

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

PRINTED: 07/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315349</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/21/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT INGLEMOOR, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>333 GRAND AVE ENGLEWOOD, NJ 07631</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			D 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  COVID-19 Focused Infection Control Survey  Census: 57  Sample: 8  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=E	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			8/22/22

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

TITLE

(X6) DATE

Electronically Signed

08/12/2022

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> <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>	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: C #: Covid-19 Infection Control</p> <p>Based on interviews and review of pertinent facility documentation on 7/21/22, it was determined that the facility failed to ensure that all staff and residents in the building were screened for Covid-19 signs and symptoms in accordance with the facility policy "Policy for Emergent Infectious Diseases (COVID-19) (Outbreak Plan V9)" and "Surveillance for Infections", and Centers for Disease Control and Prevention (CDC) guidelines for 9 of 37 nursing employees (E #1 through #9) and 4 of 5 residents (Resident #1, #3, #4, and #5, all fully <b>EX Order 26 § 4b1</b>) reviewed for <b>EX Order 26 § 4b1</b>. This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) COVID-19, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 2/2/22, showed "...1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic...Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility. HCP [Health Care Provider] should report any of the 3 above criteria to occupational health or another point of contact</p>	F 880	<p>F880 Plan of Correction</p> <p>1. All residents have the potential to be effected. Employees #1 through #9 were immediately screened for signs and symptoms of COVID-19. Employees #1 through #9 had no signs and symptoms of COVID-19.</p> <p>Daily Covid Screening was immediately performed for Residents #1, #3, #4, and #5. There were no signs and symptoms of COVID-19 identified.</p> <p>2. All residents were screened for signs and symptoms of COVID-19. None of the residents showed any signs and symptoms of COVID-19. All staff was in-serviced to ensure they completed the screening for signs and symptoms of COVID-19 before entering the facility. A daily report of the staff COVID screening was compared to the daily staff schedule. All staff is being screened for signs and symptoms of COVID-19 before entering the building.</p> <p>3. All staff was in-serviced to ensure they completed the screening for signs and symptoms of COVID-19 before entering the facility.</p>		

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F 880	<p>Continued From page 3</p> <p>designated by the facility, even if they are up to date with all recommended COVID-19 vaccine doses. Recommendations for evaluation and work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2..."</p> <p>Reference: Centers for Disease Control and Prevention Interim Infection Prevention and Control, Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes for Nursing Homes &amp; Long-Term Care Facilities, Updated Feb. 2, 2022, showed "...Evaluate Residents at least Daily Evaluate...Actively monitor all residents upon admission and at least daily for fever (temperature =100.0 Fahrenheit) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19...Older adults with SARS-CoV-2 infection may not show common symptoms such as fever or respiratory symptoms. Other COVID-19 symptoms can include fatigue, muscle or body aches, headache, sore throat, loss of taste and/or smell, or new dizziness, nausea, vomiting, or diarrhea. Additionally, more than two temperatures &gt;99.0°F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection...."</p> <p>Review of the facility line listing (LL) provided by the facility on 7/21/22, showed that the Covid-19 outbreak was first identified on 7/2/22 involving 5 employees and 4 residents. The last tested positive for COVID 19 was on 7/19/22 involving</p>	F 880	<p>All licensed staff was in-service to ensure daily Daily Covid Screening for signs and symptoms of COVID-19 is performed for all residents.</p> <p>4. The Administrator/Designee will perform a weekly audit for three months of the employee COVID-19 Screening to ensure that all employees are being screened for signs and symptoms of COVID-19 before entering the building. The Administrator/Designee will report the outcome of the audit to the Quality Assurance Performance Improvement (QAPI) Committee monthly.</p> <p>Director of Nursing/Designee will perform a random weekly audit of the resident's Daily COVID-19 screening for three months to ensure that licensed staff is assessing the residents for signs and symptoms of COVID-19 daily. The Director of Nursing/Designee will report the outcome of the weekly audit to the Quality Assurance Performance Improvement Committee (QAPI) monthly.</p> <p>The facility provided in-service training to appropriate staff, with staff competency validated by the Director of Nursing, Medical Director, Infection Preventionist, as follows:</p> <p>Nursing Home Infection Preventionist Training Course Module 1 – Infection Prevention &amp; Control Program Course - TRAIN Learning Network - powered by</p>		

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F 880	<p>Continued From page 4 an employee and resident.</p> <p>Interviewed with the Director of Nursing (DON) on 7/21/22 from 2:00 pm to 4:00 pm, she stated that residents have to be monitored daily for signs and symptoms (SS) of Covid-19 such as but not limited to; fever, cough, headache.</p> <p>1. According to the "ADMISSION RECORD (AR)", Resident #1 was admitted to the facility on Ex.Order 26.4(b)(1), with diagnoses that included but were not limited to: Ex.Order 26.4(b)(1) and Ex.Order 26.4(b)(1)n.</p> <p>The Minimum Data Set (MDS) an assessment tool dated 4/22/22, Resident #1's Ex.Order 26.4(b)(1) was Ex.Order 26.4(b)(1) and required extensive assistance from staff with Activities of Daily Living (ADL).</p> <p>The Care Plan (CP) dated 1/25/22, showed that Resident #1 was at risk for Ex.Order 26.4(b)(1) Ex.Order 26.4(b)(1). Interventions included but not limited to; Follow facility protocols for Covid-19 Screening, observe for SS of Covid-19, document and promptly report.</p> <p>Review of the assessment for "COVID-19 Daily Screening Updated (Routine)" showed that Resident #1 was not screened for Ex.Order 26.4(b)(1) on 7/12/22, 7/15/22, 7/16/22, 7/18/22, and 7/19/22 which was not according to their policy.</p> <p>According to the AR, Resident #3 was admitted to the facility on Ex.Order 26.4(b)(1), with diagnoses that included but were not limited to: Ex.Order 26.4(b)(1) and Ex.Order 26.4(b)(1).</p> <p>The MDS dated 6/29/22, Resident #3's cognition</p>	F 880	<p>the Public Health Foundation Training completed by: Topline staff and infection preventionist</p> <p>CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! (1258) CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! - YouTube Training completed by: Front Line Staff</p> <p>CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Closely Monitor Residents (1258) CDC COVID-19 Prevention Messages for Front Line LTC Staff: Closely Monitor Residents for COVID-19 - YouTube Training completed by: Front Line Staff</p> <p>Nursing Home Infection Preventionist Training Course Module 5 – Outbreaks Course - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation Training completed by: Topline staff and infection preventionist</p> <p>Nursing Home Infection Preventionist Training Course Module 4 – Infection Surveillance Course - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation Training completed by: Topline staff and infection Preventionist</p> <p>Nursing Home Infection Preventionist Training Course</p>		

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F 880	<p>Continued From page 5</p> <p>was Ex.Order 26.4(b)(1) and required total assistance from staff with ADL.</p> <p>The CP dated 7/19/22, showed that Resident #3 Ex.Order 26.4(b)(1) on 7/19/22.</p> <p>Resident #3's assessment for "COVID-19 Daily Screening Updated (Routine)" showed that Resident #3 was not screened for Ex.Order 26.4(b)(1) on 7/5/22, 7/6/22, 7/9/22, 7/10/22, and 7/18/22 which was not according to their policy.</p> <p>According to the AR, Resident #4 was admitted to the facility on Ex.Order 26.4(b)(1), with diagnoses that included but were not limited to: Ex.Order 26.4(b)(1) and Ex.Order 26.4(b)(1).</p> <p>The MDS dated 7/8/22, Resident #4's cognition was Ex.Order 26.4(b)(1) and required independent assistance from staff with ADL.</p> <p>The CP dated 12/27/21, showed that Resident #4 was at risk for acquiring Ex.Order 26.4(b)(1). Interventions included but were not limited to; follow facility protocols for Ex.Order 26.4(b)(1), observe for Ex.Order 26.4(b)(1), document and promptly report.</p> <p>Resident #4's assessment for "COVID-19 Daily Screening Updated (Routine)" showed that Resident #4 was not screened for Ex.Order 26.4(b)(1) of Ex.Order 26.4(b)(1) on 7/12/22 and 7/18/22 which was not according to their policy.</p> <p>According to the AR, Resident #5 was admitted to the facility on Ex.Order 26.4(b)(1) with diagnoses that included but were not limited to: Ex.Order 26.4(b)(1) and Ex.Order 26.4(b)(1).</p> <p>The MDS dated 6/19/22, Resident #5's cognition</p>	F 880	<p>Module 6A – Principles of Standard Precautions Course - TRAIN Learning Network - powered by the Public Health Foundation Training Completed by: All staff including topline staff and infection preventionist</p> <p>Nursing Home Infection Preventionist Training Course</p> <p>Module 6B – Principles of Transmission-Based Precautions Course - TRAIN Learning Network - powered by the Public Health Foundation Training completed by: All staff including topline staff and infection preventionist</p> <p>Root cause analysis was completed. Staff did not complete the required covid signs and symptoms screening prior to entering the center.</p> <p>Why-</p> <p>The 9 identified staff members were interviewed by the Administrator and/ or the Director of nursing. Staff indicated they failed to complete the required screening because they entered the center and immediately went to the time clock. After clocking in they forgot to complete the screening.</p> <p>The 9 identified staff members were immediately screened without signs or symptoms of covid-19. The 9 staff members were also immediately re-educated on the mandatory covid screening procedure.</p> <p>Root cause analysis completed. Resident covid signs and symptoms</p>		

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F 880	<p>Continued From page 6</p> <p>was <sup>Ex. Order 26.4</sup> and required extensive assistance from staff with ADL.</p> <p>The CP dated 12/27/21, showed that Resident #5 was at risk for acquiring <sup>Ex. Order 26.4(b)(1)</sup>. Interventions included but were not limited to; follow facility protocols for <sup>Ex. Order 26.4(b)(1)</sup>. Screening, observe for <sup>Ex. Order 26.4(b)(1)</sup> of <sup>Ex. Order 26.4(b)(1)</sup>, document and promptly report.</p> <p>Resident #5's assessment for "COVID-19 Daily Screening Updated (Routine)" showed that Resident #5 was not screened for <sup>Ex. Order 26.4(b)(1)</sup> of <sup>Ex. Order 26.4(b)(1)</sup> on 7/12/22 and 7/18/22 which was not according to their policy.</p> <p>The medical record from 7/1/22 through 7/21/22 showed no documented evidence by staff that Residents #1, #3, #4, and #5 were screened for <sup>Ex. Order 26.4(b)(1)</sup> of <sup>Ex. Order 26.4(b)(1)</sup> on the aforementioned dates which was not according to their policy.</p> <p>2. The screening for COVID-19 showed that the employees were to answer yes or no to the following questions: diagnosed with Covid-19, Covid-19 symptoms (cough, fatigue, congestion...) and contact with someone with or under investigation for Covid-19 when entering the building.</p> <p>The list of nursing staff scheduled to work on 7/19/22, 7/20/22, and 7/21/22 showed that 9 employees (E #1 through #9, all fully vaccinated) did not have a documented evidenced that their body temperatures were taken and completed the screening for Covid-19 before entering the facility or at the start of their shift which was not according to their policy and CDC guidelines:</p>	F 880	<p>monitoring was not completed.</p> <p>Why- Upon investigation and licensed staff interview, it was discovered that covid-19 screening assessment was not auto populating for completion in Point Click Care. The licensed staff also stated they did not verify completion of the required resident covid-19 screening assessments. The licensed staff was educated on resident covid-19 signs and symptoms assessment procedure. The operating system issue was resolved by Point Click Care.</p>		

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F 880	<p>Continued From page 7</p> <p>Interviewed with the Administration on 7/21/22 from 2:00 pm to 4:00 pm, they stated that staff were instructed to complete the Covid-19 screening prior to entering the building. The Reception staff (RS) should ensure that anyone entering the facility will actively be screened for fever and symptoms of Covid-19. They were unable to explain why the aforementioned employees entered the facility without fully being screened for Covid-19 symptoms.</p> <p>The Surveyor attempted to conduct a telephone interview with E #1 on 7/25/22, however, E #1 was not available.</p> <p>The "Email Alert" sent to Residents, Families, and Staff, dated 7/4/22, 7/5/22, and 7/13/22, showed a reminder to screen for Covid-19 SS when entering the facility or before the start of their shift.</p> <p>The facility policy titled, "Surveillance for Infections", dated 1/2022, showed "...The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections, to guide appropriate interventions, and to prevent future infections...Nursing Staff will monitor residents for signs and symptoms that may suggest infection, according to current criteria and definitions of infection, and will document and report suspected infections...Data Collection and Recording...4. For targeted surveillance using facility-created tools, follow those guidelines: a. DAILY (as indicated): Record detailed information about the resident and infection on an individual infection report form..."</p>			F 880			



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F 880	Continued From page 8  The facility policy titled, "Policy for Emergent Infectious Diseases (COVID-19) (Outbreak Plan V9)", dated 4/28/22, showed "PURPOSE To provide guidance to long term care providers on how to prepare for new or newly evolved infectious diseases whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the residents, families and staff of the skilled nursing center..GOAL To protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our care center...j. Self-screening...iii. Self-screening for symptoms prior to reporting to work..."  NJAC 8:39-19.4(a)(b)	F 880			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315349	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/24/2022
NAME OF FACILITY COMPLETE CARE AT INGLEMOOR, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 333 GRAND AVE ENGLEWOOD, NJ 07631	

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	08/22/2022	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/21/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			