

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

PRINTED: 05/28/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH JERSEY EXTENDED CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>99 MANHEIM AVENUE BRIDGETON, NJ 08302</b>
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(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
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F 000	INITIAL COMMENTS  Survey Date: 1/26/2023  Census: 97  Sample: 5  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		3/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>02/23/2023</b>
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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>arrangement based upon the facility assessment conducted according to §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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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. This REQUIREMENT is not met as evidenced by: Infection Control Covid-19 Survey</p> <p>Based on observations, interviews, and review of other pertinent facility documents on 1/26/2023, it was determined that the facility failed to thoroughly screen all staff for Covid-19 signs and symptoms in accordance with the facility's policy titled "Covid -19 Testing Policy for Staff" 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</p>	F 880	<p>F880</p> <ol style="list-style-type: none"> <li>Covid-19 Employee Screening policy was updated to define daily screening and monitoring for signs and symptoms of Covid-19 for staff on arrival to the facility. Directed Plan of correction was initiated on 1/27/2023.</li> <li>All residents and employees have a potential to be effected by failing to thoroughly screen all staff for signs and symptoms of Covid-19.</li> <li>Facility Director of Nursing and Infection Preventions educated and provided in-service for all employees in the facility on the Covid-19 Employee Screening policy which includes screening for signs and symptoms, temperature monitoring, answering questioner on arrival to the facility and reporting guidelines. In order to ensure compliance the receptionist receives daily schedules for all departments and ensures employees screened for signs and symptoms of Covid-19. Nursing supervisors re-educated on responsibility to check employees for screening before the shift on arrival to the facility after hours when receptionist is off duty. The administrator of the facility and DON are</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2..."</p> <p>A review of the facility's "Line List" (a list of all Covid 19 positive staff and residents) reveals the first case of Covid 19 was on 1/18/2023 with a staff, and the most recent case was on 1/24/2023 with a resident. At the time of the survey, the facility had 25 residents and 13 staff who tested positive for Covid 19.</p> <p>A review of the facility's provided screening logs from January 18, 2023, through January 26, 2023, revealed the following:</p> <p>On January 18, 2023, 75 staff worked, and only 6 staff were screened. On January 19, 2023, 77 staff worked, and only 5 staff were screened. On January 20, 2023, 69 staff worked, and only 9 staff were screened. On January 21, 2023, 56 staff worked, and only 6 staff were screened. On January 22, 2023, 65 staff worked, and only 8 staff were screened. On January 23, 2023, 74 staff worked, and only 11 staff were screened. On January 24, 2023, 77 staff worked, and only 10 staff were screened. On January 25, 2023, 73 staff worked, and only 7 staff were screened. On January 26, 2023, on the 7:00 a.m. to 3:00 p.m. shift, 44 staff worked, and only 4 staff were screened.</p> <p>During an interview on 1/26/2023 at 2:20 p.m., the Receptionist stated, "I make sure that staff</p>	F 880	<p>reviewing screening log daily for compliance. Directed Plan of Correction initiated which include Root Cause Analysis and directed in-service training for all staff including topline staff and infection preventionist.</p> <p>4. Date of completion 3/10/2023</p>		

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F 880	<p>Continued From page 4</p> <p>take their temperature and complete the questionnaire, but sometimes they [staff] forget to sign in." She further stated that I come in at 8:00 a.m., and some of the staff are already here and working. The Receptionist also said, "there is no one at the front desk when I come in to work."</p> <p>During an interview on 1/26/ 2023 at 2:29 p.m., in the presence of the Assistant Director of Nursing (ADON), the Infection Preventionist (IP) stated, "the Nursing Supervisor monitors the screening of staff before the Receptionist arrives to work and same for after hours (8:00 p.m. to 8:00 a.m.)." She further stated that her expectation is for all staff to screen themselves prior to entry. The IP stated, "the screening process is taking the temperature and completing the questionnaire, and if a staff has a fever, the Nursing Supervisor is alerted."</p> <p>During the same interview, the Assistant Director of Nursing (ADON) stated screening should be documented in the log. She further stated the screening log is in the binder, and it [the binder] is usually at the front desk at all hours. The ADON further stated that during the day, the Receptionist ensures that the screening process is completed for all staff and visitors, and the Nursing Supervisor ensures that screening is completed during off hours. When asked by the Surveyor if there is always a Nursing Supervisor in the building, the ADON stated, "Yes." She said that her expectation was for all staff to screen themselves every time they come in to start their shift, which includes answering the questionnaire and taking their temperatures.</p> <p>During an interview on 1/26/2023 at 3:07 p.m., the Certified Nursing Assistant (CNA) who worked</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>the morning shift that same day but did not screen stated, "I probably forgot this morning. I was running a little late today; I don't think the Receptionist was at the front desk when I came in this morning." The CNA further stated, "no one on the unit asked me if I screened this morning." When asked by the Surveyor if he should have screened himself prior to entry into the facility, the staff stated, "yes, I am supposed to screen every day when I come in."</p> <p>A review of the facility policy titled "Covid-19 Testing Policy for Staff" with a revised date of 1/2/2023 included: 2. All staff should follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitor themselves for fever or symptoms consistent with Covid-19 and not reporting to work when ill or testing positive for SARS-COV-2 infection.</p> <p>N.J.A.C: 8:39-19.4(a)(b)</p>	F 880		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315061	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/20/2023	Y3
NAME OF FACILITY SOUTH JERSEY EXTENDED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 99 MANHEIM AVENUE BRIDGETON, NJ 08302		

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 _____	03/10/2023	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
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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 1/26/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO