

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

PRINTED: 05/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2021
NAME OF PROVIDER OR SUPPLIER NEW GROVE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		
(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: 2/25/21 Census: 133 Sample: 8 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=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	F 880		3/24/21	

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

TITLE

(X6) DATE

Electronically Signed

03/10/2021

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>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 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 facility policy and other documentation, it was determined that the facility failed to provide services utilizing accepted infection control practices. The deficient practice was observed with two Activity Aides (AA), AA #1 and AA #2, and evidenced by the following:</p> <p>On 2/25/2021 at 10:30 AM, the surveyor observed AA #1 and AA #2 in the third-floor unit dayroom preparing a snack cart for room to room distribution to residents. The top shelf of the cart contained 2 thermal pitchers, 1 with coffee and 1 with milk. Nine Styrofoam cups had been pre-poured with coffee. The cups were uncovered.</p> <p>The two AAs proceeded to the unit hallway, stopping in front of the first resident room. The two AAs donned gloves and prepared to serve the resident in their room. One of the AAs dropped a napkin from the cart. A resident wearing a mask came walking down the hallway, stopped approximately 4 feet from the snack cart. The resident bent down to pick up the napkin and put it up to their mask and began coughing in the direction of the snack cart. The unit Licensed Practical Nurse immediately redirected the resident to their room.</p> <p>The two AAs removed their gloves as they exited the resident room. AA #2 went to the</p>	F 880	<p>This plan of Correction is the facility's credible allegation of compliance. Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The Facility respectfully disagrees with this deficiency, notwithstanding the following actions that have been taken:</p> <p>I. CORRECTIVE ACTION</p> <p>AA #1 was in-serviced immediately on appropriate handwashing protocol and the requirement to perform hand hygiene after doffing gloves. AA #1 and AA #2 were immediately in-serviced on appropriate protocol for serving food and drink to residents, including pouring at point of service. Both activity aides had competency observation of handwashing.</p> <p>II. IDENTIFY AT RISK RESIDENTS</p> <p>All residents have the potential to be affected.</p>		

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F 880	<p>Continued From page 3</p> <p>handwashing sink at the nursing desk and washed her hands according to CDC guidelines and facility policy.</p> <p>AA #1 donned a new pair of gloves immediately after doffing the soiled gloves. The surveyor interviewed AA #1, who stated she did not know she should have performed hand hygiene after removing her gloves. The surveyor asked her to demonstrate handwashing. The AA #1 proceeded to the sink at the nursing desk. She wet her hands, applied soap, and lathered for 8 seconds outside of running water, rinsed under running water, dried her hands with a paper towel, and turned off the faucets bare-handed. When asked if she had been trained to hand wash that way, the AA stated she did not receive training when she began employment; The AA#1 said that she began working at the facility that week.</p> <p>On 2/25/2021 at 10:45 AM, the surveyor interviewed AA #2 regarding transporting uncovered drink cups. The AA #2 stated she should have covered the cups with lids, or should have poured the drinks at the time of service.</p> <p>The surveyor interviewed the Activity Director (AD) on 2/25/2021 at 11:50 AM. The AD stated hand hygiene should always be performed after removing gloves. She further stated hands should be lathered outside of running water for 40 seconds, and a paper towel must be used to turn off the faucets. Additionally, she said drinks should be poured at the time of service, or lids may be used.</p> <p>The AD stated AA #1 started employment at the facility the current week. The AD said the AA #1 should have been in-serviced on hand hygiene.</p>	F 880	<p>III. SYSTEMIC CHANGE</p> <p>Department of Health required a Directed Plan of Correction.</p> <p>For Directed Plan of Correction, root cause analysis was completed by the team. Final conclusion included that:</p> <ol style="list-style-type: none"> 1. Newly hired staff need in-servicing on hire on Infection Control Policies & Procedures specific especially to their department. 2. All Facility staff need periodic handwashing competencies done by department supervisors at random. 3. Supervisors of each department must periodically evaluate activities to ascertain if Infection Control Policies & Procedures are being followed. 4. Staff tend to feel nervous in front of State Surveyors and forget training. Additional random training and evaluations will help staff feel comfortable being watched. <p>Frontline staff watched the directed CDC COVID 19 Prevention Messages For Frontline Staff (https://youtube/7srwrF9MGdw) Inservice sheets were signed by staff as they completed the video.</p> <p>Topline staff and infection preventionist completed directed module 1 of Nursing Home Infection Preventionist Training Course. (https://www.train.org/main/course/10891350/) Certificates of completion were printed out</p>		

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F 880	<p>Continued From page 4</p> <p>She further indicated AA #1 was given a guide with instructions on how to perform handwashing. The AD was unable to provide documentation of training provided on infection control practices for AA #1.</p> <p>The surveyor interviewed the Director of Nursing (DON) on 2/25/2021 at 1:30 PM. The DON was unsure what education AA #1 had received on orientation. The DON stated she would provide additional information to the surveyor after researching the matter.</p> <p>The DON provided additional documentation on 3/1/2021 via email. The Abbreviated Orientation Packet, dated 3/28/2020, provided to newly hired employees included the following instructional information. Staff must lather outside of running water for at least 20 seconds when handwashing. Additionally, a dry towel must be used to turn off the faucet. The Handwashing/Hand Hygiene Policy revised 1/2021 indicated hand hygiene must be performed after removing gloves.</p> <p>According to the U.S. CDC guidelines Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19, updated 5/17/2020 included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." It further specified the procedure for hand hygiene which included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable</p>	F 880	<p>when the module was completed.</p> <p>All recreation employees received education on hand hygiene and appropriate protocol for serving food and drink to residents on the unit.</p> <p>Employees in all departments are having competency in handwashing done by Department Heads, in the next two months.</p> <p>Handwashing competency is performed on all new hires as part of new-hire orientation.</p> <p>IV. MONITOR CORRECTIVE ACTION</p> <p>DON or designee will audit one employee performing hand hygiene weekly x 12 weeks to ensure that appropriate infection control protocol is being followed. Results will be reviewed at the next QAPI meeting.</p> <p>Recreation director will observe coffee time twice weekly x 4 weeks to ensure appropriate infection control protocol is being followed. Results will be reviewed at the next QAPI meeting.</p>		

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F 880	Continued From page 5 towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times." NJAC 8:39-19.4(a)1.	F 880			