

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

PRINTED: 04/24/2024
FORM APPROVED
OMB NO. 0938-0391

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 05/03/2022
NAME OF PROVIDER OR SUPPLIER WOODCLIFF LAKE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 555 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677		
(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: 5/3/22 Census: 80 Sample: 6 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	F 880			6/3/22

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

TITLE

(X6) DATE

Electronically Signed

05/26/2022

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> <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 pertinent facility documents it was determined that the facility failed to maintain infection control protocols during a <u>Ex Order 26. 4B1</u>. This was observed in 2 of 3 cohorts. The deficient practice was evidenced by the following:</p> <p>On <u>Ex Order 26. 4B1</u> the survey team conducted a Focused Infection Control Survey at the Facility. The facility was in an outbreak of <u>Ex Order 26. 4B1</u> with 28 <u>Ex Order 26. 4B1</u> residents located in the red zone on the second floor.</p> <p>On 5/3/22 at 11:43 AM the surveyor arrived on the second floor. The red zone was located behind two clear plastic zippered barriers with a space in the middle for donning and doffing Personal Protective Equipment (PPE) when entering and exiting the red zone. In addition to the red zone there was also a yellow zone, for <u>Ex Order 26. 4B1</u> for <u>Ex Order 26. 4B1</u>, and a green zone, with rooms for residents who were not <u>Ex Order 26. 4B1</u> or <u>Ex Order 26. 4B1</u>. Yellow zone rooms had a sign outside the room to alert staff and others that the resident was under observation for <u>Ex Order 26. 4B1</u>, that they were on <u>Ex Order 26. 4B1</u>, and that full PPE was required to be worn prior to entering the room.</p> <p>1. On 5/3/22 at 12:00 PM the surveyor observed a Licensed Practical Nurse (LPN) who identified herself as being assigned to the red zone. The</p>	F 880	<p>F880 SS = E What corrective action(s) will be accomplished for those residents affected by the deficient practice? ¿ Housekeeping staff member identified was re-educated by Administrator and Housekeeping Supervisor regarding proper donning and doffing of PPE when exiting rooms. Return demonstration provided. ¿ Nurse Manager and Director of Nursing re-educated the LPN, CNA, and dietary aide on proper use of N95 mask with successful return demonstration. ¿ Staffing Agency was notified regarding concerns by Agency CNA. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? ¿ All residents in the facility have the potential to be affected by this deficient practice, therefore this applies to all residents current and future. What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur? " A root cause analysis was done to determine cause for housekeeping staff deficient practice. Housekeeping Supervisor and Administrator re-educated</p>		

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F 880	<p>Continued From page 3</p> <p>LPN was wearing goggles, an N95 mask with a surgical mask on top. The LPN said she was fit tested for the N95 mask. The bottom strap for the N95 mask was on the top of her head with the top strap. The LPN was standing at the nurse's station outside of the red zone. The LPN said she just put that mask on when she left the red zone. She said she doffed her gloves, gown, cleaned her goggles with a sanitizing wipe, doffed her N95 mask and surgical mask between the double barrier at the entrance to the red zone and threw them away in the receptacle in that area. She said she stepped outside of the double barrier, outside of the red zone, and donned a new N95 and surgical mask. The surveyor asked her how she was supposed to wear her N95 mask. She felt around on her head with her hand but didn't answer. The Unit Manager/LPN (UM/LPN) came over and explained to the LPN how her N95 mask should have been worn. The LPN adjusted the straps for the N95 mask properly.</p> <p>2. On 5/3/22 at 12:05 PM the surveyor was speaking with the LPN and the UM/LPN, a Certified Nursing Assistant (CNA) walked by. The surveyor asked the LPN who that CNA was, and where she was working. The LPN said the CNA was assigned to the red zone. The CNA was wearing a KN95 mask and a face shield. The surveyor asked the CNA if she wore an N95 in the red zone. The CNA became angry. The CNA stated "[The corporate nurse] said I could wear this in the <u>Ex Order 26, 4B1</u>. I cannot wear that mask [pointed to the UM/LPN's N95 mask]. I am not supposed to be working on the <u>Ex Order 26, 4B1</u>. If you want to I can go home. I am from agency." On <u>Ex Order 26, 4B1</u> at 12:20 PM the surveyor asked the corporate nurse if she told the CNA assigned to the red zone that she could wear a KN95 mask in</p>	F 880	<p>the housekeeping staff, with the use of visual cues, regarding the wearing of PPE and exiting rooms within each cohort, in order to address the issue of language barrier preventing understanding.</p> <p>" Cleaning & Disinfecting policy was modified to include the process of removing PPE and exiting isolation rooms.</p> <p>" A root cause analysis determined that staff needed further education on exact location of the straps of the N95 masks, as well as reminders not to wear any mask underneath. Education on proper wearing of the N95 mask to all staff, including agency, by the QA Nurse and Nurse Manager and will be able to demonstrate proper wearing of N95. Signage, to include pictures were updated and posted throughout the building.</p> <p>" Education on DOH required training initiated and in progress with online modules and You Tube videos. Videos that were watched: 1: Nursing Home Infection Preventionist Training Course Module 1- Infection Prevention & Control Program https://www.train.org/main/course/1081350/ Training provided to: Top line staff and Infection Preventionist</p> <p>2: CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! https://youtube/7srwrF9MGdw Training provided to: Front line staff</p>		

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F 880	<p>Continued From page 4</p> <p>the red zone. The corporate nurse said she did not tell the CNA that. She confirmed that they have to wear an N95 mask in the red zone.</p> <p>On 5/3/22 at 12:23 PM the surveyor observed the signage on the barrier that led to the red zone. There were signs that read as follows:</p> <p>"How to use your N95 ^{Ex Order 26. 4B1} -Wear your N95 properly so it is effective" Number 3 under a picture of a person wearing an N95 ^{Ex Order 26. 4B1} read "Pull the top strap over your head, placing it near the crown. Then, pull the bottom strap over and place it at the back of your neck, below your ears. Do not crisscross the straps. Make sure the straps lay flat and are not twisted."</p> <p>^{Ex Order 26. 4B1} on ^{Ex Order 26. 4B1} off-When you put on a disposable respirator position your ^{Ex Order 26. 4B1} correctly and check the seal to protect yourself from ^{Ex Order 26. 4B1}." The third photo in the second row had a picture of the back of a person's head with an "X" on it that read "Do not criss cross the straps."</p> <p>"RED ZONE" to identify the area behind the zippered barrier as an area where resident's who were confirmed ^{Ex Order 26. 4B1} for ^{Ex Order 26. 4B1} resided.</p> <p>"STOP ^{Ex Order 26. 4B1} " to identify that the residents behind the barrier were on ^{Ex Order 26. 4B1} .</p> <p>"STOP ^{Ex Order 26. 4B1} " to identify that the residents behind the barrier were on ^{Ex Order 26. 4B1} .</p>	F 880	<p>3: CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff Sparkling Surfaces https://youtube/t70H80Rr5lg Training provided to: Front line staff</p> <p>4: CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 https://youtube/YYTATw9yav4 Training provided to: Front line staff</p> <p>5: Nursing Home Infection Preventionist Training Course Module 7- Hand Hygiene https://www.train.org/main/course/1081806/ Training provided to: All staff including top line staff and Infection Preventionist</p> <p>6: Nursing Home Infection Preventionist Training Course Module 6A Principles of Standard Precautions https://www.train.org/main/course/1081804/ Training provided to: All staff including top line staff and Infection Preventionist</p> <p>7: Nursing Home Infection Preventionist Training Course Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions https://www.train.org/main/course/1081805 Training provided to: All staff including top line staff and Infection Preventionist</p> <p>" Agency staff will be trained on</p>		

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F 880	<p>Continued From page 5</p> <p>3. On 5/3/22 at 11:49 AM, the surveyor observed a housekeeper coming out of a room and into the hallway in full personal protective equipment (PPE), wearing a gown, N95 mask, face shield, and gloves. The room had a "yellow zone" sign outside. There were no residents in the room. The UM/LPN later indicated the resident was moved out of the room due to a ^{Ex Order 36.4B1} test result. That resident had been moved to the red zone. The surveyor spoke with the housekeeper and asked questions about PPE use and cleaning the room. The housekeeper stated, "No English" and pointed down the hallway towards the nurses' station.</p> <p>On 5/3/22 at 11:55 AM, the surveyor observed the housekeeper exit the room being cleaned and go to her cart in front of the door to the room. The housekeeper, with gloved hands, moved supplies on the cart and retrieved supplies to take into the room. The housekeeper returned to the room, then brought a plastic bag with dark colored clothing items from the room and placed it on top of the white bin outside of the room, in the hallway, then returned to the room.</p> <p>4. On 5/3/22 at 12:26 PM, the surveyor observed a dietary aide deliver food trays, and place them outside of the red zone. The dietary aide was wearing a surgical mask under an N95 mask. The straps of the N95 mask were at the nape of the dietary aide's neck. The surveyor asked the dietary aide about how the N95 mask, and the surgical mask were being worn. The dietary aide was unable to understand and answer the surveyor's question due to a language barrier. The surveyor informed the UM/LPN, who was nearby. The UM/LPN acknowledged the dietary aide was not wearing the PPE correctly and said</p>	F 880	<p>appropriate PPE in various cohorts when newly assigned to a shift.</p> <p>" A dedicated Infection Preventionist was hired.</p> <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> <p>" Infection Preventionist along with Director of Housekeeping will conduct 2 random observations per week for 12 weeks to monitor the housekeeping staff's proper execution of housekeeping protocols during cleaning of rooms in different cohorts and doffing PPE when exiting different cohorts. Areas of concern will be addressed immediately. Findings will be reported to the monthly QAPI committee meeting to determine the need for further action.</p> <p>" Infection Preventionist and Nurse Managers will randomly observe 10 staff members per week for 12 weeks for proper wearing of N95 masks. Any findings will be immediately corrected and reported to the DON and Administrator for immediate resolution. Infection Preventionist will report on compliance during monthly QAPI meetings.</p> <p>" DON or designee will audit files of Agency staff weekly to ensure education has been completed. Compliance report</p> <p>" This corrective plan of action will be monitored by the Administrator or DON. This will be reviewed weekly during This will be a part of monthly QAPI and will be discussed in facility quarterly QA program</p>		

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F 880	<p>Continued From page 6</p> <p>she would accompany the dietary aide to the dietary supervisor to educate and correct how the mask was being worn.</p> <p>On 5/3/22 at 12:39 PM, the surveyor interviewed the UM/LPN about PPE use on the unit. The UM/LPN stated the facility policy was to use one gown then discard in the bin designated for gowns in the resident room. The UM/LPN added, gowns should be removed in the room and should not be worn in the hallway.</p> <p>On 5/3/22 at 1:30 PM the surveyor reviewed the facilities policy and procedure titled "Coronavirus disease (Covid-19) prevention & control: Cohorting and Transmission-based precautions protocol." Under "Red zone/area (cohort 1)" number 4 read "PPE required in the red zone/area includes strict use of : properly fitted N95 respirator, gown, gloves, and goggles/face shield."</p> <p>On 5/3/22 at 2:15 PM, the surveyor informed the Administrator of the concerns observed. The administrator acknowledged the housekeeper should not have worn PPE from the Ex Order 26 431 into the hallway and the staff should have worn N95 masks correctly.</p> <p>On 5/3/22 at 2:45 PM, the surveyor reviewed the facility's policy titled, "Handwashing/Hand Hygiene" dated 1/20/22, which read under Policy Interpretation and Implementation, employees must wash their hands, "e. Before and after entering isolation precaution settings ... r. After handling soiled or used linens, dressings, bedpans, catheters, and urinals" and "8. The use of gloves does not replace handwashing/hand hygiene".</p>	F 880			

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F 880	Continued From page 7 The surveyor reviewed the facility's policy titled, "Cleaning & Disinfecting Resident Room" dated 1/22, which read under Steps in the Procedure, "8. When cleaning rooms of residents on isolation precautions, use personal protective equipment as indicated". The policy did not specify the process of removing PPE or exiting isolation rooms. NJAC 8:39-19.4 (a)	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
315133		7/19/2022
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE
WOODCLIFF LAKE HEALTH & REHABILITATION CENTER		555 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677

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	06/03/2022	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	
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 5/3/2022		<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			