

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

PRINTED: 07/31/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OR SUPPLIER BISHOP MCCARTHY CENTER FOR REHABILITATION & HC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 to prepare for COVID-19. Survey date: 07/15/2020 Census: 123	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			8/10/20

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

TITLE

(X6) DATE

Electronically Signed

07/24/2020

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>§483.80(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>	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review.</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:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that staff: a.) applied Personal Protective Equipment prior to entering a resident's room on contact and droplet precautions; b.) performed hand hygiene prior to entering and exiting residents rooms on contact and droplet precautions; c.) appropriately wore a N95 mask on a designated isolation unit in the facility; and d.) followed appropriate infection control guidelines according to the facility's Infection Control Policy and Procedures.</p> <p>This deficient practice was identified during the COVID-19 pandemic and was evidenced by the following:</p> <p>On 07/15/2020 from 9:21 AM to 10:53 AM, the surveyors conducted the entrance conference in the presence of the Administrator, Director of Nursing (DON), Infection Preventionist (IP), Regional Director of Clinical Services, and Staff Educator. The Administrator stated that the facility had converted the subacute area into a transitional unit in the facility for new and re-admissions. The Administrator further stated the new and re-admissions were quarantined on the unit for 14 days and monitored for signs and symptoms of COVID-19. The surveyor asked what Personal Protective Equipment (PPE) the staff were required to wear in the transitional unit. The IP stated that the staff were required to wear full PPE such as N95 mask, gown, goggles, or a face shield while providing care to the residents</p>	F 880	<p>F 880. Infection prevention and control CFR (s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>The submission of this response to the statement of deficiencies by the undersigned does not constitute and admission that the deficiencies existed and/or required correction. This response is prepared, executed, and submitted solely as a requirement of the provisions of Federal and state law.</p> <ol style="list-style-type: none"> 1. Upon being informed that specific staff members were not adhering to the proper droplet/contact precautions guidelines, those staff were immediately reeducated. The residents in the rooms that were entered without proper PPE were tested for Covid 19 and daily monitoring of residents for signs and symptoms of Covid continues. 2. Any residents on the transition unit had the potential to be affected by the deficient practice, however no residents were harmed by this deficient practice. 3. The education coordinator conducted an immediate audit of spot checking/observing handwashing and PPE usage throughout the facility while providing education to all staff to use the proper protocols for each. In addition, all staff were given a copy of the educational material regarding donning/doffing proper PPE, mask wearing, handwashing. The 		

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F 880	<p>Continued From page 3</p> <p>in their rooms. The DON stated that staff was designated to work on specific units throughout the facility.</p> <p>On 07/15/2020 at 11:24 AM, the surveyors stood in front of two closed doors to the transitional unit in the facility. The surveyors observed signage posted on the doors of the unit that indicated to STOP because you were now entering yellow zone one. As the surveyors were standing in front of the two closed doors, the surveyors observed a staff member holding a cardboard lunch tray. The staff member was wearing a N95 mask and carried the tray through the doors. The surveyor observed through the window on the door, the staff member walk into a resident's room without performing hand hygiene, or utilizing an Alcohol Based Hand Rub (ABHR), and without applying PPE. The surveyor entered the unit and further observed the staff member place the cardboard lunch tray on a residents overbed table. The staff member exited the room without performing hand hygiene or utilizing the ABHR which was observed to be positioned on the wall directly next to the resident's room.</p> <p>The surveyor interviewed the staff member who identified herself as a Safety Aide (SA). The SA stated that the resident had resided at the facility for at least three months and was unsure if the resident was on any type of isolation precaution. The surveyor observed signage posted on the resident's door that indicated the resident was on contact and droplet precautions. The surveyor asked the SA what the signs on the resident's door meant. The SA stated that the signs were for safety because the residents on the unit were new admissions.</p>	F 880	<p>environmental services director placed additional sanitizer dispensers outside of every room in the transition area for more convenient access.</p> <p>4. The infection control nurse/education coordinator or designee will complete weekly infection control audits of staff regarding proper wearing of masks, handwashing, proper PPE usage to ensure compliance. The outcomes will be reported to the Administrator, DON/ADON after the audits are completed Weekly x 4 weeks, Monthly x 3 months, Quarterly x 3 months. Additionally, the facility began using and distributed the KN95 earloop masks for better mask compliance. Findings of the staff members audits/observations will be reported to the QAPI committee monthly to ensure compliance.</p> <p>Completion date August 10, 2020</p>		

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F 880	<p>Continued From page 4</p> <p>On 07/15/2020 at 11:27 AM, the surveyor observed a yellow PPE gown hanging on the wall between two rooms in the yellow zone one unit. The surveyor observed a staff member, identified as a Certified Nursing Assistant (CNA), don the PPE gown and enter one of the rooms without performing hand hygiene or utilizing the ABHR. The surveyor observed the ABHR dispenser directly on the wall next to the resident's room and was in working order. The surveyor observed the signage posted on the resident's door that indicated the resident was on contact and droplet precautions. CNA exited the resident's room without performing any hand hygiene and hung the PPE gown back on the wall.</p> <p>At 11:29 AM, the surveyor observed a CNA don the PPE gown and enter the second resident room without performing hand hygiene. The surveyor observed signage on the second resident room that indicated the resident was on contact and droplet precautions.</p> <p>During an interview with the surveyor, the CNA stated the unit was the new admissions unit and that the new admissions were on quarantine for 14 days in case they developed COVID. The CNA stated the process was to don the PPE gown before entering the room and doff the PPE gown when exiting; to wash hands or perform hand hygiene before and after resident care. The CNA further stated he was unsure if hand hygiene was required to go into the rooms to just touch anything in the resident rooms. The CNA further stated hand hygiene was so they don't spread infection.</p> <p>Review of the signage on both resident doors,</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>revealed: 1) Stop droplet precaution, everyone must clean hands before entering and when leaving the room; make sure eyes, nose, mouth are fully covered before room entry and remove face protection before room exit and 2) Stop contact precaution, everyone must clean hands before entering and when leaving the room; apply gloves before room entry and discard gloves before room exit; gown before room entry and discard gown upon room exit.</p> <p>At 11:46 AM, the surveyor observed a staff member working on the transitional unit in the facility wearing a N95 mask with the lower strap of the N95 mask not positioned behind her head. The lower strap of the N95 mask was observed to be dangling in front of her chin. The surveyor observed that the bottom part of the N95 mask did not fully cover the lower part of the staff members face.</p> <p>The surveyor interviewed the staff member who identified herself as a Temporary/Certified Nursing Assistant (T/CNA). The T/CNA stated that she was not wearing the mask like she was supposed to because she had a hard time breathing. The T/CNA further stated that she was being tested weekly for the virus and all her tests were negative.</p> <p>At 11:49 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) caring for the two resident rooms on the quarantine unit who stated the process was to perform hand hygiene, don PPE gown, gloves, mask, and face shield prior to entering the resident rooms and when leaving the resident rooms, remove the gloves and perform hand hygiene. The LPN further stated the process was for infection control.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>At 12:42 PM, the surveyors interviewed the IP who stated on the quarantine, yellow zone one the staff were required to provide care to the residents who resided on that unit like they had COVID-19. This meant that the staff providing care to the residents were required to follow contact and droplet precautions. The IP stated staff who delivered meal trays to the residents were required to wear a N95 mask, surgical mask, face shield, gown, and gloves when entering the resident's rooms. The IP further stated that staff was "absolutely" required to perform hand hygiene before entering and after exiting a resident's room on the quarantine unit because hand hygiene protected the staff and the residents. The IP stated that the appropriate way to wear a N95 mask was to place the top of the strap over the ears and the bottom strap was to be positioned around the back of the person's head. The IP described that the N95 mask had a metal bridge at the nose and when a person applied the N95 mask, they were required to form the metal bridge around the nose and check to make sure the mask was sealed around their nose and mouth. The IP explained to the surveyors that the molecular size of the COVID-19 virus was so small the particles could easily penetrate a regular surgical mask and that was why the N95 mask was the preferred PPE to wear. The IP further stated that all staff had been educated on how to don and doff PPE, how to wear a mask, and how to appropriately perform hand hygiene.</p> <p>A review of the SA's, Personal Protective Equipment Competency, dated 05/15/2020, revealed tasks that included but were not limited to: use of gowns when indicated; follow</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>established handwashing procedures; use of gloves when indicated and hand washing after removing gloves. The SA had been signed off as having successfully met the competencies.</p> <p>A review of the CNA's, Clinical Competency/Validation Checklist for Handwashing, dated 06/23/2020, revealed the CNA recognized when the need to wash hands was and standard precaution education.</p> <p>A review of the T/CNA's, Personal Protective Equipment Competency, dated 05/15/2020, revealed tasks that included but were not limited to: the objectives for wearing a face mask to prevent transmission of infections; the task of putting the mask on before entering a unit when indicated; to place the mask over the nose and mouth and to stretch and position the top band of the mask high on the back of the head and the bottom band over the head and positioned below the ears. The T/CNA had been signed off as having successfully met the competencies.</p> <p>A review of the facility's "Infection Control Staging Areas for COVID-19 Policy and Procedure," dated 06/17/2020, indicated that "Under Observation (Transition Unit) for COVID (Yellow Zone-1): residents who are newly admitted or readmitted with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19. Recommended PPE use while in the location or zone: 1. N95 or equivalent mask 2. Gown 3. Gloves (in resident rooms) 4. Eye Protection."</p> <p>A review of the facility's "Hand Hygiene Policy and Procedure," dated 03/2020, indicated that</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>"the following equipment and supplies are necessary for hand hygiene; a. Alcohol-based hand rub containing at least 62% alcohol; b. Running water; c. Soap (liquid or bar; anti-microbial or non-antimicrobial); d. paper towels; e. trash can; f. Non-sterile gloves."</p> <p>A review of the facility's "Isolation- Categories for Transmission Based Precaution Policy and Procedure," dated 03/2020, indicated, in regard to contact precautions, that staff were required to wear gloves prior to entering a residents room who was placed on contact precautions and remove gloves and perform hand hygiene after exiting the room. The policy and procedure further indicated that gowns were required to be worn by staff "upon entering the Contact Precaution room or cubicle."</p> <p>A review of the facility's "Utilization of Masks Policy and Procedure," dated 03/2020, indicated to "Ensure the edges of the mask cover you nose and mouth. If the mask has pleats, touch the edge of the mask to open the pleats. Mask should fit comfortably around your nose and chin."</p> <p>A review of the "Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings issued by the New Jersey Department of Health and New Jersey Communicable Disease Services," dated 05/11/2020, indicated that "Newly admitted or readmitted patients/residents should be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (i.e. N95 respirator or higher [or facemask if unavailable], gowns, gloves, and eye protection). Facilities</p>	F 880			

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F 880	Continued From page 9 should create a plan for managing new and readmissions which includes placement in a single room or in a separate cohort. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19. Testing at the end of this period should be considered to increase certainty that the person is not infected." NJAC 8:39-27.1 (a)	F 880			