

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

PRINTED: 01/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/17/2021
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087		
(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 Survey Date: 8/17/21 Census: 95 Sample: 5 residents 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 implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	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	F 880			12/14/21

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

TITLE

(X6) DATE

Electronically Signed

08/24/2021

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>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, 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</p>	F 880			

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F 880	<p>Continued From page 2 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: Based on observation, interview, and review of records, it was determined that the facility failed to practice appropriate hand hygiene for 4 of 11 staff observed; in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, page last reviewed January 8, 2021, included "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating,and after using the restroom. Immediately after glove removal." It further specified the procedure for hand hygiene which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable"</p>	F 880	<p>F 880</p> <p>1. HK#1 and HK#2 were in-serviced regarding the appropriate application and removal time frames of gloves as well as proper hand hygiene procedure before and after donning and doffing gloves. HK#1, HK#2, CNA, and DDS were in-serviced regarding proper hand hygiene with specific emphasis related to the duration of the handwashing process and preventing contamination during the hand washing period.</p> <p>2. All residents have the potential to be affected by the deficient practice of failing to practice appropriate hand hygiene in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>3. - All Topline staff and Infection Preventionist will receive education as per Directed Plan of Correction on Nursing Home Infection Preventionist Training Course Module 1- Infection Prevention & Control</p> <p>- Front line staff will receive education as</p>		

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F 880	<p>Continued From page 3</p> <p>1. On 8/17/21 at 9:21 AM, the Director of Nursing (DON) informed the surveyors that three residents Executive Order 26, 4.b. in the facility that was reported on [REDACTED].</p> <p>On that same date at 10:16 AM, the surveyors observed the Certified Nursing Aide (CNA) from the Executive floor perform handwashing for 12 seconds. During the interview, the CNA informed the surveyors that handwashing should be at least 20 seconds. The CNA stated that the 20 seconds starts from the beginning of the handwashing process to the opening of the faucet through the washing off of the soap from hands with water. The surveyor asked the CNA if she performed handwashing for 20 seconds and CNA did not respond.</p> <p>At 10:30 AM, the surveyors observed Housekeeper#1 (HK#1) remove his/her soiled gloves and without performing hand hygiene put on a new pair of gloves.</p> <p>Furthermore, the surveyors observed HK#2 pick up a bag of garbage with his/her bare hands, tied the garbage bag and placed it inside a big garbage container with a cover. HK#2 did not perform hand hygiene after handling the garbage.</p> <p>On that same date and time, the surveyor interviewed HK#1 and HK#2, who each stated they had received education and competencies on Infection Control which included hand hygiene and personal protective equipment (PPE). HK#1 stated that he/she should have performed hand hygiene before applying gloves and after removing his/her gloves. HK#2 did not respond when asked by the surveyor why he did not perform hand hygiene after picking up the bag of</p>	F 880	<p>per Directed Plan of Correction via Youtu.be training for Keep Covid-19 Out!, and Clean Hands.</p> <p>- All Staff including Topline Staff and Infection Preventionist All Staff including Topline Staff and Infection Preventionist will receive education as per Directed Plan of Correction on Nursing Home Infection Preventionist Training Course Module 7-Hand Hygiene, Module 11b Environmental Cleaning & Disinfection Module 6A- Principles of Standard Precautions, Module 6B- Principles of Transmission Based Precautions,</p> <p>-All staff will receive an infection control competency that will be validated by the Infection Preventionist or Director of Nursing</p> <p>-Root Cause Analysis was conducting by Infection preventionist in conjunction with Director of Nursing, and after investigation it was identified that Education for all staff including management needed to be reinforced with increased surveillance by the Infection Preventionist to ensure compliance with all policies in regard to infection control and prevention.</p> <p>4. The ICP will randomly review proper handwashing procedure of 5 employees monthly for two month as well as monitor appropriate wearing of gloves of 5 random employees throughout the facility for one month. Findings will be reported at the next quarterly Quality Assurance meeting.</p>		

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F 880	<p>Continued From page 4 garbage.</p> <p>On that same date and time, the surveyors observed HK#1 perform handwashing for 13 seconds. HK#2 performed handwashing for 6 seconds and touched the faucet with bare hands without using a clean paper towel. HK#2 stated, "I should have not touched the faucet." HK#1 and HK#2 both were not aware that counting 20 seconds starts when both hands were being scrubbed with soap outside the running water covering the surfaces of hands and fingers.</p> <p>On that same date at 11:48 AM, the surveyor observed the Director of Social Services (DSS) perform hand hygiene for 10 seconds under the stream of running water and used the same paper towel to dry his/her hands and turn off the faucet. The surveyor asked the DSS how long he/she should wash his/her hands and if he/she had received any hand hygiene in-services. The DSS replied that he/she should wash for 10 seconds and that he/she had not had any hand hygiene education.</p> <p>At 12:26 PM during an interview, the Director of Housekeeping (DH) informed the surveyors that all housekeeping staff were educated about infection control, hand hygiene, and PPE use. The DH stated that he was responsible for educating and ensuring that housekeeping staff had competencies with hand hygiene and PPE use in coordination with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON).</p> <p>Furthermore, the DH stated that HK#1 and HK#2 did not perform handwashing appropriately and acknowledged they should have washed hands</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>before donning clean gloves and after removing soiled gloves and should apply friction for at least 20 seconds. The DH further stated that HK#2 should have performed hand hygiene immediately after handling the garbage.</p> <p>On 8/17/21 at 1:11 PM, during a phone interview the Infection Preventionist Nurse (IPN) acknowledged that HK#1, HK#2, and the CNA had not performed handwashing appropriately.</p> <p>At 1:42 PM, the surveyors discussed the above concerns with the Administrator and DON. The DON acknowledged that the CNA, HK#1, and HK#2 did not perform the appropriate handwashing. The DON further stated that HK#1 should have performed hand hygiene before and after gloves use.</p> <p>At 2:50 PM, the DON provided a copy of the CNA and HK#1's hand hygiene competencies. The DON informed the surveyors that there was no hand hygiene competency for HK#2. The DON could not speak to why there was no hand hygiene competency for HK#2.</p> <p>At 2:54 PM, the surveyors met with the Administrator, DON, and Regional LPN. No additional information was provided by the facility.</p> <p>A review of the facility Handwashing/Hand Hygiene Policy and Procedure dated 7/2020 included "This facility considers hand hygiene the primary means to prevent the spread of infections. Procedure:#7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations:f. before donning sterile gloves; ...m. after removing gloves; ...#9. The use</p>	F 880			

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F 880	Continued From page 6 of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infectionsWashing Hands: ...#2. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20-30 seconds (or longer) under a moderate stream of running water ...#4. Dry hands thoroughly with paper towels and discard in the garbage can. #5. Turn off faucets with a clean, dry paper towel"	F 880			
	NJAC 8:39-19.4(a)(1)(c)(m)(n)				

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315465	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/19/2022
NAME OF FACILITY MANHATTANVIEW NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087	

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 F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/14/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON
8/17/2021

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