

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

PRINTED: 10/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2020
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT MONTCLAIR			STREET ADDRESS, CITY, STATE, ZIP CODE 42 NORTH MOUNTAIN AVE MONTCLAIR, NJ 07042		
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F 000	INITIAL COMMENTS Survey date: 12/4/2020 Census: 48 Sample: 3 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to not 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 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 arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880			1/4/21

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

TITLE

(X6) DATE

Electronically Signed

12/16/2020

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> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review and review of pertinent facility documents, it was determined that the facility failed to ensure appropriate infection control practices were followed in accordance with the Center for Disease Control Guidance for donning (to put on) and doffing (to take off) personal protective equipment (PPE) to prevent the spread of COVID-19.</p> <p>This deficient practice was identified during the COVID-19 Focused Infection Control survey conducted on 12/4/2020, and was evidenced by the following:</p> <p>A review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, updated 4/30/20, indicated, "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown...All recommended COVID-19 PPE [personal protective equipment] should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement... However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after</p>	F 880	<p>F880 E</p> <p>1.Certified Nurses Aide and Unit Manager were re-educated by the Infection Preventionist on 12/04/2020 regarding donning/doffing PPE (including N95, surgical masks, isolation gowns, goggles/face shields and gloves), handwashing, cohorts/appropriate PPE use in cohorts, meal tray pass infection control procedures and appropriate PPE use in emergent situations. Unit Manager was re-educated by the Infection Preventionist on 12/04/2020 regarding the use and storage of cloth face masks, use of surgical masks and the use and storage of N95 masks, hand hygiene and the use of goggles/face shields as required to maintain proper infection control practices.</p> <p>2.Nursing staff was re-educated by the Infection Preventionist on 12/04/2020 regarding donning/doffing of PPE (including N95, surgical masks, isolation gowns, goggles/face shields and gloves), handwashing/hand hygiene, cohorts/appropriate PPE use in cohorts, meal tray pass infection control procedures and appropriate PPE use in emergent situations. Nursing staff was re-educated on by the Infection Preventionist on 12/04/2020 regarding the use and storage of cloth face masks, surgical masks and N95 masks.</p> <p>3.Nursing staff assignments were revised</p>		

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F 880	Continued From page 3 admission and cared for using all recommended COVID-19 PPE." A review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated Nov. 4, 2020, indicated, "HCP (Health Care Provider) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. When available, facemasks are preferred over cloth face masks for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth masks should NOT be worn instead of a respirator or facemask if more than source control is needed. To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth mask. HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth mask when leaving the facility at the end of their shift." The Guideline also included "HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection ... Gowns-Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or	F 880	to attempt to limit to the extent possible the crossover of staff into different cohorts. Nursing staff re-education will continue monthly for the next three months and on an as needed basis relevant to donning/doffing of PPE (including N95, surgical masks, isolation gowns, goggles/face shields and gloves), handwashing/hand hygiene, cohorts/appropriate PPE use in cohorts, meal tray pass infection control procedures and PPE use in emergent situations. The proper use and storage of cloth masks, surgical masks and N95 mask will be included in this re-education. 4.The Director of Nursing will randomly observe PPE use throughout the facility, including proper use and storage of cloth masks, surgical masks and N95 masks, three times per week for the next twelve weeks to verify that proper infection control practices are being maintained. Areas of concern will be addressed. The Director of Nursing will complete random nursing staff hand washing/hand hygiene competencies three times weekly for the next twelve weeks to verify that the staff are practicing proper infection control practices. Areas of concern will be addressed. Results of the Director of Nursing's audits will be reviewed at the Quality Assurance Performance Improvement monthly meeting for the next three months with follow up provided as needed.		

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F 880	<p>Continued From page 4</p> <p>linen before leaving the patient room or care area."</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, updated 8/19/2020, indicated, "Implement Standard and Transmission-Based Precautions including use of a N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new and re-admissions, confirmed and suspected COVID-19 case(s), and any patient/resident cared for by a confirmed or suspected COVID-19 positive HCP (Health Care Provider). HCP should use all recommended COVID-19 PPE for the care of all patients/residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic patients/residents. Universal use of appropriate PPE for eyes, nose, and mouth may protect HCP from exposure."</p> <p>On 12/4/2020 at approximately 8:58 AM, in the presence of the survey team, the Unit Manager (UM) of the [REDACTED] floor stated that the COVID-19 positive resident cohort and the Persons Under Investigation (PUI) resident cohort was located on the [REDACTED] floor. The PUI resident cohort included residents that were new admissions to the facility in the last 14 days and residents that were exposed to COVID-19.</p> <p>At 9:09 AM, the surveyor began an initial tour of the PUI unit on the [REDACTED] floor. The surveyor observed eight rooms that had signs posted on the door which required staff to don appropriate PPE for contact precautions and droplet precautions when entering the room. The</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>surveyor then observed at the end of each of the two hallways on the [REDACTED] floor a plastic ecobarrier with a red zipper that was closed and required unzipping to enter the unit behind the plastic ecobarrier.. According to the floor plan the facility provided to the surveyor, there were [REDACTED] rooms that were COVID-19 positive resident rooms behind one plastic ecobarrier and five COVID-19 positive resident rooms behind the other plastic ecobarrier.</p> <p>At 9:15 AM, the surveyor observed the Certified Nursing Assistant (CNA) in the hallway of the PUI unit wearing a maroon colored reusable gown, gloves, N95 mask with a surgical mask over it, and a faceshield. The CNA then took a disposable breakfast tray from the food tray cart and proceeded to enter through the plastic ecobarrier into the COVID-19 unit and enter Resident #3's room.</p> <p>At 9:16 AM, the surveyor observed the UM who was wearing a red, blue and white cloth mask, don a yellow reusable gown and enter Resident #1's room. Resident #1's room had signage posted that required staff to don appropriate PPE for contact and droplet precautions. The UM did not don a surgical mask or an N95 mask or eye protection. According to the floor plan and the second floor roster which the facility provided to the surveyor, Resident #1 was a new admission to the facility within the last 14 days which made the resident a PUI and required the resident to be placed on transmission based precautions for 14 days.</p> <p>At 9:22 AM, the surveyor observed the CNA through the plastic ecobarrier, doff the burgundy reusable gown and hang the gown outside Resident #3's room. The CNA then exited the</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>plastic ecobarrier, removed her gloves and disposed of the gloves in a garbage bin in the PUI unit hallway. The CNA performed hand hygiene with an alcohol based hand rub. The CNA then went to the food tray cart and took another disposable breakfast tray from the food tray cart and placed it on a table outside of Resident #1's room. The CNA, at the doorway of Resident #1's room, asked Resident #1 if they were in the bathroom and the CNA stated that she would be in to help in a minute. The CNA then donned a pair of gloves and entered through the plastic ecobarrier into the COVID-19 unit. The surveyor observed the CNA, through the plastic ecobarrier don the maroon reusable gown that was hanging outside of Resident #3's room. The CNA then exited COVID-19 unit through the plastic ecobarrier and entered into the hallway of the PUI unit. She then entered the doorway of Resident #1's room. The surveyor then stopped the CNA from entering Resident #1's room any further and interviewed the CNA regarding wearing the maroon reusable gown that was used on the COVID-19 unit to enter a resident's room on the PUI unit. The CNA stated that she thought Resident #1 had COVID-19 also since there were signs on the door.</p> <p>At 9:24 AM, the UM approached the surveyor and CNA and the surveyor told the UM what the surveyor observed. The UM confirmed that the CNA should not be wearing the maroon gown that was used on the COVID-19 unit behind the plastic ecobarrier. The UM told the CNA that the maroon reusable gown that she used behind the plastic ecobarrier needed to stay behind the ecobarrier and should not come out of that area. The UM then instructed the CNA to remove the maroon reusable gown and gloves.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>At 9:30 AM, after the CNA doffed the gown and gloves and performed hand hygiene, the CNA in the presence of the UM and surveyor, entered Resident #1's room without donning a gown and gloves used for the PUI unit. The UM then instructed the CNA to exit the room and that the CNA needed to use a yellow reusable gown and gloves for the rooms in the PUI unit. The UM then stated to both the surveyor and the CNA that the maroon gowns were used for the COVID-19 unit and the yellow gowns were used for the PUI unit. The CNA then donned a yellow reusable gown and gloves and entered Resident #1's room.</p> <p>At 9:45 AM, the surveyor interviewed the CNA who stated that when the surveyor first observed her in the hallway the maroon gown she was wearing was a new one. The CNA then stated that when she was going to take the second breakfast tray into the COVID-19 unit she saw the call bell light and heard Resident #1 yelling for help. The CNA stated that she went to get the maroon gown she used earlier because she thought Resident #1 also had COVID-19. The CNA then added that she was from an agency and that Resident #1 was not on her assignment but that when she heard the resident yell from the bathroom, she wanted to rush in to help.</p> <p>At 10:30 AM, the surveyor, in the presence of another surveyor, observed the UM exit the plastic ecobarrier for the COVID-19 unit wearing a N95 mask. The UM proceeded to the nurse's station, where a physician was standing within six (6) feet, and the UM removed the N95 mask, took a red, blue and white cloth face covering from his lab coat pocket that he was wearing and placed the cloth face covering on.</p> <p>At 10:49 AM, the surveyor interviewed the</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Infection Preventionist (IP) who stated that masks should be worn at all times. The IP stated that if a nurse needed to remove a mask that it should be done in a private area.</p> <p>At 11:04 AM, the surveyor observed the UM wearing a red, blue and white cloth face covering, take a N95 mask out of a drawer at the nurse's station. The UM took off the cloth face covering and placed it in the right pocket of the lab coat he was wearing. The UM did not perform hand hygiene. The UM then donned the N95 mask and entered the plastic ecobarrier of the COVID-19 positive unit.</p> <p>At 11:07 AM, the surveyor observed the UM, wearing a N95 mask, exit the plastic ecobarrier and enter a room located just outside the ecobarrier on the right. A short time later, the UM exited the room wearing the red, blue and white cloth facemask.</p> <p>At 11:09 AM, the surveyor interviewed the UM regarding the N95 mask. The UM stated that he disposed of the N95 mask in the garbage bin in the room. The UM confirmed that he was now wearing a cloth facemask and that he wears a cloth face mask in the PUI unit.</p> <p>At 11:35 AM, the surveyor interviewed the IP regarding the PPE required for the PUI unit. The IP stated that to enter a PUI room staff are to don a gown, gloves, N95 mask with a surgical mask over it, and a face shield or goggles. She further stated that the gown could be hung on the back of the door for repeat use in that Resident's room for the remainder of that shift. The surveyor then inquired about the PPE required for the COVID-19 unit. The IP stated that the first time staff enter the plastic ecobarrier for their shift they</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>would don a clean, reusable or disposable gown, gloves, N95 mask with a surgical mask over it, and a face shield or goggles. She further stated that if the staff must exit the plastic ecobarrier that they would doff the gown and they could hang up the gown for repeat use in the unit for the remainder of that shift. The surveyor then interviewed the IP regarding the use of cloth masks on the PUI unit. The IP stated that the preference is to use a surgical mask and that the staff should have a N95 mask on to enter the PUI rooms.</p> <p>At 11:54 AM, the surveyor interviewed the UM regarding his use of PPE. The UM confirmed that he did not have a surgical or N95 mask on or eye protection when he was observed entering the resident's rooms. The UM stated that he did not have direct resident contact then and that if he would be performing direct care he would wear a surgical mask and eye protection.</p> <p>A review of the education for the CNA revealed the following: "PPE Donning and Doffing and Handwashing, Question/Answer Opportunity Cohorts and Infection Control Practices" in-service dated 11/26/2020. The in-service also included a return demonstration competency for PPE donning and doffing.</p> <p>At 1:45 PM, the surveyor, in the presence of the survey team, interviewed the Director of Nursing (DON) regarding the use of PPE on the PUI unit and the COVID-19 unit. The DON confirmed that the CNA should not have exited the plastic ecobarrier wearing a gown that was worn in the COVID-19 unit. The DON then confirmed that the CNA should have donned a gown and gloves before entering a PUI room. Lastly the DON</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>confirmed that the UM should have worn a N95 mask and eye protection when entering a PUI room.</p> <p>The surveyor reviewed the facility policy titled, "COVID Guidelines regarding Transmission Based Precautions and Testing Both Residents and Staff" dated November 5, 2020. The policy did not contain information regarding Transmission Based Precautions and the required PPE.</p> <p>The surveyor reviewed the facility provided protocol titled, "Personal Protective Equipment use in Cohorts:" dated October 2020, which read: Red Cohort (COVID +): Full PPE use with gowns, gloves, face shields or goggles and N95. Yellow Cohort (PUI): Universal source control with the use of procedure masks throughout the common areas of the unit. Gowns, gloves, face shields/goggles and N95 may be used throughout the unit and are to be used with direct patient contact.</p> <p>N.J.A.C. 8:39-19.4(a)</p>	F 880			