

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 12/18/2020
NAME OF PROVIDER OR SUPPLIER FAMILY OF CARING HEALTHCARE AT MONTCLAIR			STREET ADDRESS, CITY, STATE, ZIP CODE 42 NORTH MOUNTAIN AVE MONTCLAIR, NJ 07042		
(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:12/18/20 Census: 48 Sample: 7 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 arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880			1/25/21

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

TITLE

(X6) DATE

Electronically Signed

01/08/2021

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 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 infection.</p> <p>§483.80(f) Annual review.</p>	F 880			

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F 880	<p>Continued From page 2</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, record review, and pertinent facility documents, it was determined that the facility failed to: a) implement Transmission Based Precautions (TBP) for 1 of 12 New or Re-Admission residents as persons under Observation (Cohort 4 New or Re-admissions: This cohort consists of all persons from the community or other healthcare facilities which are newly or re-admitted) for COVID-19 in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines; and, b) ensure the implementation of infection control practices and precautions on the proper use of Personal Protective Equipment (PPE) identified for 2 of 3 Licensed Practical Nurses, and 1 of 6 staff members for Handwashing/Hand Hygiene.</p> <p>This deficient practice was identified during the COVID-19 Focused Infection Control survey conducted on 12/18/20 and was evidenced by the following:</p> <p>According to the U.S. Centers for Disease Control and Prevention (CDC) guidelines, responding to Coronavirus (COVID-19) in Nursing Homes updated 4/30/20 included, "Create a plan for managing new admissions and re-admissions 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 the 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),</p>	F 880	<p>F880 E</p> <p>1. Admissions Director and Unit Manager were re-educated by the Infection Preventionist regarding proper cohorting, signage and updating floor plans to accurately reflect cohorts on 12/18/2020. LPN #1 and LPN #2 were re-educated regarding the proper wearing/use of N95s and surgical masks by the Infection Preventionist on 12/18/2020. Housekeeper #1 was re-educated by the Infection Preventionist on handwashing technique/hand hygiene on 12/18/2020. Resident #1 and Resident #2 were placed on transmission based precautions.</p> <p>2. On 12/18/2020 the Infection Preventionist reviewed room placement for current residents to verify proper cohorting and signage in place. Floor plan was updated to accurately reflect cohorts by Infection Preventionist on 12/18/2020. On 12/18/2020, Infection Preventionist completed visual observations of facility staff within the designated cohort areas to verify handwashing/hand hygiene was being properly performed and that N95s/surgical masks were being properly worn. Areas of concern were addressed.</p> <p>3. Unit Managers will be responsible to verify residents are properly cohorted with proper signage in place. Resident room assignments within cohorts and cohort floor plan will be reviewed at morning</p>		

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F 880	<p>Continued From page 3</p> <p>gloves, and gown. Testing residents upon admission could identify those 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 admission and cared for using all recommended COVID-19 PPE."</p> <p>1. On 12/18/20 at approximately 9:30 AM, the Registered Nurse Unit Manager (RN/UM) #1 provided the surveyors a list of residents that were Admissions and Re-admissions for the last 14 days. A short time later, the admissions director provided the surveyors a floor plan of the facility with the COVID-19 positive and PUI rooms designated locations. A review of the Admission/Re-admission list included Resident #1. Further review of the floor plan noted that room [REDACTED] was not designated on the floor plan as a PUI or observation room.</p> <p>At 10:48 AM, the surveyor observed Room [REDACTED]. The room did not have a stop sign on the door indicating the resident was on TBP or a bin for PPE in close proximity to the room's door. Resident #1's name and another resident's name (Resident #2) were posted on the nameplate area of Room [REDACTED]. The surveyor observed Resident #1 inside room [REDACTED], awake and out of bed, seated in a wheelchair and wearing a blue surgical mask.</p> <p>At 12:00 PM, the surveyor interviewed the RN/UM #1 of the [REDACTED] floor, who stated that Resident #1 was readmitted to the facility on [REDACTED]. The surveyor inquired why the resident was not on</p>	F 880	<p>meeting. Areas of concern will be addressed. Facility staff were re-educated regarding proper handwashing/ hand hygiene and use of N95s/surgical masks on 12/18/2020 by the Infection Preventionist.</p> <p>4. Director of Nursing will randomly round on care units to verify proper cohorting of residents and appropriate signage is in place. This rounding will occur 5 times per week for 4 weeks then weekly for 8 weeks. Areas of concern will be addressed. Random handwashing/hand hygiene competencies will be completed by the Director of Nursing for facility staff 3 times per week for the next 12 weeks. Areas of concern will be addressed. The Director of Nursing will randomly observe use of N95s and surgical masks throughout the cohorts for proper use and wear. These random observations will be completed 3 times per week for the next 12 weeks. Areas of concern will be addressed. Results of audits will be reviewed at the Quality Assurance Performance Improvement Committee meeting monthly for the next 3 months with follow up provided as needed.</p>		

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F 880	<p>Continued From page 4</p> <p>TBP. The RN/UM #1 stated, "The resident tested negative in the hospital. Resident was considered negative but possibly exposed. I missed it."</p> <p>Simultaneously, the surveyor interviewed the admissions director, who stated that he was responsible for overseeing the cohort placement for all new and re-admissions. The admissions director said, "I don't know what happened. I missed it."</p> <p>At 12:15 PM, the Infection Control Preventionist (ICP) stated that Resident #1 should have been placed on observation for 14 days and placed on TBP upon return from the hospital and should not have been placed back in the room with another resident, and did not know why that happened. At that same time, the ICP had Resident #1 and Resident #2 rapid tested via Binax testing. Both residents tested negative for SARS CoV-2 (COVID-19).</p> <p>A review of Resident #1's Admission record revealed the resident was readmitted to the facility on [REDACTED] with a [REDACTED] diagnosis. Further review of the resident's Annual Minimum Data Set (MDS) dated [REDACTED] revealed the resident was admitted to the facility on [REDACTED] and readmitted on [REDACTED] from an acute hospital.</p> <p>A review of the facility's policy titled; "Quarantine" dated 5/2020 indicated the following:</p> <p>"The facility will protect the health and well-being of our residents and staff during infectious disease outbreaks. All new Admissions and Readmissions will be admitted to the Quarantine Unit (Yellow Zone):</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Residents in the Quarantined Cohort (Yellow Zone) will be observed for signs and symptoms of COVID-19. Residents will remain in the quarantine for (14) days and require (2) negative COVID-19 results before being transferred from the Quarantine Unit to a clean unit (Green Zone). Transmission Based Precautions are used in the Quarantine Unit."</p> <p>2. On 12/18/20 at 11 AM, the surveyor toured the Cohort-1 (designated COVID-19) wing and observed the unit's designated LPN #1 wearing a blue surgical mask with an N-95 respirator mask over the blue surgical mask.</p> <p>Simultaneously, the surveyor interviewed LPN #1, who could not speak to why she was wearing PPE incorrectly. She acknowledged she had training on infection control and how to don and doff (put on and take off) PPE.</p> <p>At 11:15 AM, the surveyor observed LPN #2 administering medications on the PUI (Persons Under Investigation) wing. LPN #2 was wearing a blue surgical mask with an N-95 respirator mask over the blue surgical mask with another blue surgical mask over the N-95 respirator mask. LPN #2 stated she felt more comfortable and safer.</p> <p>The surveyor interviewed the RN/UM #1, who stated that both LPN #1 and #2 should not wear an N-95 mask over the blue surgical mask because there wouldn't be a tight seal to protect themselves.</p> <p>On that same day, the surveyor interviewed the ICP, who stated she was in the process of fit testing staff members "today" for N-95 masks. The ICP further noted that both LPN's were</p>	F 880			

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F 880	<p>Continued From page 6 wearing PPE incorrectly.</p> <p>The ICP provided the surveyors a CDC pamphlet used for in-service education regarding "Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19."</p> <p>A review of the CDC pamphlet revealed that the preferred PPE use was an N95 or higher respirator and the acceptable alternative PPE use was a facemask.</p> <p>The ICP provided an undated facility policy titled, "Personal Protective Equipment Use In Cohorts: Outbreak Status," indicated Full PPE is used at all times in the Red cohort 1 (COVID-19 positive) wing, which includes gowns, gloves, face shields/goggles, and N-95 mask.</p> <p>On the Yellow cohort (PUI) indicated gowns, gloves, face shields/goggles, and N95 are to be used with direct patient contact.</p> <p>On the Green Cohort (Presumed exposed/asymptomatic) indicated gowns, gloves, face shields/goggles, and N95 are to be used with direct patient contact.</p> <p>3. On 12/18/20 at 10:25 AM, the surveyor, observed that Housekeeper #1 washed her hands in less than 10 seconds. The surveyor further observed Housekeeper #1 turn on the sink faucet, apply soap to her hands without wetting her hands, and attempted to lather the soap; No lather had formed since she did not wet her hands. Housekeeper #1 immediately placed her hands under running water and rubbed her hands together under running water. She then dried her hands with</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>paper towels and turned off the sink faucet with the same paper towels.</p> <p>Simultaneously, the surveyor interviewed housekeeper #1, who stated, "I was very nervous. I did have training on handwashing."</p> <p>According to the U.S. Centers for disease Control and Prevention (CDC) guidelines, Hand Hygiene for Healthcare Workers included, "Wet your hands with clean, running water (warm or cold) and apply soap. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Rinse your hands well under clean, running water. Use disposable towels to dry. Use a disposable towel to turn off the faucet.</p> <p>A review of the facility's undated Handwashing/Hand Hygiene policy provided by the ICP indicated under Procedure for Washing Hands to "1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water, at a comfortable temperature. Hot water is unnecessarily rough on hands."</p> <p>At 3:20 PM, the surveyors met with the Director of Nursing and the Administrator and discussed the above observations and concerns; No additional information was provided.</p> <p>NJAC 8:39-19.4(a)</p>	F 880			