

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

PRINTED: 07/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT WELLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 301 UNION STREET HACKENSACK, NJ 07601	
(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 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 to prepare for COVID-19. Survey date: 5/27/20 Census:	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 accepted national standards;	F 880		5/28/20

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

TITLE

(X6) DATE

Electronically Signed

06/22/2020

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</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 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure adequate screening of Covid-19 symptoms for visitors/vendors, staff and residents, upon entrance into the facility.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 5/27/20, at 9:00 AM, the surveyor entered the facility. Upon entrance, the surveyor observed a screening table that was set up beyond the front entrance across from the receptionist area. The table contained a thermometer, a box of gloves, a visitor logbook, and a screening log that captured symptom and exposure questions and the temperature recordings. There was a staff member (Staff #1) observed seated at the table. The surveyor identified herself and explained the purpose of the visit. Staff #1 mentioned that he needed to obtain the surveyor's temperature. He donned gloves, pointed the thermometer to the surveyor's forehead, and took a temperature of 97.0 degrees Fahrenheit. The surveyor asked if Staff #1 had any questions or a logbook that needed to be signed. Staff #1 replied, "no, you can go over to the receptionist for the next step."</p> <p>On that same day, at that same time, the surveyor observed a staff member (Staff #2) enter the facility and go directly to the screening table. Staff #1 obtained Staff #2's (Regional Director) temperature but did not ask the screening questions.</p> <p>On that same day, at that same time, the surveyor went to the receptionist and identified herself and explained the purpose of the visit.</p>	F 880	<p>F880</p> <p>SS=D The facility failed to ensure adequate screening of Covid-19 symptoms for visitors/vendors, staff and residents, upon entrance into the facility.</p> <p>All residents will have COVID 19 screening every eight hours which includes blood pressure, temperature, pulse, respiration, saturation, pain level, and also monitor symptoms of cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, nausea, vomiting diarrhea, loss of appetite and fatigue.</p> <p>All appropriate staff (including Staff # 1 and Director Of Recreation) received training related to Covid-19 screening questionnaire. Training to include obtaining a response for the 5 screening questions, if no contraindications screen temperature to ensure less than 100.0F for entry.</p> <p>All residents have the potential to be affected therefore COVID 19 screening will be conducted every eight hours which includes blood pressure, temperature, pulse, respiration, saturation, pain level, and also monitor symptoms of cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, nausea, vomiting diarrhea, loss</p>		

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F 880	<p>Continued From page 3</p> <p>The receptionist contacted the Administrator who came and met the surveyor in the reception area.</p> <p>On 5/27/20 at 10:15 AM, the Assistant Director of Nursing (ADON), who was also the infection control coordinator, stated that all visitors and vendors were screened upon entry. All visitors and vendors should have temperatures taken and should be asked symptom and exposure questions by Staff #1. The DON stated that all staff entering the facility through the front entrance, have temperatures taken by Staff #1 then are expected to answer the screening questions electronically when they clock in.</p> <p>On 5/27/20, at 10:25 AM, the surveyor observed that there was no staff member at the screening table. At that time, a resident was observed entering the facility by wheelchair. The Director of Recreation (DOR) greeted the resident and then assisted them to the elevator without taking the temperature. The surveyor asked the DOR, who was responsible for taking the resident's temperature. The DOR replied, "I am; I should have taken the temperature."</p> <p>On that same day at 10:40 AM, the surveyor observed Staff #1 seated at the screening table. The surveyor asked Staff #1 to see the binder where he logged names and temperatures. The surveyor found that the COVID-19 Screening Questionnaire had four screening questions:</p> <ol style="list-style-type: none"> 1. Have you, or any member of your household visited and returned in the last 14 days from China, Iran, South Korea, Italy Japan, or another location under Level 2 or level 3 travel health alert/advisory from the CDC? 2. If the answer to question 1 is yes, please provide the location of travel and date of return: 	F 880	<p>of appetite and fatigue.</p> <p>DON/Designee will review 50 records for completion weekly x 4, then bi-weekly x 1 month. DON/Designee will audit the screeners' performance bi-weekly x 3 months, then weekly x 2 months.</p> <p>The results of these audits will be reviewed by the QAPI committee quarterly for 2 quarters to determine if further action to the plan is needed.</p> <p>Resident COVID 19 screening will be monitored for completion daily for 2 weeks then bi-weekly for 1 month. DON/Designee will monitor for completion.</p>		

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F 880	<p>Continued From page 4</p> <p>3. Have you or a member of your household had close contact with a person known to have COVID-19?</p> <p>4. Do you currently have fever or symptoms of lower respiratory illness such as coughing or shortness of breath?</p> <p>The surveyor asked Staff #1 why he didn't ask the surveyor or Staff #2 the screening questions. Staff #1 replied, "I should have asked you both the questions, am I in trouble?" The surveyor then asked Staff #1 why he had documented "no" to all the questions on the surveyor's questionnaire. Staff #1 did not respond.</p> <p>On 5/27/20 at 12:50 PM, the surveyor conducted an interview with Staff #2 who stated that Staff #1 didn't ask her the questions because he had already asked her the last time she was at the facility. The surveyor asked Staff #2 when that was. Staff #2 replied, "5/4/20". At that time, the Administrator stated that Staff #1 should have asked the surveyor and Staff #2 the symptom and exposure questions. The surveyor requested the In-service training Staff member #1 had received for the monitoring of all other staff and non-residents entering the building for signs and symptoms of the Covid-19 virus. The facility was unable to provide this documentation.</p> <p>Review of the facility's Infection Control Policy on Coronavirus (Covid-19) policy last revised 5/19/20, indicated that anyone with a fever or signs/symptoms of illness is not allowed to enter the facility and anyone arriving at the facility including staff is screened for fever and symptoms of Covid-19 before entering. (Fever is either measured temperature equal to or greater than 100 degrees F or subjective fever).</p>	F 880			

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F 880	Continued From page 5 NJAC 8:39-19.4 (a)	F 880			