STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315021	A. BUILDING _____ B. WING _____	C 01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLAS HEALTHCARE AT DAUGHTERS OF MIRIAM	155 HAZEL STREET CLIFTON, NJ 07011

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F 000	INITIAL COMMENTS Complaint #: NJ159325 Census: 189 Sample Size: 5 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. 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. Survey date: 01/18/2023 to 01/20/2023	F 000		
F 835 SS=F	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Complaint #NJ159325 Based on observation, interview, document review, facility policy review, and employee handbook review, the facility Administrator failed to ensure staff [redacted] testing was completed twice weekly as required and were not falsified	F 835	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: All residents & staff have the potential to be affected by the deficient practice. The administrator was suspended	3/7/23

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

Electronically Signed | 02/19/2023

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F 835	Continued From page 1 and failed to ensure facility infection control practices were implemented regarding the use of N95 masks. Findings included: Review of the Employee Handbook, not dated, specified, in part, on pages 40 and 41, "Code of Conduct. The Company endeavors to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on honesty, common sense, and fair play. The following list enumerates the types of conduct that is not acceptable of Company employees: Falsifying timesheets, application forms, or other Company records. Failing to meet the Company's expected level of performance and quality requirements. The observance of these rules will help to ensure that our workplace remains a safe and desirable place to work." 1. On 01/18/2023 at 5:45 PM, the Infection Preventionist (IP) Nurse was interviewed. The IP Nurse stated the facility was supposed to be testing all employees two times per week, on Mondays and Thursdays. The IP Nurse explained that staff who did not work on Mondays or Thursdays knew they were supposed to test themselves at the facility prior to starting their shift. A telephone interview with a state Epidemiologist (EPI) on 01/18/2023 at 12:56 PM, revealed since the facility had been in [redacted] 9 outbreak status since [redacted] the state EPI and the local health department (LHD) had been asked to consult with the facility to offer support, guidance, and education to assist them in getting beyond the	F 835	pending investigation. All staff in the facility were retested by the IP nurse and designee properly via rapid nasal swab for covid -19 to meet the required testing. all test results were negative. UC #12 and IP were in-serviced on the facility's compliance and ethics program. 2.a. Staff #s 3,4,1,5,8, 19 were immediately in-serviced by the I.P. to wear the proper N95 mask that they were fit tested for, and provided with correct masks. 2.b. CNA #10 was immediately properly fit tested for the N95 she was using and passed the fit testing test. SC #11 and IP nurse were in-serviced on the facility's compliance and ethics program. 2.c. All staff that were due were fit tested by the IP nurse for N95 mask, to ensure that all staff are fit tested. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents & staff have the potential to be affected by the deficient practice. The facility staff were all retested by IP nurse and designee with rapid covid nasal swabs and results properly documented, all staff tested negative for [redacted]. all employee's fit testing for N95 mask was reviewed by IP nurse with priority to the overdue employees identified. 3.Address what measures will be put into place or systemic changes made to	

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F 835	Continued From page 2 outbreak. The EPI stated they asked the facility to be on weekly phone/Zoom calls dating back to NJ EX Order. 264b1. The EPI stated phone/Zoom calls were conducted weekly with much resistance from the facility staff. The EPI stated during the calls, the EPI and the LHD staff would educate the facility on fit testing for N95 masks, basic infection control practices, and NJ EX Order. 264b1 testing of employees. The EPI stated during the call on NJ EX Order. 264b1, the LHD and the EPI requested the facility send staff NJ EX Order. 264b1 testing logs for review. At the end of the call, when the facility administrator (NHA) thought she had hung up from the call, the EPI and LHD overheard the NHA instruct Unit Clerk (UC) #12 to "make up the logs" and "go upstairs and have employees sign that they were being tested for the last two weeks." The EPI stated they wanted the facility to take ownership of what they could control. On 01/20/2023 at 11:20 AM, UC #12 was interviewed. UC #12 confirmed she was on the Thursday calls with the EPI and the LHD. She revealed they discussed new resident and staff COVID-19 cases. She stated they also asked if the facility was completing NJ EX Order. 264b1 testing the way they recommended. UC #12 stated it was her responsibility for tracking both resident and employees testing, especially on Mondays and Thursdays. During the interview, UC #12 stated she recalled in NJ EX Order. 264b1, the LHD and EPI requested the facility's staff NJ EX Order. 264b1 testing logs for NJ EX Order. 264b1. UC #12 revealed that at the end of the call, the NHA told her to create logs that did not exist and have staff sign them. UC #12 stated the NHA realized she had not hung up from the call and stated, "I hope they didn't hear me." UC #12 indicated some staff had tested but the facility was not testing the way the LHD and	F 835	ensure that the deficient practice will not recur: Governing body contracted a service provider to in-service the facility's administration on the facility's compliance and ethics program/code of conduct. Every Department head was in serviced by the I.P. nurse regarding every employee being tested via swab for NJ EX Order. 264b1 when required. And every department head was given a competency test for nasal swabbing for COVID-19 testing by the I.P. nurse. LDOH and State Epi agreed that N-95 masks will be required to be utilized for NJ EX Order. 264b1 units / PUI areas, based on the current outbreak status of the facility. I.P. nurse /designee will ensure that all new hires and any agency staff members coming to the facility for the first time will have been appropriately fit tested prior to starting their assignments where N95 masks are required. When covid testing is required, the I.P. nurse will review the list of all staff to ensure testing for all staff on all three shifts has been completed. 4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The corrective actions will be monitored by the director of nursing or designee with utilization of a swabbing and fit-testing audits. 5 employees will be audited weekly for twelve weeks. The Director of nursing will report the	

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F 835	Continued From page 3 EPI had recommended. According to UC #12, the EPI and the LHD expected every single person to be tested; however, not every single person was being tested. The UC stated the LHD wanted testing logs, so the facility made them up. UC #12 stated the honest answer to the health department would have been to tell them they did not test all the staff. On 01/20/2023 at 2:06 PM, a follow-up interview with UC #12 regarding the NJ EX Order: 264(d) testing logs sent to the LHD revealed UC #12 added the names of staff who were scheduled to work on testing days to a log. UC #12 stated she also talked to staff and if they stated they had worked on a testing day, she asked them to sign the log that they had self-tested. UC #12 stated the NHA, and UC #12 wanted to give the health department the information for which they asked. According to UC #12, each employee self-tested for NJ EX Order: 264(d) and she could not ensure that each employee was tested as required. On 01/20/2023 at 11:33 AM, the Regional Director of Operations (RDO) was interviewed. The RDO stated he was in disbelief. He stated he did not understand the logic behind making up documents and lying. The RDO stated that type of practice was not doing anyone any good. The Administrator was unavailable for interview. 2. A review of the undated OSHA standards regarding personal protective equipment, titled, "Respiratory protection," revealed, "In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written	F 835	audit results at the Quarterly QAPI Committee Meeting. The QAPI Committee reviews, evaluates, and makes recommendations to sustain compliance.	

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F 835	Continued From page 4	F 835		

respiratory protection program with worksite specific procedures." The standard further indicated the respiratory protection program shall include "fit testing procedures for tight-fitting respirators." The section for fit testing, indicated, "before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used." The fit testing section also included, "The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter."

2.a. Observation and interviews on 01/18/2023 at 11:22 AM, with Licensed Practical Nurse (LPN) #3; at 11:53 AM with LPN #4; at 11:57 AM with Unit Manager (UM) #1; at 12:07 PM with Registered Dietician (RD) #5; at 1:48 PM with the Activities Director (AD); at 2:57 PM with Dietary Aide (DA) #8; and on 01/19/2023 at 11:03 AM with Registered Nurse (RN) #19 revealed the staff were not wearing the N95 mask the facility required and for which they had been fit tested.

On 01/18/2023 at 5:45 PM, the Infection Preventionist (IP) Nurse was interviewed. The IP Nurse stated all employees were fit tested with the NJ EX Order. 264b1 REF: NJ EX Order. 264b1 mask. The IP Nurse stated every employee should be wearing a NJ EX Order. 264b1 mask in their size.

On 01/19/2023 at 10:30 AM, the RDO was interviewed. The RDO stated his expectation was that all staff should be wearing an N95 mask that

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F 835	Continued From page 5 they were fit tested to wear. 2.b. On 01/19/2023 at 10:56 AM, Certified Nurse Aide (CNA) #10 was interviewed. CNA #10 stated it was her second day working at the facility as an agency contracted employee and was assigned to the [redacted] unit. CNA #10 stated she had not had a fit test for the facility required N95 mask she was wearing. A review of CNA #10's employee file revealed a "Respirator Fit Test Sheet," dated 01/18/2023, that indicated the facility had fit tested the CNA with a Medline N95 respirator and passed the fit test. On 01/19/2023 at 2:23 PM, a follow-up interview with CNA #10 revealed two facility employees approached her between 11:00 AM and 12:00 PM and stated the Director of Nursing (DON) needed her to sign an N95 fit test form. CNA #10 stated she signed the form, but the facility had not fit tested her for the N95 mask she was required to wear. On 01/19/2023 at 3:40 PM, Staffing Coordinator (SC) #11 was interviewed with the RDO present. SC #11 stated the DON told the IP Nurse and SC #11 to make sure all staff had on the proper PPE. The IP Nurse asked SC #11 to have CNA #10 sign a form indicating the CNA had been fit tested. SC #11 stated she asked CNA #10 to sign a fit testing blank form that only had the CNA's name and title. 2.c. A review of a facility provided list of employees revealed there were 197 individuals employed at the facility. A review of employees' "Respirator Fit Test Sheet" revealed 144	F 835		

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F 835	Continued From page 6 employees had been fit tested for an N95 respirator mask. Further review of the fit test sheets revealed 80 of the 140 employees had not been fit tested within the last year. On 01/18/2023 at 5:45 PM, the IP Nurse was interviewed. Upon review of the "Respirator Fit Test Sheet" for employees, the IP Nurse confirmed there were 80 employees that were overdue for the annual fit testing requirement, and she could not ensure that all employees had been fit tested. On 01/19/2023 at 3:03 PM, the DON was interviewed with the RDO present. The DON stated that until she went through the fit testing records, she was not aware that so many of the fit tests were over a year old and overdue. The Administrator was unavailable for interview.	F 835		
F 880 SS=F	New Jersey Administrative Code § 8:39-5.1(a) 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:	F 880		3/7/23

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F 880	Continued From page 7 §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, but are not limited to: (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: (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.	F 880		

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F 880	Continued From page 8 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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: Complaint #NJ159325 Based on observations, interviews, record reviews, document review, facility policy reviews, and review of the Center for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) guidelines, it was determined the facility failed to: 1. Ensure eight employees on 3 of 5 floors of the facility were wearing an N95 respirator (a mask that forms a seal against the user's face to filter airborne particles) for which they had been fit tested. 2. Ensure 80 of 140 employees were fit tested for an N95 mask annually. 3. Ensure 47 of 47 staff from a contracted nursing agency, who had worked at the facility since October 2022, were fit tested for an N95 mask. 4. Ensure 1 of 2 employees observed removed disposable personal protective equipment (PPE) when exiting the room of residents who had COVID-19. 5. Ensure that a vitals machine (machine on wheels that measures blood pressure, temperature, and oxygen saturation) was cleaned	F 880	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: All residents & staff have the potential to be affected by the deficient practice. 1.a. Staff #s 3,4,1,13, 5,8, 19, and A.D. were immediately in serviced by the I.P. nurse to wear a proper N95 mask correctly and the need to wear the N95 mask that they were fit tested for. 1.b. Immediately upon being notified about CNA #10 not being fit tested, RDO and surveyor ensured that CNA #10 was properly fit tested by IP nurse. 1.c. All staff that were due were fit tested for N95 mask, to ensure that all staff are fit tested.	

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F 880	Continued From page 9 between resident use. Findings included: 1. A review of the undated policy titled, "N95 Respiratory Program," indicated, "The purpose of this program is to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of respirators. All respirator use will occur within the context of a comprehensive program as per the standards set forth by OSHA or (for public employers in NYS) the Department of Labor, Public Safety and Health Program (PESH). This requires a written program, medical evaluation, training, and fit testing." Further review revealed, "Fit testing is conducted to determine how well the seal of a respirator 'fits' on an individual's face and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. Employees shall be fit tested with a respirator of the same make, model, style and size as that of the respirator that will be used by the employee." Further review of the policy revealed the "Infection Preventionist will be responsible for the administration of the respiratory protection program and thus is called the Respiratory Protection Program Administrator." The policy revealed duties of the Respiratory Administration Administrator included "Select respiratory protection products. Involve users in selection whenever possible. Monitor respirator use to ensure that respirators are used in accordance with this program, training received, and manufacturer's instructions. Arrange for and/or conduct training and fit testing." Further review of the policy revealed, "Department heads are responsible for ensuring	F 880	2 Um #1 was in serviced by IP nurse on the proper use of N95 and the need to change it between patients who are not covid positive and patients who are covid positive. 3 All staff on the unit with covid patients including LPN #4 and RN #19 were in serviced by IP nurse on the proper procedure to sanitize equipment between usage with different patients. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents & staff have the potential to be affected by the deficient practice. All employees were fit tested by IP nurse for N95 mask and records maintained, with priority to the overdue employees identified. All agency staff that were in the facility were fit tested by IP nurse and passed the fit testing. All agencies providing staff to the facility were contacted informing them that going forward their staff will be required to be fit tested.	

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F 880	Continued From page 10 that the respiratory protection program is implemented in their particular units. In addition to being knowledgeable about the program requirements for their own protection, department heads must also ensure that the program is understood and followed by the employees under their charge. Duties of the Department Head include: Knowing the hazards in the area in which they work. Knowing types of respirators that need to be used. Ensuring the respirator program and worksite procedures are followed. Ensuring staff use respirators, as required. Notifying Respiratory Protection Program Administrator of any problems with respirator use or changes in work processes that would impact the program." According to the policy, the duties of the employee included "Wear respirator when indicated." A review of the Centers for Disease Control and Prevention (CDC) guidelines, titled, "Types of Masks and Respirators," updated 09/08/2022, revealed, "Employers who want to distribute N95 respirators to employees shall follow an Occupational Safety and Health (OSHA) respiratory protection program." A review of the undated OSHA standards regarding personal protective equipment, titled, "Respiratory protection," revealed, "In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite specific procedures." The standard further indicated the respiratory protection program shall include "fit testing procedures for tight-fitting respirators." The section for fit testing, indicated,	F 880	3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Pursuant to the imposed DPOC, the facility will conduct a Root Cause Analysis (RCA), which will be done with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee. LDOH and State Epi agreed that N-95 masks will be required to be utilized for NJ Ex Order 284(b) units / PUI areas, based on the current outbreak status of the facility. All new hires and any agency staff members coming to the facility for the first time will be fit tested by the I.P. nurse /designee if their assignment requires wearing N95 the testing will be conducted prior to starting their assignments. Facility wide in-service by IP nurse including these topics, wearing a n95 mask that you had been fit tested for. N95 fit testing required annually. PPE disposal and equipment sanitizing Pursuant to the imposed DPOC, the facility will provide in-service training to appropriate staff on infection prevention training from the CDC on module 1, 4, 5, 6A, 6B, and 11B including 2 video's from the CDC on infection control. In addition, the Infection Preventionist and Director of Nursing, in conjunction with the Medical	

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F 880	Continued From page 11 "before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used." The fit testing section also included, "The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter." On 01/18/2023 at 10:00 AM, during an entrance conference, the Regional Director of Operations (RDO) stated there were seven residents who were positive for NJ EX Order: 264D1 at the facility. Four of the residents were new admissions to the facility, two were readmissions, and one resident transferred from another floor to the NJ Ex Order: 264D1 positive unit. 1.a. On 01/18/2023 at 11:22 AM, Licensed Practical Nurse (LPN) #3 was interviewed. LPN #3 stated she was fit tested for an N95 mask by her contract agency. However, the facility required she wear an N95 mask that the facility provided, even though she had not been fit tested for the N95 mask provided by the facility. On 01/18/2023 at 11:53 AM, LPN #4 was interviewed on the NJ EX Orde Unit. LPN #4 was observed wearing an N95 duck billed mask. LPN #3 stated the type of mask he was wearing was much more comfortable than the one he was fit tested for by the facility. On 01/18/2023 at 11:57 AM, Unit Manager (UM) #1 was interviewed. UM #1 was observed wearing a black KN95 mask. When interviewed,	F 880	Director and senior leadership will implement the systems change outlined here 1.The facility will develop and implement an infection sign and symptom tracking tool to monitor all residents and staff for communicable, respiratory infection. All nursing leaders will be educated by the director of nursing and the IP nurse on how to use the tool. 2.The Infection Preventionist will complete the CDC's Infection Preventionist training in order to help facilitate enhanced compliance with infection control and prevention 4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The I.P. nurse will maintain a log of every staff member, including agency. Those unvaccinated are required to wear an N-95 mask that they have been fit-tested for while on duty. On going Facility wide in-service by IP nurse including these topics, wearing a n95 mask that you had been fit tested for. N95 fit testing required annually. PPE disposal and equipment sanitizing The IP nurse will do competencies audits on staff on the infection control training. The Infection Preventionist and Director of Nursing, and other nursing leadership will conduct rounds throughout the facility to ensure all staff is exercising appropriate use of PPE and to ensure infection control procedures are being followed. wearing proper N95 masks where	

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F 880	Continued From page 12 UM #1 stated she was fit tested at the facility for a NJ EX Order 2646 N95 mask but it was uncomfortable to wear during an eight-hour shift, and decided she was not going to wear it. UM #1 stated she was never instructed that she could only wear the type of N95 mask she was fit tested for. On 01/18/2023 at 12:05 PM, Certified Nursing Assistant (CNA) #13 was observed assisting a resident with dining, while wearing a KN95 mask (does not form a tight seal and some are not approved by OSHA or the National Institute for Occupational Safety and Health [NIOSH]). On 01/18/2023 at 12:07 PM, Registered Dietician (RD) #5 was interviewed on the 1 NJ EX Orde Unit. RD #5 was observed wearing a NJ EX Order 26461 (brand name) N95 mask. RD #5 stated the mask she was wearing was more comfortable than the facility issued masks. She stated she had not been fit tested for the type of mask she was wearing and was aware she was required to wear a mask she was fit tested to wear. On 01/18/2023 at 1:48 PM, the Activities Director (AD) was interviewed. The AD was observed to be wearing a KN95 mask. When interviewed, the AD stated the facility assigned N95 mask was in her car, then stated it was in her office. The AD confirmed she was not wearing the facility assigned mask she was instructed to wear during a NJ EX Order 26461 outbreak. On 01/18/2023 at 2:57 PM, Dietary Aide (DA) #8 was observed wearing a [illegible] (brand name) N95 mask with only one strap holding the mask around his head, and the chin strap was hanging down. He stated he was fit tested for the NJ EX Order 264 N95 mask, but he "can't breathe" in that one, so	F 880	required, and proper disinfecting of equipment between uses. 5 employees will be audited by director of nursing and or IP nurse for compliance weekly for twelve weeks. the director of nursing will report the audit results at the Quarterly QAPI Committee Meeting. The QAPI Committee reviews, evaluates, and makes recommendations to sustain compliance.	

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he chose to wear the 3M N95 mask that he had not been fit tested to wear.

On 01/19/2023 at 11:03 AM, Registered Nurse (RN) #19 was interviewed on the NJ EX Order. Unit. RN #19 was assigned to the NJ EX Order. 264b1 unit. She was wearing a NJ EX Order. 264b1 (brand name) N95 mask. RN #19 stated the mask she was wearing was much more comfortable than the mask the facility provided. She revealed she was fit tested with a NJ EX Order. 264b1 brand mask but did think it mattered.

On 01/18/2023 at 5:45 PM, the Infection Preventionist (IP Nurse) was interviewed. The IP Nurse stated all employees were fit tested with the NJ EX Order. 264b1 N95 Respirator mask. The IP Nurse stated every employee should be wearing a NJ EX Order. 264b1 N95 mask in their size.

On 01/19/2023 at 10:30 AM, the RDO was interviewed. The RDO stated his expectation was that all staff should be wearing an N95 mask that they were fit tested to wear.

1.b. On 01/19/2023 at 10:56 AM, CNA #10 was interviewed. CNA #10 stated it was her second day working at the facility as an agency contracted employee and was assigned to the NJ EX Order. 264b1 unit. CNA #10 stated she had not had a fit test for the facility required N95 mask she was wearing.

A review of CNA #10's employee file revealed a "Respirator Fit Test Sheet," dated 01/18/2023, which indicated the facility had fit tested the CNA with a Medline N95 respirator and passed the fit test.

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F 880	Continued From page 14 On 01/19/2023 at 2:23 PM, a follow-up interview with CNA #10 revealed two facility employees approached her between 11:00 AM and 12:00 PM and stated the Director of Nursing (DON) needed her to sign an N95 fit test form. CNA #10 stated she signed the form, but the facility had not fit tested her for the N95 mask she was required to wear. On 01/19/2023 at 2:30 PM, an interview with the RDO and CNA #10 revealed the CNA relayed the fit testing information to the RDO. At 2:35 PM on 01/19/2023, the RDO stated he had "nothing," and it was not a behavior that he supported. On 01/19/2023 at 3:03 PM, the DON was interviewed with the RDO present. The DON stated her expectation was agency staff should also be fit tested for the facility's designated N95 mask. The DON indicated she was not trained to do the fit testing, but the IP Nurse and the Assistant Director of Nursing (ADON) completed the fit testing. The DON stated she instructed the IP Nurse and the facility scheduler to make sure everyone in the facility was wearing the correct personal protective equipment (PPE). The DON stated, "I don't know what to say" but thought the facility could make some changes to make sure it did not happen again. On 01/19/2023 at 3:40 PM, Staffing Coordinator (SC) #11 was interviewed with the RDO present. SC #11 stated the DON told the IP Nurse and SC #11 to make sure all staff had on the proper PPE. The IP Nurse asked SC #11 to have CNA #10 sign a form indicating the CNA had been fit tested. SC #11 stated she asked CNA #10 to sign a fit testing blank form that only had the CNA's	F 880		

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name and title.

On 01/19/2023 at 4:05 PM, the IP Nurse was interviewed with the RDO present. The RDO asked the IP Nurse to be truthful with the surveyor about the fit testing for CNA #10. The IP Nurse stated the facility's file for CNA #10 was not complete.

On 01/19/2023 at 4:20 PM, an interview was conducted with the DON, IP Nurse, SC #11, and the RDO. The IP Nurse stated the surveyor asked for the agency staff orientation, fit testing, and vaccination records. Staff wanted the files to be perfect, but they were not. According to the IP Nurse, they all put forms in a binder; however, they did not have all the required forms. The IP Nurse stated she was "not honest," and she had "to own it." The DON stated she also helped put the files together and confirmed all the agency files were incomplete. The IP Nurse further stated the facility had not fit tested any of the agency staff since she started in October 2022. Since October 2022, there had been 47 different agency staff that had worked at the facility without a respirator fit test.

1.c. Further review of the undated policy titled, "N95 Respiratory Program," revealed "Fit testing will be conducted at least annually AND: Prior to being allowed to wear any respirator or if the model of respirator available for use changes or if the employee changes weight by 10% or more or if the employee has any changes in facial structure or scarring. Records of fit testing shall be maintained by the Respiratory Protection Administrator for at least 3 years."

A review of a facility provided list of employees

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revealed there were 197 individuals employed at the facility. A review of employees' "Respirator Fit Test Sheet" revealed 144 employees had been fit tested for an N95 respirator mask. Further review of the fit test sheets revealed 80 of the 140 employees had not been fit tested within the last year.

On 01/18/2023 at 5:45 PM, the IP Nurse was interviewed. Upon review of the "Respirator Fit Test Sheet" for employees, the IP Nurse confirmed there were 80 employees that were overdue for the annual fit testing requirement, and she could not ensure that all employees had been fit tested.

On 01/19/2023 at 3:03 PM, the DON was interviewed with the RDO present. The DON stated that until she went through the fit testing records, she was not aware that so many of the fit tests were over a year old and overdue.

2. A review of the facility policy titled "Coronavirus Disease NJ EX Order: 26401 -Infection Prevention and Control Measures," revised/reviewed 03/23/2022, revealed, "the facility follows recommended standard and transmission-based precautions, environmental cleaning, and social distancing practices to prevent the transmission of NJ EX Order: 26401 within the facility." According to the policy, "12. If there are NJ EX Order: 26401 cases in the facility: a) Staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based availability)."

A review of the facility policy titled, "Donning and

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Doffing PPE (Personal Protective Equipment)," revised March 2022, revealed after exiting a resident room when wearing PPE, staff should "4. Perform hand hygiene. 5. Remove face shield or goggles. 6. Remove and discard respirator (or facemask if used instead of respirator). 7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse."

On 01/19/2023 at 11:10 AM, Unit Manager (UM) #1 was observed entering the [redacted] 9 unit. UM #1 was wearing a facility designated N95 mask covered with a surgical mask with a built-in face shield. UM #1 was observed donning a disposable isolation gown and gloves. She gathered the items needed for resident care and entered the room of a resident who had [redacted] Upon exiting the resident's room, UM #1 removed her isolation gown and gloves but kept on the N95 mask and the surgical mask with the built-in face shield she was wearing when she entered the room of the resident who had [redacted]. Further observation revealed UM #1 performed hand hygiene and left the COVID-19 positive unit.

On 01/19/2023 at 11:30 AM, UM #1 was interviewed. UM #1 stated she left on the same mask all day even if she was on and off the [redacted] unit and in and out of resident rooms.

On 01/19/2023 at 11:44 AM, the Infection Preventionist (IP) nurse was interviewed. The IP Nurse stated it was her expectation if an employee was going in and out of residents' room who were [redacted] positive, they should change their outer mask. According to the IP, the employee should get a new, clean outer mask

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F 880	Continued From page 18 when they leave the room. 3. The facility policy titled, NJ EX Order. 264b1 (NJ EX Order. 264b1 Infection Prevention and Control Measures," revised 03/23/2022, revealed, "Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitoring equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using EPA-registered disinfectant for healthcare setting prior to use on another resident." On 01/19/2023 at 10:44 AM, on the NJ EX Order. Unit, Licensed Practical Nurse (LPN) #4 was observed wheeling a vitals machine into a resident's room who was not positive for NJ EX Order. 264b1. There was no observation that the vitals machine was cleaned prior to entering the room. LPN #4 obtained the resident's blood pressure (BP) and exited the room. The LPN documented the resident's BP and started into another resident's room with the vitals machine. The surveyor interviewed LPN #4 to see if there was any special procedure he completed prior to taking the vitals machine into the next resident's room. He initially stated "no," and there were no disinfecting wipes observed on the vitals machine cart. LPN #4 then took a new package of disinfecting wipes from inside the medication cart, donned a pair of gloves, and wiped the screen and desk part of the machine, and the BP cuff. LPN #4 doffed the gloves and stated he was going to go wash his hands. When asked if he had completed the procedure, LPN #4 donned another pair of gloves and proceeded to wipe down the thermometer and the pole and wheeled legs of the machine. LPN #4 once again doffed	F 880		

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F 880	Continued From page 19 his gloves and went to wash his hands. There was no observation of LPN #4 cleaning the pulse oximeter or any of the wires attached to the machine. An interview with LPN #4 at 10:55 AM on 01/19/2023 revealed once he entered a resident's room with the machine, it was considered to be contaminated. He stated he knew he was required to wipe it down between residents but stated, "To be honest" he only sometimes cleaned the machine. On 01/19/2023 at 11:03 AM, RN #19 was interviewed. RN #19 was observed by her medication cart with her assigned vitals machine. RN #19 stated she was working in the [redacted] positive unit. She stated she took care of residents who did not have [redacted] prior to entering the [redacted] unit. RN #19 stated she was being honest by stating she only cleaned the machine prior to entering and when leaving the [redacted] unit. RN #19 stated she knew she "should" but did not clean the vitals machine between each resident use. On 01/19/2023 at 11:44 AM, the Infection Preventionist (IP) nurse was interviewed. The IP Nurse stated the expectation was for the vitals machine to be sanitized between each resident use. New Jersey Administrative Code § 8:39-19.4(a)1-6	F 880		
F 886 SS=F	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility	F 886		3/7/23

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must test residents and facility staff, including individuals providing services under arrangement and volunteers, for [redacted] At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:

§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not
limited to:
(i) Testing frequency;
(ii) The identification of any individual specified in this paragraph diagnosed with [redacted] in the facility;
(iii) The identification of any individual specified in this paragraph with symptoms consistent with [redacted] or with known or suspected exposure to [redacted]
(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of [redacted] in a county;
(v) The response time for test results; and
(vi) Other factors specified by the Secretary that help identify and prevent the transmission of [redacted]

§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting [redacted] tests;

§483.80 (h)((3) For each instance of testing:
(i) Document that testing was completed and the results of each staff test; and
(ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of

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F 886	Continued From page 21 each test. §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with NJ EX Order. 264D1, or who tests positive for NJ EX Order. 264D1, take actions to prevent the transmission of NJ EX Order. 264D1 §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Complaint #NJ159325 Based on interviews, document review, facility policy review, and a review of the Centers for Disease Control and Prevention (CDC) community transmission levels, it was determined the facility failed to ensure all staff were tested twice per week based on the community transmission levels. Findings included: The facility policy titled, "Atlas Healthcare Policy for Emergent Infectious Diseases (including NJ EX Order. 264D1 /Outbreak Response," revised December 2022, revealed "Once notified by the public health authorities at either the federal,	F 886	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Immediately the administrator was suspended pending investigation. LPN #3 was immediately swabbed by the I.P. nurse and tested negative. LPN #3 was in serviced by the I.P. nurse on the protocol at the time of survey of swabbing twice per week. Immediately all facility staff in the facility including contracted staff from agencies	

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F 886	Continued From page 22 state and/or local level that the EID [Emergent Infectious Disease] is likely to or already has spread to the care center's community, the care center will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities." The policy revealed "Any employee who test positive for [NJ Ex Order 29401], refuse to participate in [NJ Ex Order 29401] testing, or refuse to authorize release of their testing results to the LTC will be excluded from work until such time as such staff undergoes testing and the results of such testing are disclosed to the LTC." A review of the state's [NJ Ex Order 29401] Weekly Activity Report" revealed the "CDC Community Transmission levels used for healthcare settings are High in all counties as of November 3, 2022." A review of the 11/10/2022, 11/17/2022, and 11/24/2022 weekly activity reports revealed the community transmission level continued to be "High" for the county where the facility was located. A telephone interview with a state Epidemiologist (EPI) on 01/18/2023 at 12:56 PM, revealed since the facility had been in [NJ Ex Order 29401] outbreak status since July 2022, the state EPI and the local health department (LHD) had been asked to consult with the facility to offer support, guidance, and education to assist them in getting beyond the outbreak. The EPI stated they asked the facility to be on weekly phone/Zoom calls dating back to November 2022. The EPI stated phone/Zoom calls were conducted weekly with much resistance from the facility staff. The EPI stated during the calls, the EPI and the LHD staff would educate the facility on fit testing for N95 masks,	F 886	were swabbed for [NJ Ex Order 29401] and tested negative. UC #12 was removed from dealing with any staff testing records and was educated by RDO on the facility's compliance and ethics. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents & staff have the potential to be affected by the deficient practice. All staff including contracted staff from agencies were swabbed by IP nurse and or designee for COVID-19 prior to the start of their shift and tested negative. The I.P. performed competencies on all department heads for nasal swabbing for testing for [NJ Ex Order 29401] Every Department Head was made responsible to ensure each staff member in their designated departments were swabbed twice weekly. The I.P. nurse reviewed a list of all employees by department to ensure all employees are swabbed as required. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Every Department head was in serviced by the I.P. nurse regarding every employee being tested via swab for COVID-19 when required and every	

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F 886	Continued From page 23 basic infection control practices, and NJ EX Order. 264b1 testing of employees. The EPI stated during the call on NJ EX Order. 264b1, the LHD and the EPI requested the facility send staff NJ EX Order. 264b1 testing logs for review. At the end of the call, when the facility administrator (NHA) thought she had hung up from the call, the EPI and LHD overheard the NHA instruct Unit Clerk (UC) #12 to "make up the logs" and "go upstairs and have employees sign that they were being tested for the last two weeks." The EPI stated they wanted the facility to take ownership of what they could control. On 01/20/2023 at 11:20 AM, UC #12 was interviewed. UC #12 confirmed she was on the Thursday calls with the EPI and the LHD. She revealed they discussed new resident and staff NJ EX Order. 264b1 cases. She stated they also asked if the facility was completing NJ EX Order. 264b1 testing per their recommendations. UC #12 stated she recalled in NJ EX Order. 264b1 the LHD and EPI requested the facility's staff NJ EX Order. 264b1 testing logs for NJ EX Order. 264b1. UC #12 revealed that at the end of the call, the NHA told her to create logs that did not exist and have staff sign them. UC #12 stated the NHA realized she had not hung up from the call and stated, "I hope they didn't hear me." UC #12 indicated some staff had tested but the facility was not testing the way the LHD and EPI had recommended. According to UC #12, the EPI and the LHD expected every single person to be tested; however, not every single person was being tested. The UC stated the LHD wanted testing logs, so the facility made them up. UC #12 stated the honest answer to the health department would have been to tell them they did not test all the staff. Continued interview with UC #12 in the presence of the Regional Director of Operations (RDO) revealed it was UC #12's	F 886	department head was given a competency test for nasal swabbing for NJ EX Order. 264b1 testing by the I.P. nurse. LDOH and State Epi agreed that N-95 masks will be required to be utilized for NJ EX Order. 264b1 units / PUI areas, and to change the testing frequency to contact tracing based on the current outbreak status of the facility. Governing body contracted a service provider to in-service administration on the facility's compliance and ethics program/code of conduct. Pursuant to the imposed DPOC, training on several CDC infection control modules will be conducted. In addition, the Infection Preventionist and Director of Nursing, in conjunction with the Medical Director and senior leadership will implement the systems change outlined here 1.The facility will develop and implement an infection sign and symptom tracking tool to monitor all residents and staff for communicable, respiratory infection. All nursing leaders will be educated on how to use the tool. 2.The Infection Preventionist will complete the CDC's Infection Preventionist training in order to help facilitate enhanced compliance with infection control and prevention 4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The I.P. nurse or nursing supervisor and department heads will ensure through	

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F 886	Continued From page 24 responsibility to track employee NJ EX Order 264(d) tests. UC #12 stated the facility was currently conducting staff and resident NJ EX Order 264(d) tests on Mondays and Thursdays and she kept a log. She stated employees also received a reminder on Monday and Thursdays that they needed to test. She stated when staff arrived at work, they signed in, and tested. The UC stated if she was not working on testing days, staff needed to self-test before beginning their shift. UC #12 stated supervisors had a copy of staff schedules and if an employee self-tested the supervisor was supposed to wait with the test for 15 minutes to obtain the results. UC #12 stated she (UC #12), a supervisor, or the Infection Preventionist (IP) Nurse was with staff during testing. She stated they reviewed the sign in sheets and put the information on a log, then compared the log to the staffing schedule. UC #12 stated they "try" to look at everyone's schedule. A review of a "Rapid Testing Log" for 11/14/2022 revealed the log was attached to an email the facility sent to the LHD on 11/18/2022. The log contained five pages worth of testing results. On 01/20/2023 at 2:06 PM, a follow-up interview with UC #12 regarding the NJ EX Order 264(d) testing logs sent to the LHD revealed UC #12 added the names of staff who were scheduled to work on testing days to a log. UC #12 stated she also talked to staff and if they stated they had worked on a testing day, she asked them to sign the log that they had self-tested. UC #12 stated the NHA and UC #12 wanted to give the health department the information for which they asked. According to UC #12, each employee self-tested for NJ EX Order 264(d) and she could not ensure that each employee was tested as required.	F 886	cross-reference of schedule of the swabbing sheets to ensure compliance that every employee working is swabbed in accordance with the applicable testing requirements. The ADON / designee will randomly audit the testing logs and tracking tool for twelve weeks, to ensure compliance with swabbing when required. Results of these audits will be given to the DON and Administrator. The DON / designee will report the audit results at the Quarterly QAPI Committee Meeting. The QAPI Committee reviews, evaluates, and makes recommendations to sustain compliance.	

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F 886	Continued From page 25 On 01/18/2023 at 11:22 AM, Licensed Practical Nurse (LPN) #3, who worked as a contract agency nurse, was interviewed. LPN #3 stated she had worked four shifts at the facility. She stated the last time she tested for [NJ EX Order 26401] was on Sunday, 01/15/2023. LPN #3 stated she forgot to test when she came in for her shift that morning. On 01/18/2023 at 1:48 PM the Activities Director (AD) was interviewed. The AD stated she completed a [NJ EX Order 26401] test on Monday (01/16/2023) and was tested two times per week. The AD stated staff tested themselves when they came to work and sometimes they were tested on the unit. She stated if there was an outbreak or if they had a new case of [NJ EX Order 26401], the facility would test staff when they tested residents. On 01/18/2023 at 11:35 AM, Unit Manager (UM) #2 was interviewed. UM #2 stated staff tested on Mondays and Thursdays. UM #2 stated staff self-tested with a rapid test when they came into work. On 01/18/2023 at 5:45 PM, the Infection Preventionist (IP) Nurse was interviewed. The IP Nurse stated the facility was supposed to be testing all employees two times per week, on Mondays and Thursdays. The IP Nurse explained that staff who did not work on Monday or Thursday were supposed to test themselves at the facility prior to starting their shift. However, the IP Nurse was unable to explain how the facility monitored to ensure all staff were tested for [NJ EX Order 26401] twice per week. On 01/20/2023 at 11:33 AM, the Regional	F 886		

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Director of Operations (RDO) was interviewed. The RDO stated he was in disbelief. He stated he did not understand the logic behind making up documents and lying. The RDO stated that type of practice was not doing anyone any good.

The Administrator was unavailable for interview.

New Jersey Department of Health (NJDOH) Executive Directive (ED) No. 21-012 (Revised), dated 12/22/2022, indicated, "b. Facilities must test residents and staff as follows:
Routine testing - Test all covered workers, in accordance with E.O. [Executive Order] 252, E.O. 283, E.O. 290, and NJDOH E.D. 21-011, if the covered workers (a) have not yet submitted proof of full primary series vaccination, (b) have not yet submitted proof of being up to date on COVID-19 vaccination, and/or (c) have requested and received an authorized medical or religious exemption to COVID-19 vaccination." "c. Long-Term Care Facilities shall follow CDC [Centers for Disease Control and Prevention] guidance, as modified and updated by the CDC, for testing, except where applicable New Jersey Executive Orders and Executive Directives are more restrictive than CDC guidance."

NJDOH ED No. 21-011 (2nd Revised), dated 09/02/2022, indicated, "Section 2: Vaccination and Testing Documentation for Heath Care and High-Risk Congregate Settings," "6. Each covered worker who is not yet up to date with their COVID-19 vaccinations (including but not limited to those who have a documented COVID-19 vaccination exemption), and who are not tested through their covered setting, shall provide proof of testing, including results, to their covered setting. This shall occur once or twice

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weekly until the covered worker is up to date with their COVID-19 vaccinations." "f. Up to date with COVID-19 vaccinations" means that covered workers in health care and high-risk congregate settings received a primary series (either a 2-dose primary series of a COVID-19 vaccine or a single-dose primary series COVID-19 vaccine) and the first booster dose for which they are eligible as recommended by the CDC [Centers for Disease Control and Prevention]."

Further, "Section 4: Testing Frequency for Health Care and High-Risk Congregate Settings," "20. Covered settings should base their testing frequency on the extent of the virus in the community, and should, therefore, use the CDC Community Transmission Levels reported on the CDC COVID-19 Data Tracker and included in the DOH's [Department of Health's] weekly COVID-19 Surveillance Report, https://www.nj.gov/health/cd/statistics/covid/ in the prior week as follows:

CDC Community Transmission Level / Minimum Testing Frequency
Low (blue) / Once a week
Moderate (yellow) / Once a week
Substantial (orange) / Twice a week
High (red) / Twice a week

21. Covered settings should monitor the Community Transmission Level every week and adjust the frequency of covered worker testing according to the table above.
a. If the Community Transmission Level increases to a higher level of acuity, the covered setting should begin requiring covered workers who are not up to date with their COVID-19 vaccinations, as applicable, to be tested at the

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F 886	Continued From page 28 frequency shown in the table above as soon as the criteria for the higher activity are met. b. If the Community Transmission Level decreased to a lower level of acuity, the covered setting should continue requiring covered workers who are not up to date with their COVID-19 vaccinations, as applicable, to be tested at the higher frequency level until the relevant activity level has remained at the lower activity level for at least two weeks before reducing testing frequency." New Jersey Administrative Code § 8:39-19.4(a)1-6	F 886		
F 895 SS=F	Compliance and Ethics Program CFR(s): 483.85(a)-(e) 483.85 Compliance and ethics program. §483.85(a) Definitions. For purposes of this section, the following definitions apply: Compliance and ethics program means, with respect to a facility, a program of the operating organization that- §483.85(a)(1) Has been reasonably designed, implemented, and enforced so that it is likely to be effective in preventing and detecting criminal, civil, and administrative violations under the Act and in promoting quality of care; and §483.85(a)(2) Includes, at a minimum, the required components specified in paragraph (c) of this section. High-level personnel means individual(s) who have substantial control over the operating organization or who have a substantial role in the	F 895		3/7/23

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making of policy within the operating organization.

Operating organization means the individual(s) or entity that operates a facility.

§483.85(b) General rule.
Beginning November 28, 2019, the operating organization for each facility must have in operation a compliance and ethics program (as defined in paragraph (a) of this section) that meets the requirements of this section.

§483.85(c) Required components for all facilities.
The operating organization for each facility must develop, implement, and maintain an effective compliance and ethics program that contains, at a minimum, the following components:

§483.85(c)(1) Established written compliance and ethics standards, policies, and procedures to follow that are reasonably capable of reducing the prospect of criminal, civil, and administrative violations under the Act. and promote quality of care, which include, but are not limited to, the designation of an appropriate compliance and ethics program contact to which individuals may report suspected violations, as well as an alternate method of reporting suspected violations anonymously without fear of retribution; and disciplinary standards that set out the consequences for committing violations for the operating organization's entire staff; individuals providing services under a contractual arrangement; and volunteers, consistent with the volunteers' expected roles.

§483.85(c)(2) Assignment of specific individuals within the high-level personnel of the operating

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organization with the overall responsibility to oversee compliance with the operating organization's compliance and ethics program's standards, policies, and procedures, such as, but not limited to, the chief executive officer (CEO), members of the board of directors, or directors of major divisions in the operating organization.

§483.85(c)(3) Sufficient resources and authority to the specific individuals designated in paragraph (c)(2) of this section to reasonably assure compliance with such standards, policies, and procedures.

§483.85(c)(4) Due care not to delegate substantial discretionary authority to individuals who the operating organization knew, or should have known through the exercise of due diligence, had a propensity to engage in criminal, civil, and administrative violations under the Social Security Act.

§483.85(c)(5) The facility takes steps to effectively communicate the standards, policies, and procedures in the operating organization's compliance and ethics program to the operating organization's entire staff; individuals providing services under a contractual arrangement; and volunteers, consistent with the volunteers' expected roles. Requirements include, but are not limited to, mandatory participation in training as set forth at §483.95(f) or orientation programs, or disseminating information that explains in a practical manner what is required under the program.

§483.85(c)(6) The facility takes reasonable steps to achieve compliance with the program's

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standards, policies, and procedures. Such steps include, but are not limited to, utilizing monitoring and auditing systems reasonably designed to detect criminal, civil, and administrative violations under the Act by any of the operating organization's staff, individuals providing services under a contractual arrangement, or volunteers, having in place and publicizing a reporting system whereby any of these individuals could report violations by others anonymously within the operating organization without fear of retribution, and having a process for ensuring the integrity of any reported data.

§483.85(c)(7) Consistent enforcement of the operating organization's standards, policies, and procedures through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for the failure to detect and report a violation to the compliance and ethics program contact identified in the operating organization's compliance and ethics program.

§483.85(c)(8) After a violation is detected, the operating organization must ensure that all reasonable steps identified in its program are taken to respond appropriately to the violation and to prevent further similar violations, including any necessary modification to the operating organization's program to prevent and detect criminal, civil, and administrative violations under the Act.

§483.85(d) Additional required components for operating organizations with five or more facilities. In addition to all of the other requirements in paragraphs (a), (b), (c), and (e) of this section, operating organizations that operate five or more

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F 895	Continued From page 32 facilities must also include, at a minimum, the following components in their compliance and ethics program: §483.85(d)(1) A mandatory annual training program on the operating organization's compliance and ethics program that meets the requirements set forth in §483.95(f). §483.85(d)(2) A designated compliance officer for whom the operating organization's compliance and ethics program is a major responsibility. This individual must report directly to the operating organization's governing body and not be subordinate to the general counsel, chief financial officer or chief operating officer. §483.85(d)(3) Designated compliance liaisons located at each of the operating organization's facilities. §483.85(e) Annual review. The operating organization for each facility must review its compliance and ethics program annually and revise its program as needed to reflect changes in all applicable laws or regulations and within the operating organization and its facilities to improve its performance in deterring, reducing, and detecting violations under the Act and in promoting quality of care. This REQUIREMENT is not met as evidenced by: Complaint #NJ159325 Based on interviews, facility policy review, facility document review, and the facility employee handbook review, the facility failed to ensure the facility's compliance and ethics program was being implemented for two identified concerns	F 895	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: The administrator was suspended pending investigation. All staff were immediately retested	

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F 895	Continued From page 33 related to the facility's infection control program. Specifically, the facility failed to have a process for ensuring the integrity of reported NJ EX Order 264(c) testing data and failed to ensure respirator fit testing documentation was not falsified for 1 of 197 employees. Findings included: Review of the Employee Handbook, not dated, revealed, "Our Corporate Compliance Program is designed to prevent fraudulent activities and to assure that our Company operates in compliance with the requirements of all health care programs with which we work." The policy further indicated, "Each employee has an individual responsibility to report any activity by any employee, physician, subcontractor, resident, visitor, volunteer or vendor that appears to violate applicable laws, regulations or the Company's Code of Conduct. Reports should be made immediately and failure to report known or possible inappropriate activity is grounds for disciplinary action up to and including suspension or termination of employment." In addition, "Anyone who engages or attempts to engage in any form of retaliation against an employee for good faith participation in the Company's Corporate Compliance Program will be disciplined, up to and including dismissal." Further review under the handbook's "Code of Conduct" section revealed, "Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on honesty, common sense, and fair play. The following list enumerates the types of conduct that is not acceptable of Company employees: Falsifying timesheets, application forms, or other Company records. Failing to meet the Company's expected level of performance	F 895	properly via rapid nasal swab for covid -19 to meet the required testing. all test results were negative. All staff that were due were fit tested for N95 mask, to ensure that all staff are fit tested. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents & staff have the potential to be affected by the deficient practice. The governing body contracted a service provider to in-service administration on the facility's compliance and ethics program/code of conduct. 3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Every Department head was in serviced by the I.P. nurse regarding every employee being tested via swab for NJ EX Order 264(c) when required. And every department head was given a competency test for nasal swabbing for NJ EX Order 264(c) testing by the I.P. nurse. All staff scheduled will be tested with N95 masks by the I.P. nurse / designee. LDOH and State Epi agreed that N-95 masks will be required to be utilized for NJ EX Order 264(c) units / PUI areas, based on the current outbreak status of the facility. All new hires and any agency staff members coming to the facility for the first	

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	315021	A. BUILDING _____ B. WING _____	C 01/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLAS HEALTHCARE AT DAUGHTERS OF MIRIAM	155 HAZEL STREET CLIFTON, NJ 07011

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F 895	Continued From page 34 and quality requirements." The employee handbook further revealed, "The observance of these rules will help to ensure that our workplace remains a safe and desirable place to work." A telephone interview with a state Epidemiologist (EPI) on 01/18/2023 at 12:56 PM, revealed since the facility had been in NJ EX Order 26461 outbreak status since NJ EX Order 26461, the state EPI and the local health department (LHD) had been asked to consult with the facility to offer support, guidance, and education to assist them in getting beyond the outbreak. The EPI stated they asked the facility to be on weekly phone/Zoom calls dating back to NJ EX Order 26461. The EPI stated phone/Zoom calls were conducted weekly with much resistance from the facility staff. The EPI stated during the calls, the EPI and the LHD staff would educate the facility on fit testing for N95 masks, basic infection control practices, and NJ EX Order 26461 testing of employees. The EPI stated during the call on NJ EX Order 26461, the LHD and the EPI requested the facility send staff NJ EX Order 26461 testing logs for review. At the end of the call, when the facility administrator (NHA) thought she had hung up from the call, the EPI and LHD overheard the NHA instruct Unit Clerk (UC) #12 to "make up the logs" and "go upstairs and have employees sign that they were being tested for the last two weeks." The EPI stated they wanted the facility to take ownership of what they could control. On 01/20/2023 at 11:20 AM, UC #12 was interviewed. UC #12 confirmed she was on the Thursday calls with the EPI and the LHD. She revealed they discussed new resident and staff NJ EX Order 26461 cases. She stated they also asked if the facility was completing NJ EX Order 26461 testing the way they recommended. UC #12 stated it was her	F 895	time will be fit tested by the I.P. nurse /designee prior to starting their assignments when N95 are requierd. The governing body contracted a service provider to in-service administration on the facility's compliance and ethics program/code of conduct. All staff will be in-serviced on facility's compliance and ethics program. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The facility will re-implement the compliance and ethic program. Facility management will attend the monthly compliance calls with the contracted service provider who assists with the compliance program. The human resources manager will be responsible for performing staff file audits to ensure all new hire and all staff are educated about the compliance program weekly times four (4 weeks), then biweekly times two (4 weeks), then monthly times three (3) months. Any areas of concern identified will be addressed by the Administrator. The findings of the audits will be presented at the quarterly Quality Assurance Performance Improvement (QAPI) meetings x three (3) meetings or until a timeframe determined by the QAPI members.	

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F 895	Continued From page 35	F 895		

responsibility for tracking both resident and employees testing, especially on Mondays and Thursdays. During the interview, UC #12 stated she recalled in NJ EX Order. 264b1, the LHD and EPI requested the facility's staff COVID-19 testing logs for NJ EX Order. 264b1 UC #12 revealed that at the end of the call, the NHA told her to create logs that did not exist and have staff sign them. UC #12 stated the NHA realized she had not hung up from the call and stated, "I hope they didn't hear me." UC #12 indicated some staff had tested but the facility was not testing the way the LHD and EPI had recommended. According to UC #12, the EPI and the LHD expected every single person to be tested; however, not every single person was being tested. The UC stated the LHD wanted testing logs, so the facility made them up. UC #12 stated the honest answer to the health department would have been to tell them they did not test all the staff.

On 01/20/2023 at 2:06 PM, a follow-up interview with UC #12 regarding the COVID-19 testing logs sent to the LHD revealed UC #12 added the names of staff who were scheduled to work on testing days to a log. UC #12 stated she also talked to staff and if they stated they had worked on a testing day, she asked them to sign the log that they had self-tested. UC #12 stated the NHA and UC #12 wanted to give the health department the information for which they asked. According to UC #12, each employee self-tested for NJ EX Order. 264b1 and she could not ensure that each employee was tested as required.

On 01/20/2023 at 11:33 AM, the Regional Director of Operations (RDO) was interviewed. The RDO stated he was in disbelief with what he was hearing. He stated he did not understand the

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F 895	Continued From page 36	F 895		

logic behind making up documents and the lying. The RDO stated that practice was not doing anyone any good.

The NHA was not available for interview.

2. On 01/19/2023 at 10:56 AM, CNA #10 was interviewed. CNA #10 stated it was her second day working at the facility as an agency contracted employee and was assigned to the [redacted] unit. CNA #10 stated she had not had been fit tested for the facility required N95 mask she was wearing.

A review of CNA #10's employee file revealed a "Respirator Fit Test Sheet," dated [redacted], which indicated the facility had fit tested the CNA with a Medline N95 respirator and passed the fit test.

On 01/19/2023 at 2:23 PM, a follow-up interview with CNA #10 revealed two facility employees approached her between 11:00 AM and 12:00 PM and stated the Director of Nursing (DON) needed her to sign an N95 fit test form. CNA #10 stated she signed the form, but the facility had not fit tested her for the N95 mask she was required to wear.

On 01/19/2023 at 3:40 PM, Staffing Coordinator (SC) #11 was interviewed with the Regional Director of Operations (RDO) present. SC #11 stated the DON told the Infection Preventionist (IP) Nurse and SC #11 to make sure all staff had on the proper personal protective equipment (PPE). The IP Nurse asked SC #11 to have CNA #10 sign a form indicating the CNA had been fit tested. SC #11 stated she asked CNA #10 to sign a blank fit testing form that only had the CNA's

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name and title documented on the form.

On 01/19/2023 at 4:05 PM, the IP Nurse was interviewed with the RDO present. The RDO asked the IP Nurse to be truthful with the surveyor about fit testing for CNA #10. The IP Nurse stated the facility's file for CNA #10 was not complete.

On 01/19/2023 at 3:03 PM, the DON was interviewed with the RDO present. The DON stated her expectation was agency staff should also be fit tested for the facility's designated N95 mask. The DON indicated she was not trained to do the fit testing, but the IP Nurse and the Assistant Director of Nursing (ADON) completed the fit testing. The DON stated she instructed the IP Nurse and the facility scheduler to make sure everyone in the facility was wearing the correct PPE. The DON stated, "I don't know what to say" but thought the facility could make some changes to make sure it did not happen again.

On 01/19/2023 at 4:20 PM, an interview was conducted with the DON, IP Nurse, SC #11, and the RDO. The IP Nurse stated the surveyor asked for the agency staff fit testing. Staff wanted the files to be perfect, but they were not. According to the IP Nurse, they (DON, SC #11, and IP Nurse) all put forms in a binder. The IP Nurse stated she was "not honest," and she had "to own it." The DON stated she also helped put the files together and confirmed all the agency files were incomplete. The IP Nurse further stated the facility had not fit tested any of the agency staff since she started in October 2022. Since October 2022, there had been 47 different agency staff that had worked at the facility without a respirator fit test.

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F 895	Continued From page 38 On 01/20/2023 at 11:33 AM, the Regional Director of Operations (RDO) was interviewed. The RDO stated he was in disbelief with what he was hearing. He stated he did not understand the logic behind making up documents and the lying. The RDO stated that practice was not doing anyone any good. New Jersey Administrative Code § 8:39-5.1(a)	F 895		

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
315021 Y1	A. Building B. Wing Y2	3/16/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLAS HEALTHCARE AT DAUGHTERS OF MIRIAM	155 HAZEL STREET CLIFTON, NJ 07011

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 F0835	Correction	ID Prefix F0880	Correction	ID Prefix F0886	Correction
Reg. # 483.70	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80 (h)(1)-(6)	Completed
LSC	03/07/2023	LSC	03/07/2023	LSC	03/07/2023
ID Prefix F0895	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.85(a)-(e)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/07/2023	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	

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	
1/20/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO