

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

PRINTED: 05/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315465</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/27/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANHATTANVIEW NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 HUDSON AVENUE UNION CITY, NJ 07087</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Survey Date: 11/27/2020  Census: 81  Sample: 3  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 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			12/9/20

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

TITLE

(X6) DATE

Electronically Signed

12/02/2020

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 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, record review and review of pertinent facility documents, it was determined that the facility failed to implement Transmission Based Precautions (TBP) for █ of █ Executive Order 26, 4.b. residents as persons under investigation (PUI) for COVID-19 in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines.</p> <p>This deficient practice was identified during the COVID-19 Focused Infection Control survey conducted on 11/27/2020, and was evidenced by the following:</p> <p>According to the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes updated 4/30/20 included, "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown...All recommended COVID-19 PPE [personal protective equipment] should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement... However, a single negative test upon admission does not mean that the</p>	F 880	<p>F-888 1. Resident #1 █ Executive Order 26, 4.b. Executive Order 26, 4.b. and was not placed on transmission- based precautions x 14 days. Resident #2 was exposed to resident #1 █ Executive Order 26, 4.b. 2. All resident have the potential to be affected by this deficient practice, when a new admission or readmission is not placed on 14 -day transmission-based precautions. Resident # 1 and resident #2 were immediately placed on transmission- based precautions x 14 days. Residents # 1 and Resident #2 were immediately Executive Order 26, 4.b. via PCR. An audit was completed of all admission within the last 14 days to ensure proper transmission-based precautions are being followed. 3. An In-service was provided to all nurses, by the Director of nursing, to ensure when a new admission is or re-admission is placed on 14-day transmission- based precautions upon entering the facility. A stop sign will be placed on the door to see the nurse prior to entering. PPE Cart with equipment will be placed outside of the door, and two containers will be placed in the room for linens, PPE and disposals. 4. The Director of Nurses or Assistant Director of Nurse will audit new admissions and re-admissions weekly x</p>		

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F 880	<p>Continued From page 3</p> <p>resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE."</p> <p>On 11/27/2020 at approximately 9:30 AM, the Assistant Administrator provided the surveyor, in the presence of another surveyor, a list of residents that were Admissions and Readmissions for the last 14 days and a floor plan of the facility with the designated COVID-19 positive and PUI rooms identified. Review of the Admission/Readmission list indicated Resident #1 was a <b>Executive Order 26, 4.b.</b> Review of the floor plan indicated that the PUI (Persons Under Investigation) unit included <b>Executive Order 26, 4.b.</b> rooms. Resident #1's room was not designated on the floor plan as a PUI room.</p> <p>At 11:52 AM, the surveyor observed Resident #1's room which did not have a stop sign on the door indicating the resident was on TBP or a bin for PPE in close proximity to the room door. The surveyor observed that Resident #1 was in the same room as Resident #2.</p> <p>At 11:53 AM, the surveyor interviewed the <b>Executive Order 26, 4.b.</b> Unit Manager (UM) who stated that Resident #1 was <b>Executive Order 26, 4.b.</b> on <b>Executive Order 26, 4.b.</b> after a <b>Executive Order 26, 4.b.</b> and that the resident <b>Executive Order 26, 4.b.</b> to the facility that <b>Executive Order 26, 4.b.</b> She then stated that since the resident was not outside the facility for more than 24 hours that the resident was not put on TBP or moved to the PUI unit. The UM further stated that Resident #1 and Resident #2 were roommates both before and after the transfer of Resident #1 <b>Executive Order 26, 4.b.</b></p>	F 880	30 days. Ensuring a new admission or re-admissions are placed on 14-day transmission- based precautions upon entering the facility. A stop sign will be placed on the door to see the nurses prior to entering. PPE Cart with equipment will be placed outside of the door, and two containers will be placed in the room for linens, PPE and disposals. All findings will be reviewed at the quality assurance meeting x 3 quarters.		

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F 880	<p>Continued From page 4</p> <p><b>Executive Order 26, 4.b.</b></p> <p>A review of Resident #1's medical record included a Universal Transfer form dated <b>Executive Order 26, 4.b.</b> indicating <b>Executive Order 26, 4.b.</b> Further review of the medical record included Nurses Notes which revealed on <b>Executive Order 26, 4.b.</b> Resident #1 was <b>Executive Order 26, 4.b.</b></p> <p>At 1:05 PM, the surveyor, in the presence of the survey team, interviewed the Director of Nursing (DON). The DON stated that Resident #1 should have been placed on the PUI unit and placed on TBP upon <b>Executive Order 26, 4.b.</b> and should not have been placed back in the room with another resident. The DON further stated that the supervisors should know that a resident that returns from the hospital should be placed on TBP and placed on PUI unit.</p> <p>A review of the facility's policy titled, "Infection Control Outbreak Plan" with a revised date of 8/2020 included under "Cohorting: Facility will cohort residents as follows: D. Cohort D-New or Re-admissions This cohort consists of all persons from the community or other healthcare facilities who are newly or readmitted. This cohort serves as an observation area when persons remain for 14 days to monitor for symptoms that may be compatible with the infectious virus, including COVID-19.</p> <ul style="list-style-type: none"> <li>-New residents or readmitted residents from the hospital with negative testing results from the hospital will be placed in Transmission Based Precautions x 14 days.</li> <li>-A stop sign will be placed on the door.</li> <li>-A PPE equipment cart will be placed on the</li> </ul>	F 880			

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F 880	Continued From page 5 outside of the room while two containers will be placed inside the room for linens and PPE disposals."  N.J.A.C. 8:39-19.4(a)	F 880			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315465	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/21/2020
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	12/21/2020	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**  
11/27/2020

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