

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: 315434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
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NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT RIDGEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 304 S. VAN DIEN AVE RIDGEWOOD, NJ 07450
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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 not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey Date: 06/18/20 Census: 65	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		7/7/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/03/2020
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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:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure the proper storage, disposal of [REDACTED] in accordance with the Center for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19. This deficient practice was identified on 2 of 4 nursing units ([REDACTED]), and was evidenced by the following:</p> <p>On 6/18/2020 at 8:46 AM, the survey team interviewed the Assistant Administrator (AA), who stated that the facility was implementing infection control measures due to a COVID-19 outbreak. The AA confirmed that all staff was in-serviced on proper hand hygiene and proper use of Personal Protective Equipment (PPE). She further stated that [REDACTED] and [REDACTED] were designated non-COVID units.</p> <p>At 9:38 AM, the surveyor toured the [REDACTED] unit. The surveyor observed the Registered Nurse (RN) enter Resident #1's room. At that time, the resident was in bed, eating breakfast. On top of the overbed table, there two unused surgical masks (also called a medical mask), a loose-fitting disposable mask that protects the wearer's nose and mouth from contact with droplets, splashes, and sprays that may contain germs) directly touching the surfaces of the alcohol wipe pack. Also, there was one unused surgical mask lying directly on the window sill.</p> <p>At that time, the RN stated that the surgical masks inside Resident #1's room should have been in a plastic bag for infection control and should not be placed directly on top of surfaces.</p>	F 880	<p>All rooms were checked to ensure that infection control prevention policies were being followed. Any unbagged tubing and masks were immediately discarded. A policy regarding the use and storage of face masks was implemented on 6/19/2020.</p> <p>All staff continue to be in-serviced on the new face mask policy and re-in-serviced regarding the facility's infection control policy [REDACTED]. These in-services will be completed by 7/7/2020.</p> <p>To ensure continued compliance, the DON or designee will audit 5 rooms a week to ensure that the infection control and face mask policies are in compliance.</p> <p>Thereafter, the compliance of the infection control and face mask policies will be part of facilities the ongoing monthly QA program.</p>	

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F 880	<p>Continued From page 3</p> <p>At 10:26 AM, the surveyor toured [REDACTED] and observed a Licensed Practical Nurse (LPN) enter Resident #2's room to administer medications. The surveyor noted two used surgical masks on the resident's bed.</p> <p>At that time, the LPN and surveyor observed Resident #2's roommate, Resident #3, seated in a wheelchair with a surgical mask in use. There were two unused surgical masks on top of the window sill and one unused surgical mask directly touching the side table near the resident's footbed. The surveyor also observed a [REDACTED] on top of the resident's nightstand sitting on top of the [REDACTED]. The LPN checked Resident #3's nightstand drawer and found a [REDACTED] inside the drawer, not in a plastic bag. The nurse stated that the masks should have been placed in plastic bags for infection control purposes.</p> <p>During an interview, the LPN stated that Resident #2 was [REDACTED] intact and that "the [REDACTED] should have been inside a plastic bag when not in use." She further noted that "surgical masks should not be directly touching the surfaces for infection control." The LPN did not dispose of the [REDACTED] before leaving the resident's room.</p> <p>At 10:47 AM, the surveyor observed Resident #4 on the [REDACTED] unit seated in a wheelchair in their room with a surgical mask in use. There was one unused surgical mask lying directly on top of the side table in front of the resident. The Registered Nurse/Supervisor (RN/S) was inside Resident #4's room attending to the resident. The RN/S did not dispose of the unused surgical mask before leaving Resident #4's room.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>At 10:49 AM, the surveyor interviewed Resident #2, who stated that the two surgical masks on their bed were from Tuesday and Wednesday. Resident #2 said he/she was not provided a new surgical mask today and therefore had to reuse the mask sitting on their bed. The resident further stated that no one provided them with a bag to store the surgical mask.</p> <p>At 10:52 AM, the surveyor observed Resident #5 on the [REDACTED] unit in bed with one unused surgical mask directly touching the surface of the side table near his/her bed.</p> <p>At 10:55 AM, the surveyor asked the RN/S to accompany her to the rooms of Resident #2,3, 4, and 5. The RN/S stated that the surgical masks were provided by nursing daily and should have been in a bag for infection control. She said that when the neb masks were not in use, they should be placed in a plastic bag for infection control. The surveyor observed the RN/S disposed of all of the surgical masks in Resident #2, 3, 4, and 5's room. The RN/S did not dispose of the [REDACTED] in Resident #3's room.</p> <p>At 11:10 AM, the surveyor interviewed the Certified Nursing Aide (CNA), who stated that she was assigned to [REDACTED]. The CNA said that she had seen surgical masks on top of Resident #1's table and window sill and was not something new. She further stated that "even in the [REDACTED] unit, there were multiple residents with surgical masks on top of their tables." She noted that the nurse puts the surgical mask in each resident's room.</p> <p>At 12:20 PM, the survey team interviewed the Director of Nursing (DON), who was also the Infection Control Preventionist. The DON stated</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>that the [REDACTED] should be kept in a plastic bag when not in use for infection control purposes. She further noted that per facility practice, the nurse on the unit provided surgical masks to the residents on [REDACTED] and [REDACTED] when they leave their room for therapy and stated that it was the nurse or transporter's responsibility to dispose of the used surgical masks when residents go back to their room.</p> <p>The surveyor interviewed the DON who stated that the surgical masks and neb masks should be placed in plastic bags when not in use.</p> <p>At 1:01 PM, the survey team met with the Administrator and the DON. The Administrator stated, "I agree with the unused surgical mask not to be placed on top of surfaces." The Administrator confirmed that the neb mask should be placed inside a plastic bag when not in use. The Administrator and the DON both stated that the facility had no policy with regards to resident's use, storage, and disposal of surgical masks.</p> <p>A review of the facility's [REDACTED] Policy provided by the DON with an effective date of 10/2018 included, "All tubing and masks shall be placed in a plastic bag for storage when not in use."</p> <p>A review of the Strategies for Optimizing the Supply of Facemasks About Coronavirus Disease 2019 (COVID-19) from the CDC dated 3/17/20 included, "Not all facemask can be reused. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean, sealable paper bag or breathable</p>	F 880			

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F 880	Continued From page 6 container." A review of the World Health Organization Advice on the Use of Masks in Context of COVID-19 (Interim Guidance) dated 6/5/2020 included, "Masks should not be shared ...and should be appropriately disposed of whenever removed and not reused." It further added, "The following potential harms and risks should be carefully taken into account when adopting this approach of targeted continuous medical mask use, including ...self-contamination due to the manipulation of the mask by contaminated hands ...for any type of mask, appropriate use and disposal are essential to ensure that they are as effective as possible and to avoid any increase in transmission..discard single-use masks after each use and dispose of them immediately upon removal." NJAC 8:39-19.3 (a) NJAC 8:39-19.4 (a) (1)	F 880			