

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

PRINTED: 12/08/2020
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315133 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/19/2020 |
| NAME OF PROVIDER OR SUPPLIER WOODCLIFF LAKE HEALTH & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 555 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677 | | |
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| F 000 | INITIAL COMMENTS Survey date: 11/19/20 Census: 66 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=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 accepted national | F 880 | | | 12/8/20 |

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 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: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to: a) properly contain the dirty laundry of a PUI resident for 1 of 1 staff; b) practice appropriate hand hygiene for 1 of 3 staff; c) ensure that workers are knowledgeable regarding the cleaning chemical used in the workplace for 1 of 3 staff; and, d) sanitize the table used for staff testing 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 Guidelines for Environmental Infection Control in Health-Care Facilities (2003) included, "OSHA defines contaminated laundry as 'laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.' The purpose of the laundry portion of the standard is to protect the worker from exposure to potentially infectious materials during collection, handling, and sorting of contaminated textiles through the use of personal protective equipment [PPE], proper work practices, containment, labeling, hazard communication, and ergonomics." It further included, "Laundry workers should wear appropriate personal protective equipment (e.g., gloves and protective garments) while sorting soiled fabrics and textiles."</p> | F 880 | <p>What corrective action(s) will be accomplished for those residents affected by the deficient practice?</p> <ul style="list-style-type: none"> ¿ Individual laundry bins were placed in the room of the PUI resident so that soiled linen was properly contained. ¿ Housekeeping staff member identified was re-educated by Regional Nurse regarding proper handwashing with a successful return demonstration on 11/19/20. ¿ Director of Housekeeping re-educated the housekeeper regarding cleaning chemicals used in the workplace on 11/19/20. ¿ IPN was re-educated by the DON regarding proper sanitization of testing station with successful return demonstration on 11/19/2020. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> • Audit of resident cohorts was conducted by Infection Preventionist, Regional Nurse, and Director of Nursing to verify proper containment of linens on 11/19/20. • Handwashing competencies were completed for housekeeping personnel by the Infection Preventionist, Regional Nurse and Director of Nursing on 11/19/20. | | |

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| F 880 | <p>Continued From page 3</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/20 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's "Interim Infection Prevention and Control Recommendations for HCP During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated 11/4/20 included guidelines to "Collection of Diagnostic Respiratory Specimens" It specified that, "Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection controlEnsure that environmental cleaning and disinfection procedures are followed consistently and correctly."</p> <p>1. On 11/19/20 at 9:15 AM, the surveyors, met with the Licensed Nursing Home Administrator (LNHA), who informed the surveyors that there was one positive COVID-19 resident on the [REDACTED]</p> | F 880 | <ul style="list-style-type: none"> Cleaning chemicals used in the workplace were reviewed with the housekeeping staff by the Housekeeping Director on 11/19/20. The Director of Nursing and Assistant Director of Nursing completed a review of proper sanitization of the testing station with nurses collecting staff tests on 11/19/20. <p>What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Nursing and Housekeeping staff were re-educated by the Director of Nursing and Director of Housekeeping regarding handling and containment of soiled linen in each cohort. Visual cues are posted. Housekeeping carts will include information regarding cleaning chemicals used with instructions for use for best efficacy. Education on proper handwashing was provided to Housekeeping and Nursing staff by the Director of Nursing, Assistant Director of Nursing and Director of Housekeeping on 11/19/20. <p>How the corrective action will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> DON and ADON will conduct 3 random Hand Washing observations weekly for 12 weeks. Areas of concern will be addressed. Findings will be reported to the monthly QAPI committee meeting to determine need for further action. The Director of Nursing and Director | | |

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| F 880 | <p>Continued From page 4</p> <p>floor that was transferred to the ■ floor. The LNHA stated that the positive resident's roommate remained on the ■ floor, tested negative for COVID, and was on observation for 14 days due to exposure.</p> <p>At that same time, the LNHA stated that all staff on the ■ floor were mandated to wear an N95 mask and a face shield or goggles when on the units and full personal protective equipment (PPE), which included an N95 mask, gown, gloves, and eye protector or a face shield when inside resident rooms.</p> <p>On 11/19/20 at 10:29 AM, the surveyor observed the Certified Nursing Aide (CNA) exited a Person Under Investigation (PUI) room on the ■ floor, walked past five rooms to the end of the hallway, and put the dirty laundry of the PUI resident into the three-compartment bins. The PUI room had no bin inside the room to put the soiled laundry of the PUI resident.</p> <p>At that same time, the CNA informed the surveyor that there wasn't a bin inside the PUI resident's room to collect the soiled linen, which was why she had to bring the soiled linen out of the room. The CNA stated that the three-compartment bins at the end of the hallway were used for all 3rd-floor long hall residents even though they were not PUI. She further noted that no instruction was given to her not to use the three-compartment bins for PUI residents.</p> <p>At 10:53 AM, the Registered Nurse/Unit Manager (RN/UM) stated that the CNA should not have taken the dirty laundry out of the PUI resident's room due to infection control. The RN/UM further</p> | F 880 | <p>of Housekeeping will randomly observe staff handling and containment of soiled linen within cohorts twice weekly for the next twelve weeks. Areas of concern will be addressed. Results of these observations will be reviewed at the monthly Quality Assurance Performance Improvement meeting for the next three months with follow up provided as needed.</p> <ul style="list-style-type: none"> Housekeeping Director will randomly observe and interview 3 housekeepers per week for 12 weeks to verify proper knowledge of chemical usage. Findings will be reported to the monthly QAPI Meeting and appropriate follow-up will be determined as needed. DON will observe 3 individual specimen collections weekly for 12 weeks to verify sanitization of the test station is properly completed after each collection. Areas of concern will be addressed. Results of these observations will be reviewed at the monthly QAPI committee meeting to determine need for further action. | | |

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| F 880 | <p>Continued From page 5</p> <p>noted that the PUI resident should have had a laundry bin inside their room for soiled laundry.</p> <p>At 11:37 AM, the Regional Infection Preventionist/RN (RP/RN) informed the surveyor that the PUI resident on the ■ floor should be on a 14-day quarantine, monitored for symptoms, and should stay in their room. The RP/RN stated that staff must wear full PPE when inside the resident's room, there should be a bin inside the PUI room for soiled laundry.</p> <p>At 2:15 PM, the surveyors met with the Regional Nurse and RP/RN in the presence of the LNHA. The Regional Nurse and the RP/RN both acknowledged that the PUI room should have had a bin inside the room for soiled linens and that the PUI resident's laundry should not have been put in the same receptacle as the other non-PUI residents. The Regional Nurse and the RP/RN both stated that the CNA on the ■ floor should have left the soiled laundry inside the PUI resident's room.</p> <p>2. On 11/19/20 at 10:44 AM, the surveyor observed the Housekeeper (HK) on the ■-floor unit perform hand hygiene. The HK scrubbed his hands for 38 seconds under the stream of running water. The HK did not respond when asked by the surveyor if he should be applying friction and lathering outside the running water.</p> <p>At that time, the LNHA was made aware of the concern. The LNHA stated that the scrubbing of hands should not be done under running water.</p> <p>3. On 11/19/20 at 10:40 AM, during an interview, the HK informed the surveyor that he had worked for the facility for over nine years. The surveyor</p> | F 880 | | | |

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| F 880 | <p>Continued From page 6</p> <p>asked the HK which disinfectant he used for frequently touched surfaces. The HK replied, "I'm not sure. I don't pay attention to the name of the disinfectant. I don't check the names." The surveyor asked the HK if he needed to mix the cleaning agents. The HK replied, "the disinfectant has to be mixed with water; you just need to put a little to make sure it's not too strong." The surveyor then asked the HK what the contact time (time that the disinfectant needs to stay wet on a surface to ensure efficacy). The HK replied, "quickly, just a few seconds." The surveyor asked the HK how many seconds, and he responded, "when you touch it, and it's dry, then it's dry."</p> <p>At 11:00 AM, the surveyors discussed the above concerns with the Director of Housekeeping (DH). The DH informed the surveyor that the facility used Sienna for disinfecting frequently touched surfaces with 5 minutes contact time. The DH stated that the HK should know better and was provided an in-service about the disinfectant.</p> <p>At 12:11 PM, the surveyors discussed the above concerns with the LNHA and Director of Nursing (DON).</p> <p>4. On 11/19/20 at 9:15 AM, the surveyor interviewed the LNHA, who stated that the facility had a current Covid-19 outbreak for both residents and staff who had tested positive for Covid-19.</p> <p>On that same date and time, the LNHA stated that staff was being tested 2x/week every Monday and Thursday. Residents were tested weekly on Friday, and that it was the Infection</p> | F 880 | | | |

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| F 880 | <p>Continued From page 7</p> <p>Preventionist Nurses (IPN) responsibility to collect the specimens.</p> <p>On 11/19/20 at 1:06 PM, during Covid-19 nasopharyngeal (back of the nose and throat) swab collection, the surveyor observed that after completing a swab collection for the CNA, the IPN did not sanitize the table that was used for specimen collection. The surveyor asked the IPN why she did not sanitize the table. The IPN replied, "I should have."</p> <p>At 3:09 PM, the surveyors met with the LNHA and DON and discussed the above concerns. The DON and LNHA both acknowledged that the IPN should have sanitized the table. The LNHA stated that the facility had no guidelines for a step by step Covid-19 specimen collection procedure. The facility provided no further information.</p> <p>A review of the facility's Handwashing/Hand Hygiene Policy with a revised date of August 2015 that was provided by the DON included, "Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds under a moderate stream of running water, at a comfortable temperature."</p> <p>NJAC 8:39-19.4 (a) NJAC 8:39-27.1</p> | F 880 | | | |