

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

PRINTED: 03/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2021
NAME OF PROVIDER OR SUPPLIER EMERSON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 KINDERKAMACK ROAD EMERSON, NJ 07630		
(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: 1/11/2021 Census: 123 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be 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 conducted according to §483.70(e) and following	F 880			3/26/21

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

TITLE

(X6) DATE

Electronically Signed

01/20/2021

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 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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 2</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 a.) to sanitize and use properly the disinfecting wipes for cleaning the table used for testing visitors and staff for COVID-19, b.) practice appropriate hand hygiene for 2 of 8 staff, and c.) follow environmental infection control in the laundry for 1 of 2 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>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility updated on 7/28/2020, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." The U.S. CDC's</p>	F 880	<p>Problem #1 IPN</p> <p>Criteria #1 Residents affected by deficient practice:</p> <p>No residents were identified to be affected by this deficient practice. This deficiency was noted by this deficient practice. This deficiency was noted immediately and addressed with the IPN.</p> <p>Criteria #2 Identifying other residents who could have been affected by this deficient practice.</p> <p>All residents have a potential to be affected by this deficient practice but none were identified as deficient practice identified in criteria#1 was addressed immediately and plan of correction was initiated by the Director of Nursing (DON) with the IPN.</p> <p>Criteria #3 Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>The following measures have been initiated to ensure the deficiency will not recur:</p> <p>-Invention Preventionist Nurse (IPN) will</p>		

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F 880	<p>Continued From page 3</p> <p>Preparing for COVID-19 in Nursing Homes updated on 11/20/2020, indicated, "Environmental Cleaning and Disinfection: develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Ensure HCP are appropriately trained on its use."</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." 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. The focus should be on cleaning your hands at the right times."</p> <p>According to the U.S. CDC guidelines Appendix D-Linen and Laundry Management, Best Practices for Environmental Cleaning in Healthcare Facilities last reviewed 3/27/2020 included, "Best practices for management of</p>	F 880	<p>be directed by Director of Nursing (DON) on proper protocols for testing and review of policies and procedures regarding disinfection of areas used for testing.</p> <p>-DON will perform demonstration to IPN to ensure proper disinfection of areas per CDC guidelines with return demonstration.</p> <p>-All Health Care Personnel (HCP) performing COVID-19 Testing will be in-serviced and perform proper disinfection of areas used for COVID-19 Testing to ensure this deficient practice does not recur.</p> <p>-DON will monitor for two (2) COVID-19 testing of visitors and or staff with proper infection control practices in place monthly x 90 days.</p> <p>-All employees will be in serviced monthly with return demonstration on Hand Hygiene Policies and Procedures.</p> <p>-Employee identified during this COVID-19 Inspection from the laundry has been in serviced on proper Hand Hygiene.</p> <p>-Infection Control Cart has been set up at the reception area for easy access for preparation in procedure.</p> <p>Criteria #4 Monitoring the continued effectiveness of the systemic change:</p>		

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F 880	<p>Continued From page 4</p> <p>clean linen: Sort, package, transport, and store clean laundry in a manner that prevents risk of contamination by dust, debris, soiled linens or other soiled items."</p> <p>According to the U.S. CDC guidelines for Environmental Infection Control in Health-Care Facilities (2003), last reviewed 11/5/15 included, "Hygienically clean laundry carries negligible risk to health-care workers and patients, provided that the clean textiles, fabric, and clothing are not inadvertently contaminated before use. After washing, cleaned and dried textiles, fabrics, and clothing are pressed, folded, and packaged for transport, distribution, and storage by methods that ensure their cleanliness until use."</p> <p>On 1/11/21 at 8:35 AM, the surveyors observed the Infection Preventionist Nurse (IPN) performed the rapid COVID testing of three visitors in the facility lobby. The IPN did not sanitize the tables used for testing before and after COVID testing. There were no disinfecting wipes available on top of the table that was also used as a common area for answering screening COVID questions.</p> <p>After testing the visitors for COVID-19, the IPN did not properly dispose of the used testing kits and specimens in a covered medical waste garbage can.</p> <p>At 9:03 AM, the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) informed the surveyors that there were two positive COVID-19 staff, one from Dietary and one Housekeeping Director that were both at home self-isolating according to CDC guidelines.</p> <p>At 9:43 AM, the IPN stated that she was responsible for testing visitors and staff for</p>	F 880	<p>-DON will report compliance with this standard and compliance with POC.</p> <p>-Five (5) employees will be randomly monitored monthly for proper handwashing techniques for 3 months.</p> <p>Problem#2:Laundry Aide</p> <p>Criteria #1:Residents affected by deficient practice</p> <p>Laundry Room was inspected by Administrator and Director of Nursing (DON) and Laundry Table/Room was cleaned and drinks and books immediately removed.</p> <p>Handwashing was immediately was in-serviced by Director of Nursing with return demonstration by the Laundry Aide.</p> <p>Criteria #2:Identifying other residents who could have been affected by this deficient practice.</p> <p>All residents have a potential to be affected by this deficient practice by none were identified as this was an isolated incident.</p> <p>Criteria #3 Measures or systemic changes to ensure that the deficiencies will not recur.</p> <p>All Laundry Staff will be in-serviced on proper handwashing with return demonstration. Laundry workspace will be</p>		

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F 880	<p>Continued From page 5</p> <p>COVID-19. She further stated that the Housekeeper had cleaned the table in the reception area in the morning which was why she did not sanitize the tables anymore before and after COVID testing of the visitors.</p> <p>Furthermore, the IPN stated that it was the practice already when she started in the facility to dispose of the used testing kits and specimen in the regular garbage that had no cover.</p> <p>At 10:11 AM, the surveyor in the presence of the Supervisor of Laundry (SL) observed the Laundry Aide (LA) folding clean clothes of the residents in a separate room. There were two books and a cup of a cold drink on top of the table where LA folding clothes. The LA had no answer why there were books and a drink on top of the table used for folding clothes.</p> <p>At the same time, the surveyor and the SL observed the LA perform handwashing for 13 seconds. The SL stated that the LA should have washed her hands for at least 20 seconds. The SL further stated that there should be no food, drinks, books, and other things on top of the table where the LA folding clean clothes to mitigate the spread of infection.</p> <p>At 10:32 AM, the surveyor observed the IPN perform staff COVID-19 testing. The IPN did not perform hand hygiene in between changing gloves.. The IPN did not wait for the table to air dry after sanitizing the table with disinfecting wipes.</p> <p>At 10:47 AM during the interview, the IPN and the DON both stated that the IPN should have waited for 5 minutes to let the table air dry. Both the IPN</p>	F 880	<p>audited by the DON twice a week for non linen items on the laundry table. This will be done by the DON twice a week for 90 days.</p> <p>Laundry Staff will be in-serviced on where to store personal items as drinks will be permitted in staff dining room and personal times will be stored in the personal lockers.</p> <p>Staff is In-Service on Hand Hygiene on a monthly basis by DON/IPN/ADON.</p> <p>Criteria #4 Monitoring the continued effectiveness of the systemic change:</p> <p>The DON will report at the quarterly QA/QAPI meetings to the Administrator and Governing Board for continued compliancy with this standard for the next 3 quarters.</p> <p>Directed Plan of Corrected (DPOC):</p> <p>1-Root Cause Analysis (RCA) for both deficient practices cited:</p> <p>Problem #1 IPN Needed re education on the regulatory and facility Infection Control protocols related to employee and visitor testing. IPN needed to be re educated to prepare and have all proper supplies in hand prior to beginning the testing process including covered waste receptacle.</p> <p>2-Root Cause Analysis (RCA)</p>		

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F 880	<p>Continued From page 6</p> <p>and the DON acknowledged that the IPN should have performed hand hygiene in between gloves use.</p> <p>At 12:00 PM, the surveyors informed the LNHA and the DON of the above concerns.</p> <p>A review of the facility's Handwashing/Hand Hygiene Policy provided by the LNHA with a revised date of 8/2015 included, "Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: before donning sterile gloves, after removing gloves," and Handwashing Process Monitoring: thirty seconds hands total scrubbing time."</p> <p>A review of the facility's COVID-19 Outbreak Response and Testing Policy provided by the LNHA with a revision date of 5/13/2020 included, "Frequent testing for COVID-19. Frequent monitoring of proper hand hygiene and the use of PPE."</p> <p>At 12:46 PM, the surveyors met with the LNHA, DON, IPN, Assistant Administrator and there was no additional information provided by the facility.</p> <p>NJAC 8:39-19.4 (a) (1) (n)</p>	F 880	<p>Problem #2</p> <p>Laundry Aide stated she got nervous in the presence of Surveyor and her Supervisor and thought she had counted 20 secs as she knows it is from previous in-services on Hand Hygiene.</p> <p>Laundry aide was and has since been re in serviced on Hand Hygiene and encouraged on different ways to ensure proper count including counting "out loud" to ensure proper timing. She has also been in serviced on where to place personal items and drinks.</p> <p>2-In-Services Sign-In sheets as directed by DPOC: All Videos listed below have been shown with staff.</p> <p>Module 1 Infection Prevention & Control Program https://www.train.org/main/course/1081350/ All Topline Staff attended such as Clinical Team (Administrator,DON, IPN, ADON, all Department Managers</p> <p>CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 OUT http://youtu.be/7srwrF9MGdw Training was provided to all Topline Staff as well as all employees in all departments</p> <p>CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff:</p>		

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F 880	Continued From page 7	F 880	<p>Sparking Services https://youtu.be/t7OH8ORr5lg Training provided to all employees including Top-Line Staff</p> <p>CDC COVID-19 Prevention Messages for Front-line Long-Term Care Staff: Clean Hands https://youtu.be/xmYMUly7qiE Training was provided to all employees including Topline Staff</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315360	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/29/2021
NAME OF FACILITY EMERSON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KINDERKAMACK ROAD EMERSON, NJ 07630	

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	03/29/2021	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
1/11/2021

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