a recommended 2 minute dwell time (the amount of time it takes for the product to disinfect the surface properly.) LPN #1 immediately covered the over-bed table with a plastic barrier without waiting the 2 minute dwell time. LPN #1 then disinfected scissors with a [REDACTED] Wipe, opened the treatment cart outside of the room, gathered all the supplies, and opened the supplies wearing the same contaminated gloves.</p> <p>The surveyor then observed LPN #1 remove the</p>	F 880	<p>1.LPN# 1 was re-educated by the Director of Nursing on 3/8/21 regarding dwell time for surface disinfectants, hand hygiene and infection control practices to be followed during treatments. LPN #1 successfully completed a return demonstration for this re-education for the Director of Nursing on 3/8/21.</p> <p>2. Residents requiring treatments have the potential to be affected by the concerns identified.</p> <p>3. The Director of Nursing provided re-education to licensed nurses on 3/8/21 regarding 1. dwell time required for surface disinfection. 2. Hand hygiene and infection control practices to be followed during treatments. As part of the facility's Directed Plan of Correction a Root Cause Analysis was required to be completed. The following root causes/contributory factors were identified with re-education conducted by the Director of Nursing, Infection Preventionist, Regional Educator and the Regional Nurse. Topline staff viewed Nursing Home Infection Preventionist Training Course Module 1 - Infection Prevention and Control Program (<a href="https://www.train.org/main/course/1081350/">https://www.train.org/main/course/1081350/</a>). Included in this training were the Director of Nursing, Nursing Supervisor, Infection Preventionist, Regional Educator and Regional Nurse. Frontline staff viewed CDC training videos on May 12 and May 13, 2021. These videos included: CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID 19</p>		

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F 880	<p>Continued From page 3</p> <p>previously contaminated gloves, wash his hands, put on a new set of gloves. LPN #1 removed the [REDACTED] Dressing from its sterile package and placed it directly onto the plastic barrier. LPN #1 also placed a plastic trash bag on top of the resident's bed to discard all contaminated supplies.</p> <p>The surveyor observed LPN #1 wash his hands, change to a clean set of gloves, remove the heel boot, remove the soiled dressing, tossed the contaminated dressing into the plastic garbage bag located on the resident's bed. LPN #1 then approached his treatment cart located in the hallway, still wearing the contaminated gloves, and obtained a paper measuring ruler.</p> <p>The surveyor observed LPN #1 continued to do the treatment; He washed his hands, changed to a clean set of gloves, measured the wound, cleansed the wound with [REDACTED] solution, applied the [REDACTED] Ointments. The surveyor stopped LPN#1 just before applying the [REDACTED] Dressing and asked LPN #1 to step outside of the room. The surveyor asked LPN #1 why he completely removed the [REDACTED] Dressing from its packaging and placed it directly on the barrier pad, contaminating the pad. LPN #1 replied that he should have left the [REDACTED] Dressing in its Sterile package.</p> <p>On 3/8/21 at 11:53 AM, the surveyor interviewed LPN #1 and discussed the breaks in Infection Control technique. LPN #1 acknowledged that he should have removed his gloves and sanitized his hands after cleaning the table and scissors before exiting the Resident's room and obtaining supplies from the treatment cart. He further</p>	F 880	<p>Out! (<a href="https://youtu.be/7srwrF9MGdw">https://youtu.be/7srwrF9MGdw</a>, CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands (<a href="https://youtu.be/xmYMUly7qiE">https://youtu.be/xmYMUly7qiE</a> and CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 (<a href="https://youtu.be/YYTATw9yav4">https://youtu.be/YYTATw9yav4</a>. LPN#1 acknowledged that he should have removed his gloves and sanitized his hands after cleaning the table and scissors. He further stated that he hadn't been aware that the [REDACTED] Wipes had a two minute dwell time. LPN#1 also recognized that he should not have completely removed the [REDACTED] dressing from it's sterile packaging and placed it on the barrier pad. LPN#1 explained that this was the first time he had been observed by a state surveyor during a treatment pass and that he was nervous. He was able to demonstrate appropriate infection control procedures during a review of treatment pass requirements.</p> <p>4. The Director of Nursing will conduct visual observation once weekly for the next 12 weeks to verify proper surface disinfection dwell times, hand hygiene and infection control practices are followed during treatments. Areas of concern will be addressed. Results of these audits will be reviewed at the Quality Assurance Performance Improvement meeting for the next two quarters with follow up provided as needed.</p>		

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F 880	<p>Continued From page 4</p> <p>stated that he hadn't been aware that the [REDACTED] Wipes had a 2 minute dwell time. LPN #1 also recognized that he should not have completely removed the [REDACTED] Dressing from its packaging and placed it onto the barrier pad but should have left the dressing in its original packaging.</p> <p>The surveyor reviewed the Admission Minimum Data Set (MDS), an assessment tool dated [REDACTED] with a Brief Interview for Mental Status score of [REDACTED], which reflected the resident had a [REDACTED].</p> <p>The surveyor reviewed the Admission/Readmission Screening Skin Evaluation, which indicated that Resident #24 was admitted from the hospital with a [REDACTED]</p> <p>The surveyor reviewed the [REDACTED] evaluation &amp; management summary dated [REDACTED], which reflected the [REDACTED].</p> <p>The surveyor reviewed the [REDACTED] evaluation &amp; management summary dated [REDACTED] which reflected the [REDACTED] measured [REDACTED] with [REDACTED]. The [REDACTED] was healing and was noticeably smaller in size.</p> <p>The surveyor reviewed the facility's "Handwashing/Hand Hygiene" policy dated as revised November 2020. The policy's statement reflected, "This facility considers hand hygiene the primary means to prevent the spread of infection." Further review reflected that "use of an alcohol-based hand rub containing at least 62% alcohol; or alternately, soap and water should be</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>used :</p> <ul style="list-style-type: none"> <li>a. before handling clean or soiled dressings</li> <li>b. after contact with a resident's intact skin</li> <li>c. after handling soiled dressings</li> <li>d. after removing gloves."</li> </ul> <p>On 3/8/21 at 1:39 PM, the survey team met with the LNHA and DON; The facility provided no further information.</p> <p>NJAC 8-39-19.4 (a)</p>	F 880			