

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

PRINTED: 10/18/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2022
NAME OF PROVIDER OR SUPPLIER ABIGAIL HOUSE FOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1105 -1115 LINDEN STREET CAMDEN, NJ 08102		
(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 COMPLAINT # NJ150951, NJ154909, NJ156691 CENSUS: 170 SAMPLE SIZE: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	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		9/22/22	

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

TITLE

(X6) DATE

Electronically Signed

08/28/2022

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</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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ150951, NJ154909, NJ156691</p> <p>Based on observations, interviews, and the review of other pertinent facility documents on 8/5/2022, it was determined that the facility failed to thoroughly screen all visitors for Covid-19 signs and symptoms in accordance with the facility's policy titled "Facility Visitation Screening" and the Centers for Disease Control and Prevention (CDC) guidelines. 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 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</p>	F 880	<p>1. Corrective Action(s)-There were no residents affected. Upon observation, interview, and review of facility's documents on 8/5/2022, state surveyor identified a failure to thoroughly screen all visitors for COVID-19 symptoms in accordance with the facility policy titled "Facility Visitation Screening and the Centers for Disease Control and Prevention (CDC) guidelines.</p> <p>Upon notification of the cited deficient practice, the facility immediately corrected by an individual in-service education for the receptionist present on August 5, 2022. The individual in-service education was regarding the facility's policy for screening all visitors and to assist visitors in completing the registration by entering information into the new screening kiosk system. The education detailed the importance of ensuring the completion of COVID -19 screening questionnaire and taking of the visitor's temperature upon entrance.</p> <p>2. Identification - All 170 residents may have the potential to be affected by the deficient practice of the reception in screening of all visitors. All residents were COVID-19 tested on August 8, 2022.</p> <p>3. Systemic Measures: 1). All receptionists received education in screening all visitors who enter the</p>		

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F 880	<p>Continued From page 3 with SARS-CoV-2 Infection or Exposure to SARS-CoV-2..."</p> <p>On 8/5/2022 at 9:26 a.m., the Surveyor conducted a Complaint survey. Upon entrance to the facility, the Surveyor observed the following: There were two signs on the entrance door. The first sign indicated You must wear a mask covering your nose and mouth and have your temperature taken upon entering the building. The second sign indicated All Visitors, please speak to the Receptionist before proceeding to the nursing units. Past the entrance doors, into the main lobby area, there was a Reception desk in the center, a conference room on the right, offices on the right and left, and a door leading onto the units just passed the desk on the left.</p> <p>The Surveyor observed a computerized screening kiosk on the left side of the desk. However, the Admissions Coordinator/Receptionist (AC/R) did not screen the survey team upon entry and directed the survey team to the conference room, located to the right of the lobby.</p> <p>During an interview on 8/5/2022 at 9:35 a.m., when the Surveyor asked the AC/R about the Covid-19 screening process on entry, she stated every person: visitors, doctors (physicians), and employees who go beyond the door (door located to the left of the receptionist desk) into the units are screened. The first time the person enters the facility, he/she registers in the computer kiosk with the name, email, phone number, patient (resident) room number visiting, answers the screening questions, and the temperature is taken. A photo is taken that generates a photo sticker for the person to wear in the facility. This</p>	F 880	<p>facility either by verbally assisting in completing questionnaire or by the new kiosk COVID-19 symptoms and temperature check system.</p> <p>2). Daily, the receptionist will be monitored using an audit tool to ensure all visitors are screened upon entrance to the facility.</p> <p>3). A report will be submitted daily to the Director of Nursing or designee for review and to address any deficient practice immediately.</p> <p>4). All newly hired receptionists will receive education on the facility policy for COVID-19 symptom screening.</p> <p>4. Monitoring of Systems:</p> <p>1). Director of Nursing or designee will conduct random weekly monitoring at different times of day and evening to ensure all visitors are properly screened for COVID-19 symptoms.</p> <p>2). Review of monitoring audits of facility COVID-19 symptom screening will be submitted to the Quality Assurance Committee, and this will be a part of the facility Quality Assurance Improvement Performance program who will review the necessary and frequency for future audits.</p>		

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F 880	<p>Continued From page 4</p> <p>information is pre-programmed into the computer kiosk. When the person returns to the facility, the temperature is taken, and a photo sticker is generated to wear in the facility. The AC/R continued to say she did not take the Surveyor's temperature because the Surveyor did not go beyond the door into the units. "I will take your temperature now," and then she took the Surveyor's temperature. She continued to say I usually screen visitors with the temperature, and if the temperature is 100.3 or more, the person is not allowed into the facility. In the same interview, the AC/R stated for one-time visitors, I only take your temperature, and no screening questions are asked. She indicated that the facility had implemented this computer process for two weeks.</p> <p>During an interview on 8/5/2022 at 1:49 p.m., the Director of Nursing (DON) stated the Covid-19 screening process is done when you step through the main doors. She explained the individual entering the building would complete the questionnaire, and the staff at the receptionist desk will take their temperature. The DON continued to say that everyone who enters the facility is screened the same way; screening is not just the temperature alone.</p> <p>During an interview on 8/5/2022 at 3:04 p.m., the Administrator stated the facility is on a 30-day trial with the computerized screening process. The Administrator continued to say he was aware that the AC/R did not take the surveyors' temperatures upon entry into the facility. The Administrator also stated everyone who enters the facility should be using the computerized screening process to include the questions and the temperature.</p>	F 880			

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F 880	Continued From page 5 A review of a facility policy titled "Facility Visitations Screening" dated 2021 revealed the following: "Dear Visitors, Please complete the following screening prior to your visit: Name, Date, Name of Resident. Please read and answer the following questions: 1. Have you traveled within the past 30 days? Yes or No; 2. In the last 14 days, have you had contact with someone with a confirmed diagnosis of Covid19 or someone under investigation for Covid19 or someone ill with a respiratory illness? Yes or No; 3. Have you been diagnosed with Covid19 and have not yet met the criteria for "recovery" as issued by the NJ (New Jersey) Dept (Department) of Health and CDC? Yes or No; 4. Check any of the following symptoms you have had in the last 72 hours: chills, cough, shortness of breath or difficulty breathing, sore throat, vomiting, Fever 100.4 or greater, congestion, runny nose, fatigue, new loss of taste or smell, nausea, diarrhea, headache, muscle or body aches, None of the above. If you have checked to any one of the questions, visitation will be denied. PLEASE BE AWARE: RISK OF EXPOSURE TO COVID-19 DURING YOUR VISIT. All aware of the risks of exposure to COVID-19 during the visit and all agree to strictly comply with Facility guidelines/policy, and will notify the facility if he/she test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of this visit. Symptoms of COVID-19 Infection include: Fever equal to or greater than 100.4 F, chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea. Statement by the persons agreeing to an informed consent. I have read the foregoing information, or it has been	F 880			

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F 880	Continued From page 6 read to me. I understand the guidelines will be strictly enforced. I have had the opportunity to ask questions, and any questions that I have asked have been answered to my satisfaction. I understand that I must monitor for signs and symptoms for at least 14 days after exiting the facility. I will notify the facility if I have tested positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen (14) days of my visit. In addition, I will self-isolate at home, call my healthcare provider, notify the facility of the date I was in the facility, the individuals with whom I was in contact with and the locations within a facility that I visited. Signature. We welcome you to consider calling rather than visiting. Thank you for your understanding, Administration, Facility." NJAC: 8:39-19.4(a)(b)	F 880			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060418	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
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S 000	<p>Initial Comments</p> <p>COMPLAINT#: NJ 154909</p> <p>CENSUS: 170</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S1790	<p>8:39-27.2(i) Mandatory Quality of Care</p> <p>(i) Each resident shall receive at least one bath (tub or shower) per week unless contraindicated.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ154909</p> <p>Based on observations, interviews, review of the medical record, and other pertinent facility documents on 8/5/2022, it was determined that the facility failed to provide a resident with weekly showers according to the facility's shower schedule and failed to follow its policy titled "Showers." This deficient practice was identified for 1 of 4 residents, Resident #2, and was evidenced by the following:</p>	S1790	<p>1. Resident #2 and all residents will receive weekly <small>Ex Order 26.4(b)(1)</small> according to facility <small>Ex Order 26.4(b)(1)</small> schedule as per policy.</p> <p>2. All residents in the facility can be affected by this deficient prectice.</p> <p>3. All CNA'S were re-inserviced on facility <small>Ex Order 26.4(b)</small> policy in addition to notifying the nurses of refusals and noncompliance. Nurses will document refusals or noncompliance.</p>	9/9/22

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

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S1790	<p>Continued From page 1</p> <p>During a tour on 8/5/2022 at 12:40 p.m., the Surveyor interviewed Resident #2. The resident stated that he/she doesn't refuse EX Order 26 § 4b1 and has been EX Order 26 § 4b1 only once in July 2022, but EX Order 26 § 4b1 cannot remember the exact date.</p> <p>According to the Admission Record (AR), Resident #2 was admitted to the facility on EX Order 26.4(b)(1) with diagnoses which included but were not limited to EX Order 26 § 4b1</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 7/3/2022, Resident #2 had a Brief Interview for Mental Status (BIMS) score of EX Order 26 § 4b1 /15, indicating the resident was EX Order 26 § 4b1. The MDS also showed Resident #2 requires EX Order 26 § 4b1</p> <p>A review of the facility EX Order 26.4(b) schedule showed the residents are scheduled two times a week for a EX Order 26 § 4b1 based on their room numbers. Based on the EX Order 26.4(b) schedule, Resident #2 was to receive a EX Order 26 § 4b1 on Monday and Thursday on the 3 pm-11pm shift and had an alternate day on Tuesday on the 7am-3pm shift.</p> <p>A review of the electronic Activities of Daily Living (ADL) log for EX Order 26 § 4b1 revealed no documentation that Resident #2 received a EX Order 26 § 4b1 during the following weeks: 7/3/2022 through 7/9/2022, 7/10/2022 through 7/16/2022, 7/17/2022 through 7/23/2022, and 7/31/2022 through 8/5/2022. Further review of the ADL record revealed Resident #2 received a EX Order 26 § 4b1 on 7/25/2022. However, no other EX Order 26 § 4b1 were documented in Resident #2's medical record for 7/1/2022 through 8/4/2022; no other evidence</p>	S1790	<p>4. Unit Manager/designee will review the poc's weekly for compliance. Results will be reported to the QA committee by DON/designee quarterly for 2 quarters.</p>	
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S1790	<p>Continued From page 2</p> <p>was presented to the Surveyor at the time of the survey indicating Resident #2 received a [REDACTED] or that the resident refused.</p> <p>During an interview on 8/5/2022 at 2:10 p.m., the Unit Manager (UM) stated that Resident #2 was scheduled for [REDACTED] on Mondays and Thursdays on the 3-11 shift. The UM stated, "I wish someone told me that he/she didn't get [REDACTED]." The UM further stated she helped [REDACTED] Resident #2 on July 25, 2022.</p> <p>A review of facility policy titled: [REDACTED] reviewed 7/2018 revealed under "Policy: Every resident will be [REDACTED] according to the schedule." Under "Procedure for bed resident shampoo: a. Place the resident on a stretcher; cover with blanket and roll stretcher to shower."</p>	S1790		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315267	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/22/2022	Y3
NAME OF FACILITY ABIGAIL HOUSE FOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1105 -1115 LINDEN STREET CAMDEN, NJ 08102		

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 _____	09/22/2022	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 <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 8/5/2022		<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		