

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2020
NAME OF PROVIDER OR SUPPLIER RIVERFRONT REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5101 NORTH PARK DRIVE PENNSAUKEN, NJ 08109		
(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: 10/30/2020 Census: 162 Sample: 3 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 as it relates to the implementation of 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	F 880		12/14/20	

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

TITLE

(X6) DATE

Electronically Signed

11/05/2020

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>§483.70(e) and following 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</p>	F 880			

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F 880	<p>Continued From page 2 infection.</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 documentation, it was determined that the facility failed to ensure that infection control practices were followed in accordance with the Center for Disease Control Guidance for donning and doffing personal protective equipment (PPE).</p> <p>This deficient practice was identified in 1 of 3 nursing units () and was evidenced by the following:</p> <p>On 10/29/2020 at 9:55 AM, during entrance conference, the Director of Nursing stated that the () unit was the (), requiring staff to wear mask and don (to put on) a gown and gloves prior to entering the hallways of the unit through the double doors.</p> <p>At 10:40 AM, the surveyor interviewed both the Second Floor unit clerk and Licensed Practical Nurse (LPN) #1 who both stated that staff must wear full PPE behind the double doors of each hallway of the unit. The surveyor then proceeded to enter the () unit through the double doors with required PPE on.</p> <p>At 10:50 AM, the surveyor interviewed LPN #2 who stated that the staff are required to wear full PPE when entering the unit through the double doors and then change the PPE when coming out of a resident room or when leaving the</p>	F 880	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>880 SS-E</p> <p>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>No residents were found to have been affected by the deficient practice Certified Nursing Assistant and Housekeeper were educated on the appropriate use of Personal Protective Equipment.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents have the potential to be affected by the same deficient practice. The facility policy Coronavirus Disease</p>		

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F 880	<p>Continued From page 3</p> <p>hallway through the double doors.</p> <p>At 11:15 AM, the surveyor observed Certified Nursing Assistant (CNA) exit [REDACTED] wearing a white disposable gown and carrying a clear plastic bag of linen. The CNA then proceeded to leave the [REDACTED] of the [REDACTED] unit through the double doors without removing her gown and entered a utility room. The surveyor then observed the CNA exit the utility room and re-enter the long hallway of the [REDACTED] unit through the double doors. The surveyor then stopped the CNA and interviewed her. The CNA stated that she left the unit to dispose of the soiled linen and that she should have removed the disposable gown prior to leaving the unit through the double doors. The CNA further stated that she did not take off the gown because she did not think that there was any PPE located outside the double doors. The CNA then proceeded to remove the disposable gown.</p> <p>At 11:20 AM, as the surveyor was doffing her PPE and exiting the [REDACTED] of the [REDACTED] Floor unit. The surveyor observed the Housekeeper (HK) exiting [REDACTED] holding a floor mop and wearing a yellow reusable gown, gloves, and mask. The HK then entered Room [REDACTED] across the hall wearing the same reusable gown, gloves, and mask carrying the floor mop.</p> <p>At 11:55 AM, the surveyor observed the HK remove his yellow reusable gown and place the gown on top of his housekeeping cart prior to exiting the long hallway of the [REDACTED] unit. The HK then exited the double doors and went to the housekeeping closet located next to the nurses station. The HK then opened the housekeeping closet room door and took the</p>	F 880	<p>Infection and Prevention Measures will be revised to address when and where to don and doff PPE</p> <p>All departments will be re-educated on revised policy Coronavirus Disease Infection and Prevention Measures.</p> <p>What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur.</p> <p>Educator/Director Of Nursing/Unit Manager or designated employee will conduct 5 Donning and Doffing PPE weekly x 4, then monthly x 3 to ensure employees are donning and doffing PPE appropriately and in the appropriate area.</p> <p>How the corrective actions(s) will be monitored to ensure deficient practice will not recur, i.e., what quality assurance program will be put into practice.</p> <p>Results of the reports will be presented in monthly QAPI meeting to ensure compliance and reassessed for further action.</p>		

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F 880	<p>Continued From page 4</p> <p>yellow reusable gown from the top of his cart and placed it on a hook on the wall and then closed the door and proceeded toward the elevator. The surveyor then stopped the HK to interview him. The HK stated that he is supposed to change his gown after each room but that he has "too many rooms to keep changing them." The HK confirmed that he did not change his gown earlier between [REDACTED]. The HK then confirmed that he hung up the reusable gown in the housekeeping closet and stated that the yellow gown was his personal gown and that at the end of the day he will put it in the bin to get laundered.</p> <p>At 3:45 PM, the surveyor interviewed the DON in the presence of the survey team who stated that staff should not be leaving the unit through the double doors without removing the reusable or disposable gown. The DON further stated that the gowns should not be hung up for later use on the [REDACTED].</p> <p>On 10/30/2020 at 8:44 AM, the surveyor interviewed the Housekeeping Director who stated that disposable and reusable gowns should be removed and placed in either the reusable gown bin or the garbage prior to leaving the hallway of the unit through the double doors.</p> <p>At 12:00 PM, the surveyor reviewed the education that was given to both the CNA and HK prior to the survey. Both staff members received instruction regarding the proper use of PPE.</p> <p>At 12:10 PM, the surveyor reviewed the facility's policy titled, "Isolation-Categories of Transmission-Based Precautions" with a</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Revised/Reviewed date of 9/20 which read: Under Contact Precautions: 5. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p> <p>At 12:15 PM, the surveyor reviewed the facility's policy titled, "Coronavirus Disease (COVID -19)-Infection Prevention and Control Measures" with a Revised/Reviewed date of 8/26/20 which read: Under Policy Statement: The facility follows recommended standard and transmission-based precautions, environmental cleaning, and social distancing practices to prevent the transmission of COVID -19 within the facility.</p> <p>Under Policy Interpretation and Implementation: 12. If there are COVID-19 cases in the facility: a) Staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all resident on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based availability) The policy did not address when or where to doff the PPE.</p> <p>At 12:20 PM, the surveyor reviewed the facility's policy titled, "Donning and Doffing PPE" with a Revised/Reviewed date of 3/20 which read: Under How to Take Off (Doff) PPE Gear 1. Remove gloves 2. Remove gown ... 3. Healthcare personnel may now exit patient room.</p>	F 880			

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F 880	Continued From page 6 N.J.A.C. 8:39-19.4	F 880			