STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315126	A. BUILDING _____ B. WING _____	01/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP MCCARTHY CENTER FOR REHABILITATION & HC	1045 E CHESTNUT AVE VINELAND, NJ 08360

(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: 1/29/2021 Census: 125 Sample: 6 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	F 880		5/3/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/11/2021

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F 880	Continued From page 1 arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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: (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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and	F 880		

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F 880	Continued From page 2 transport linens so as to prevent the spread of infection. §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, record review, and review of pertinent facility documentation, it was determined that the facility failed to maintain proper infection control practices for a.) doffing (removing) Personal Protective Equipment (PPE) prior to exiting a COVID-19 positive wing, and b.) performing hand hygiene after doffing PPE. This deficient practice was identified for 5 staff on 2 of 4 nursing units in the facility during a COVID-19 Focused Infection Control Survey and was evidenced by the following: On 1/29/21 at 8:50 AM, the surveyors met with the Director of Nursing (DON) and Infection Preventionist (IP) in the conference room. The IP stated the residents resided in three zones: green (Healthy/Recovered), yellow (PUI and Dialysis), and red (COVID Positive). The IP further stated that staff were to wear a KN95 mask and eye protection when in the green zone and full Personal Protective Equipment (PPE) which included KN95, eye protection, gown, and gloves, when entering resident rooms in the yellow or red zones. 1. On 1/29/21 at 10:20 AM, the surveyor observed a Laundry staff member exit the yellow zone through closed double doors and entered the green zone wearing an isolation gown and gloves. The Laundry staff member removed and	F 880	F880 Infection Prevention and Control CFR (s): 483.80 (a)(1)(2)(4)(e)(f) 1. Upon notification of the deficient practice those staff members that were identified were immediately re-educated by the Infection Prevention nurse on proper handwashing techniques, donning and doffing of PPE, and the proper PPE in each zone. 2. All residents in the facility are at risk to be adversely affected due to improper infection control practices. No residents were harmed by this deficient practice. 3. A Root Cause Analysis was conducted by the ad hoc QAPI committee to determine what caused the deficiency. Data gathered indicated several staff did not fully understand the order of donning and doffing PPE when entering/exiting a residents room or when moving between zones. Very in-depth education was conducted by the infection prevention nurse and supervisors. The components of a directed plan of correction was necessary to educate all staff on completing tasks appropriately. The directed plan of correction specifically requires all staff to view three videos from the CDC on: Keep COVID-19 out! , Clean Hands, Use PPE Correctly for Covid 19. A	

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F 880	Continued From page 3 disposed of her gown and gloves in the green zone and then walked through another set of closed double doors towards the laundry area. During an interview with the surveyor at 10:28 AM, the Laundry staff member stated she entered room [redacted] in the red zone room wearing full PPE, exited the red zone, walked through the yellow zone, and then removed her PPE when she entered the green zone. The Laundry staff member further stated that she washed her hands after walking through three sets of closed double doors to get to the bathroom located in the laundry area. The three sets of closed double doors separated the red from the yellow zone, the yellow from the green zone, and the green zone from the laundry area. 2. On 1/29/21 at 10:20 AM, the surveyor observed a Housekeeper exit the yellow zone and enter the green zone with a rolled up isolation gown in his gloved hands. The Housekeeper placed the isolation gown in a bin labeled "yellow gowns" and disposed of his gloves without performing hand hygiene. The Housekeeper then entered room [redacted] in the green zone. During an interview with the surveyor at 10:23 AM, the Housekeeper stated he was moving personal belongings from room [redacted] in the green zone to room [redacted] in the red zone. The Housekeeper further stated that he donned full PPE when he entered the yellow zone and continued to wear that PPE when he entered room #[redacted] in the red zone. He also stated that he removed the PPE after walking through the yellow zone, but prior to entering the green zone. The Housekeeper acknowledged that he did not perform hand hygiene after removing his gown or	F 880	sign in sheet is provided to show all staff that attended these videos. Additionally, all management staff completed the online infection control training module number one and received completion certificates. Further in services and audits were conducted by the IP nurse with all staff on the importance of donning and doffing PPE and performing proper hand hygiene to prevent the spread of infection. All staff were given a copy of the educational materials regarding proper PPE procedures and hand hygiene for reference. Also audits of infection control practices throughout the building were conducted by the nurse educator, IP nurse and designee to ensure staff were in compliance with handwashing, donning and doffing of PPE at proper times. Periodic training will be conducted by the IP nurse and/or the Nurse Educator as needed and with all new employees upon hire while in orientation. 4. The IP nurse, or designee, will complete weekly infection control audits of all staff regarding proper usage of PPE and hand hygiene to ensure compliance and understanding of the education and training provided them. This will be conducted weekly X 4, monthly X 3, quarterly X 3. All findings will be reported to the QAPI committee monthly. Completion date: May 3, 2021	

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F 880	Continued From page 4 gloves and that he planned on washing his hands after he was done moving all the personal belongings from the green zone to the red zone. 3. On 1/29/21 at 10:32 AM, the surveyor entered the yellow zone and observed a Certified Nursing Assistant (CNA #1) exit room [redacted] and remove her isolation gown with her bare hands without performing hand hygiene. The CNA then walked to room [redacted] and donned a new isolation gown prior to entering the room. During an interview with the surveyor at 10:35 AM, CNA #1 stated that she washed her hands in room [redacted] after removing her gloves and acknowledged that she did not perform hand hygiene after touching her isolation gown. The CNA further stated that she should have performed hand hygiene after removing her gown. 4. On 1/29/21 at 10:39 AM, the surveyor observed CNA #2 exit a resident room in the red zone wearing a N95 mask with a surgical mask over it, eye protection, hair cover, shoe covers, gown, and gloves. The CNA walked down the hallway and entered room [redacted] which was also in the red zone. During an interview with the surveyor at 10:45 AM, CNA #2 acknowledged she wore the same gloves when exiting one room and entering a new room in the red zone. The CNA stated she removed her gloves in room [redacted] and that she washes her hands every time she enters a resident's room. 5. On 1/29/21 at 10:51 AM, the surveyor observed a Concierge exit a resident room in the	F 880		

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F 880	Continued From page 5	F 880		

red zone wearing a KN95 mask, face shield, hair cover, shoe covers, gown, and gloves. She removed her PPE, exited the red zone through a set of closed double doors, and entered the yellow zone without performing hand hygiene.

During an interview with the surveyor at that time, the Concierge acknowledged she exited a resident's room and removed her PPE in the hallway, but did not perform hand hygiene prior to exiting the red zone. The Concierge stated she was going to wash her hands in the bathroom located in the green zone.

During an interview with the surveyors on 1/29/21 at 1:15 PM, the IP stated that residents on isolation in the yellow and red zones were on contact/droplet precautions and staff were to don (put on) PPE at the resident's doorway before entering the room and doff PPE at the resident's doorway before exiting the room. The IP further stated that gloves were to be changed between resident rooms and disposed of in the resident's trash can before exiting the room. The IP also stated that hand hygiene was to be performed between each resident room and staff were to either wash their hands in the resident's bathroom before exiting the room or use alcohol-based hand rub within the zone (green/yellow/red) of the resident's room. The surveyors made the IP aware of the above five observations and the IP stated that staff should have removed their PPE prior to exiting the red zone, performed hand hygiene after touching a used isolation gown, and performed hand hygiene prior to leaving the red zone. The IP further stated that the importance of staff following transmission-based precautions was to "protect everyone and stop the spread of infection."

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F 880	Continued From page 6 Review of the facility's Infection Control Measures to Reduce the Spread of Coronavirus policy, revised 4/30/2020, included, "staff will be required to complete hand hygiene before entering the presumptive resident's room and after leaving the resident's room" and "staff will be required to complete hand hygiene before entering and exiting a room of a resident confirmed with COVID-19." Review of the facility's Isolation - Categories for Transmission-Based Precautions policy, dated 3/2020, included, under a section labeled Contact Precautions, "wear gloves (clean, non-sterile) when entering the room" and "remove gloves before leaving the room and perform hand hygiene." Review of the facility's Personal Protective Equipment - Gloves policy, dated 3/2020, included, "gloves shall be used only once and discarded into the appropriate receptacle located in the room in which the procedure is being performed" and "wash your hands after removing gloves." Review of the facility's Hand Hygiene policy, dated 3/2020, included, "The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections." Review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Using Personal Protective Equipment (PPE), updated 8/19/2020, included the following steps to don PPE: "1. Identify and gather the proper PPE; 2. Perform	F 880		

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F 880	Continued From page 7 hand hygiene; 3. Put on isolation gown; 4. Put on N95; 5. Put on face shield or goggles; 6. Put on gloves; 7. HCP may now enter patient room" and the following steps to doff PPE: "1. Remove gloves; 2. Remove gown; 3. HCP may now exit patient room; 4. Perform hand hygiene." Review of the U.S. CDC guidelines, Preparing for COVID-19 in Nursing Homes, updated 11/20/2020, included, "[Healthcare Personnel] should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others." NJAC 8:39-19.4(a)(1-2); 27.1(a)	F 880		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315126 (Y1)	A. Building B. Wing (Y2)	5/3/2021 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP MCCARTHY CENTER FOR REHABILITATION & HC	1045 E CHESTNUT AVE VINELAND, NJ 08360

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 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 05/03/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
1/29/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO