

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

PRINTED: 01/12/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315515</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM AT NAVESINK HARBOR, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 RIVERSIDE AVENUE RED BANK, NJ 07701</b>
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F 000	INITIAL COMMENTS  Survey Date: 11/27/20  Census: 37  Sample: 4  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 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 882 SS=D	Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c)  §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:  §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;  §483.80(b)(2) Be qualified by education, training, experience or certification;  §483.80(b)(3) Work at least part-time at the facility; and  §483.80(b)(4) Have completed specialized training in infection prevention and control.  §483.80 (c) IP participation on quality assessment and assurance committee.	F 882		12/18/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  12/16/2020
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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 882	<p>Continued From page 1</p> <p>The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review it was determined that the facility failed to ensure the infection Preventionist actively performed responsibilities in accordance with her facility designated role. This deficient practice was identified during a COVID-19 survey and was evidenced by the following:</p> <p>On 11/27/20 at 8:40 AM the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) regarding the current number of COVID positive residents in the facility. The RN/UM stated there were currently four COVID positive residents in the facility and one of the residents who was COVID-19 positive expired yesterday.</p> <p>On 11/27/2020 at 9:05 AM, the surveyor conducted an entrance conference with the Administrator and the Director of Health Services (DHS). The Administrator stated the recent outbreak was related to four asymptomatic employees who had tested positive for COVID-19 on 11/17/20 and the employees were still quarantined. The surveyor inquired to the DHS regarding the facility having an infection Preventionist (IP) and if the IP had specialized training in infection control. The DHS stated there was a facility IP who had specialized training in infection control.</p> <p>The surveyor reviewed the LTC Resident Respiratory Surveillance List, the COVID 19 Tracking and the Staff Respiratory Surveillance</p>	F 882	<p>A-The Infection Preventionist (IP) job description was reviewed with the IP, focusing on areas of contact tracing, surveillance, tracking/reporting and attendance and reporting at QAPI meetings.</p> <p>B-All residents with potential for infection are at risk due to this practice.</p> <p>C-The DON/designee will meet with IP weekly for 3 months to ensure all aspects of job description are completed. The DON /designee will ensure IP attendance at all QAPI meetings. The DON/designee will perform audit weekly for 3 months to ensure all aspects of IP job description is complete.</p> <p>D-The results of the audits will be reported in the quarterly QAPI meeting for 6 months.</p>		

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F 882	<p>Continued From page 2</p> <p>List provided by the Administrator. The LTC Resident Respiratory Surveillance list, dated 11/27/20, for Outbreak #3, revealed four residents who tested positive for COVID-19 with an onset date of 11/17/20 and a date of collection of 11/16/20. The COVID 19 tracking, with a handwritten date of 11/27/20, revealed one housekeeping employee that worked on the long term care unit tested positive on 10/10 and had a notation of "minor symptoms". The Staff Respiratory Surveillance List for Outbreak #3, dated 11/27/20, revealed a laundry aide, marketing director, dietary aide and certified nurse aide tested positive for COVID-19 with a date of onset and date of collection of 11/20/20. (The information provided by the administrator upon entrance did not include the long term care housekeeping staff that tested positive for COVID-19 on 11/10/20 per the Staff Respiratory Surveillance List dated 11/27/20)</p> <p>On 11/27/2020, the surveyor interviewed the IP from 10:10 AM through 10:30 AM. The surveyor inquired as to the conflicting dates on the COVID-19 Tracking From and Staff Respiratory Surveillance List. At that time, the IP crossed out the 10/10/20 date for the housekeeper's positive test and changed it to 11/10/20 which she confirmed was the correct date. The surveyor inquired if the IP had specialized training in infection control and what her primary role at the facility was. She stated she had received specialized infection control training and she was the facility IP.</p> <p>The surveyor reviewed a certificate of completion for the Principles of Infection Prevention and Control completed by the IP, dated April 3 - April 7, 2017, from the Association for Professionals in Infection Control and Epidemiology (APIC). The</p>	F 882			

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F 882	<p>Continued From page 3</p> <p>surveyor further inquired as to the IP's specific duties related to the facility's infection surveillance process. The IP stated that she was not responsible for the facility's infection surveillance. The surveyor inquired to the IP what her job duties as the IP consisted of. The IP stated she was responsible for ordering and managing the facility personal protective equipment supplies and provided staff education.</p> <p>On 11/27/20 the surveyor interviewed the IP at 10:10 AM and 4:10 PM, and interviewed the DHS at 1:30 PM regarding the facility infection control process. During the interviews, both the DHS and IP stated the administrator controlled the infection control process.</p> <p>During a telephone interview with the Administrator on 12/01/20 at 9:18 AM. The administrator stated there was a virtual QAPI meeting held for June, July and August 2020. Information regarding attendees at the QAPI meeting was requested by the surveyor, however, it was not provided by the Administrator.</p> <p>The surveyor reviewed the First Quarter January-March 2020 QAPI meeting and the April 21, 2020 QAPI and the October 20, 2020 QAPI signature page provided by the Administrator on 11/30/20 at 4:05 PM. The documents revealed that the IP was not present at the meetings.</p> <p>The Infection Control COVID-19 Emergency Procedure effective 03/24/20 revealed the following:</p> <p>This facility has designated the Infection Preventionist as the COVID-19 Response Coordinator.</p>	F 882			

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F 882	<p>Continued From page 4</p> <p>The Infection Preventionist maintains communications with the Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of the COVID-19 outbreak.</p> <p>Executive Directive NO. 20-26, issued August 10, 2020 by the New Jersey Department of Health revealed the facility is required to have one or more individuals with training in infection prevention and control. The responsibilities of the position must include at a minimum: developing infection prevention and control policies and procedures and performing infection surveillance.</p> <p>NJAC 8:39-19.1(b)</p>	F 882			