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NEW VISTA NURSING & REHABILITATION CTR	**300 BROADWAY NEWARK, NJ 07104**

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F 000	INITIAL COMMENTS Survey date: 08/2/2022 Census: 268 Sample: 6 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 for COVID-19.	F 000		
F 886 SS=E	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of	F 886		9/13/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/22/2022

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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asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;
(v) The response time for test results; and
(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.

§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;

§483.80 (h)((3) For each instance of testing:
(i) Document that testing was completed and the results of each staff test; and
(ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.

§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.

§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.

§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.

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F 886	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documentation, it was determined that the facility failed to conduct COVID-19 testing of unvaccinated staff at a frequency based on the county COVID-19 positivity level of community transmission in accordance with the U.S. Centers for Disease Control and Prevention (CDC) recommendations during their COVID-19 outbreak. This deficient practice was identified for 6 of 6 staff members reviewed for COVID-19 testing and was evidenced by the following: According to the CDC guidance updated on 2/2/22, "Interim Infection Prevention Control Recommendations to prevents SARS-CoV-2 Spread in Nursing Home under Testing which revealed the following: "In nursing homes, HCP [Healthcare Personnel] who are not up to date with all recommended COVID-19 vaccine doses should continue expanded screening testing based on the level of community transmission as follows: In nursing homes located in counties with substantial to high community transmission, these HCP should have a viral test twice a week...If these HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift (including the day of the shift)." On 7/29/22 at 9:44 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) who informed the team that the facility was in a COVID-19 outbreak that started on 6/7/22. The DON stated that they were testing staff every five to seven days based on the "county transmission rate which has been high." He stated that he	F 886	F886 Element One- Corrective Action The infection control nurse will ensure all employees have been tested as per most recent CDC guidance and NJ Executive directives. Element Two- Identification of at Risk Residents All residents have the potential to be affected by this practice. Element Three- Systemic Change Re-education will be administered to all Department Heads as well as staff regarding Testing Requirement. Facility will create a separate testing tracking log for unvaccinated employees and employees who are not up to date per NJDOH, CMS, and CDC requirements. An assigned schedule will be implemented for unvaccinated staff or staff not up to date per NJDOH, CMS, and CDC requirements to be tested twice a week, regardless of work schedule. Element Four DON or designee will audit testing compliance three times a week for (4) weeks, then weekly for four weeks followed by monthly on an on-going basis to ensure continued compliance with COVID-19 testing of staff per NJDOH, CMS, and CDC requirements with results reported to the DON. The DON will report compliance on a weekly basis to the interdisciplinary team meeting. The DON will provide the audit statistics in aggregate at the QAPI meeting every quarter for action and further guidance as	

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would check the website for the COVID-19 positivity level every Friday since the report would come out on Thursdays. The surveyor requested to see the reports for the last two months.

At 10:20 AM, the surveyor interviewed the Infection Preventionist Nurse (IPN) in the presence of the survey team. She stated that she was new to the position and started at the facility on 3/30/22. She stated that the entire staff were being tested every five to seven days, regardless of their vaccination status. The IPN stated that she performed testing for residents and staff. The IPN stated that the facility was in a COVID-19 outbreak with the first COVID-19 positive resident on 6/7/22.

At 10:48 AM, the DON provided the surveyor with a print out for the "COVID DATA TRACKER" for Essex County, New Jersey COVID-19 Community Level dated 7/29/22 which indicated "High." He stated he was only able to print out the current report and did not keep copies of previous reports. The DON at this time now stated that all working staff were tested twice a week.

At this same time, the Human Resources staff member (HRSM) provided the surveyor an "updated" list of active staff and their vaccinations to date in the presence of the survey team. She stated that each time the list was updated she provided it to the DON and the LNHA for review.

At 11:31 AM, the surveyor interviewed a housekeeper (HSK) #1, who stated that she gets tested for COVID-19 "sometimes twice, sometimes once a week." She further stated that "I did not do it this week, I came back from vacation on Monday, but not this Monday." She

appropriate until substantial compliance has been met.

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further stated that "I don't know the date" I was last tested for COVID-19. The HSK #1 stated that she had not been offered testing since she returned from vacation.

At 11:56 AM, the surveyor interviewed a Certified Nursing Aide (CNA) #1 who stated that she was tested for COVID-19 at the facility twice a week. She then stated that the last time she was tested for COVID-19, however, was on the Tuesday of the previous week.

At 2:00 PM, the surveyor interviewed a Unit Clerk (UC) in the presence of a second surveyor. She stated that she had completed the two dose series of a multidose vaccination for COVID-19 but did not get the booster because she had the COVID-19 virus this past June 2022. The UC stated that if someone was not vaccinated, they would have to be tested twice a week. She then stated that since she returned to work in June, staff testing has been done once per week on Tuesdays.

At 2:10 PM, the surveyor interviewed a Food Service Employee (FSE) #1 in the presence of a second surveyor. He stated that he had his second vaccination this past February and was not yet eligible for the booster. The FSE stated that he gets tested once a week in the middle of the week. The FSE further stated that the Food Service Director (FSD) notified the staff when to get tested.

At 2:20 PM, the surveyor interviewed HSK #2 in the presence of a second surveyor. She stated that the facility did COVID-19 testing only once a week.

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On 8/2/22 at 10:00 AM, the DON informed the surveyor that staff were tested for COVID-19 once to twice a week. He also stated that staff were also tested when they returned to work after vacation.

On 8/2/22 at 10:30 AM, the surveyor interviewed the FSD in the presence of the survey team. She stated that all staff who were not up to date with their vaccinations were tested twice a week on Tuesday and Friday. At this same time the DON provided the surveyor with a spreadsheet listing of staff members, their department and when they were tested from the dates of 6/7/22 through 7/28/22.

At approximately 11:00 AM, the surveyor interviewed the Director of Building Services in the presence of the survey team who stated that staff were tested for COVID-19 every five to seven days.

At 11:50 AM, the surveyor interviewed the IPN in the presence of a second surveyor. She stated that COVID-19 testing was performed every five to seven days, usually on Monday or Tuesday. She acknowledged that one staff member had a religious exemption and was tested twice a week. The IPN stated that staff who had not received the booster vaccination should be tested twice a week, "but right now we are testing only once a week." She also stated that "because I am new here and I am testing the residents... I decided to test the everyone five to seven days too." The IPN also stated that "I know the level is high from the media." She stated that the facility will be testing the staff every five to seven days until the outbreak was over and then they will be testing staff without booster vaccines twice a week as

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long as the level was still high.

At 1:17 PM, in the presence of the survey team, the DON provided the surveyor with an updated spreadsheet list of staff testing which had grayed and darkened areas. The DON stated that the grayed-out areas meant the staff were not working on those dates and the darkened dates meant they tested COVID-19 positive that day.

At 1:27 PM, the surveyor interviewed the LNHA, DON and IPN in the presence of the survey team. They stated that during an outbreak they were testing staff for COVID-19 every five to seven days. They then stated that if staff were "not up to date" with their vaccination status and the transmission rate was high they should be tested twice a week. They acknowledged "not up to date" referred to not having received the booster vaccination when it was due. They further stated that those staff have to be tested twice a week or they cannot work.

A comparative review of the spreadsheet the facility utilized to document and track staff testing for COVID-19 provided by the DON for dates 6/7/22 through 7/28/22 and the list of active staff and their vaccination status provided by the HRSM revealed the following:

CNA #2 had the second dose of a two dose series of a COVID-19 vaccination on 11/29/21 with no documented evidence of a booster.

CNA #2 was tested once a week on 6/19/22, 7/3/22, 7/10/22, 7/17/22 and 7/24/22.

CNA #3 had the second dose of a two dose series of a COVID-19 vaccination on 4/29/21 with

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no documented evidence of a booster despite being eligible.

CNA #3 was tested once a week on 6/19/22, 7/3/22, 7/10/22, 7/17/22 and 7/24/22.

CNA #4 had the second dose of a two dose series of a COVID-19 vaccination on 12/27/21 with no documented evidence of a booster despite being eligible.

CNA #4 was tested once a week on 6/12/22, 6/19/22, 7/3/22, 7/10/22, 7/17/22 and 7/24/22.

FSE #2 had a single dose vaccination of a one dose vaccine on 12/28/21 with no documented evidence of a booster despite being eligible.

FSE #2 was tested once a week on 6/19/22 and tested positive for COVID-19 on 6/28/22.

FSE #3 had the second dose of a two dose series of a COVID-19 vaccination on 12/30/21 with no documented evidence of a booster despite being eligible.

FSE #3 was tested once a week on 6/19/22, 7/3/22, 7/10/22, 7/17/22 and 7/24/22.

An activities staff member had the second dose of a two dose series of a COVID-19 vaccination on 3/22/21 with no documented evidence of a booster despite being eligible.

The activities staff member was tested once a week on 6/12/22, 7/3/22, 7/10/22, 7/17/22 and 7/24/22.

There was no additional documentation provided

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F 886	Continued From page 8 to the surveyors regarding the COVID-19 testing results of the staff. Review of the facility policy "Resident and Staff COVID Vaccination and Testing Guidelines" with a revised date of 3/10/22, reflected that unvaccinated employees should be tested for COVID-19 twice a week.	F 886		
F 888 SS=E	NJAC 8:39-5.1(a) COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.	F 888		9/13/22

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§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:
(i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and
(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section.

§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:
(i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;
(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;
(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;

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(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;
(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;
(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;
(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:
(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and
(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;
(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and

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F 888	Continued From page 11 considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to: a.) ensure that staff were up-to-date on their COVID-19 vaccinations for 6 of 6 staff reviewed for compliance, b.) identify and track staff who had a temporary delay for receiving the COVID-19 vaccinations or boosters in accordance with their facility policy, and c.) implement their facility policy and contingency plans for unvaccinated staff. This deficient practice was evidenced by the following: According to the New Jersey Executive Order No. 290 "All covered workers must provide adequate proof that they are up to date with their COVID-19 vaccination by May 11, 2022; provider however, that as to having received a booster dose,	F 888	F0888 Element One- Corrective Action The facility ICP met with Staff #s 1-6 who required vaccinations and scheduled a vaccination clinic at the facility and/or where applicable, had a proper exemption form completed, reviewed, and approved by the facility ICP as per protocols and regulations. Covid 19- booster and vaccination clinics continue to be scheduled as needed for both residents and staff. Element Two- Identification of at Risk Residents All residents have the potential to be affected by this practice. Element Three- Systemic Change A staff COVID vaccination tracking log that includes all vaccinations including	

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F 888	Continued From page 12 covered workers must provide adequate proof that they are up to date with their COVID-19 vaccinations by May 11, 2022, or within 3 weeks of becoming eligible for a booster dose, whichever is later." On 7/29/22 at 10:20 AM, the surveyor interviewed the Infection Preventionist Nurse (IPN) in the presence of the survey team. She stated that she was new to the position and started working at the facility on 3/30/22. The IPN stated that the facility was in a COVID-19 outbreak with the first COVID-19 positive resident on 6/7/22. She stated that the Human Resources Department kept track of the staff COVID-19 vaccination status. At 10:30 AM, the surveyor interviewed the Human Resources staff member (HRSM) in the presence of the survey team. She stated that there was one staff member who had a religious exemption. The HRSM provided the surveyor with a binder that held copies of vaccination cards. The surveyor attempted to review the binder; however, the copies of the vaccination cards were in no particular order and did not identify what department the staff member was in nor their eligibility status for the COVID-19 booster. The HRSM stated that she maintains copies for verification of staff COVID-19 vaccination status and has been entering the information onto a spread sheet. The surveyor requested to review the spreadsheet. At 10:48, the HRSM provided the surveyor an "updated" list of active staff and their COVID-19 vaccinations to date in the presence of the survey team. She stated that she was not involved in ensuring staff get their vaccinations and that she only collects and enters the data. The HRSM	F 888	boosters was implemented to ensure all staff are vaccinated in accordance with the facility COVID-19 Vaccination Policy, CDC guidance, and NJDOH regulations to mitigate the spread of Covid-19. The Infection Control Preventionist (ICP) will be responsible for monitoring the results and ensuring compliance with COVID-19 vaccination protocols. Re-education was provided to the facility Infection Control Team, LNHA (Licensed Nursing Home Administrator), and DON (Direct or Nursing) to assure the facility vaccination policy, CDC guidance, and CMS and NJDOH vaccination requirements are followed. Facility staff re-education regarding Covid-19 vaccination requirements per NJDOH, CDC, and CMS regulations was completed. Element Four Random audits of staff vaccinations logs will be completed by facility ICP weekly for (4) weeks, then monthly on an on-going basis to ensure continued compliance with COVID-19 vaccinations of staff per NJDOH, CMS, and CDC requirements with results reported to the DON. The DON will provide the audit statistics in aggregate at the QAPI meeting every quarter for action and further guidance as appropriate.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315458	A. BUILDING _____ B. WING _____	C 08/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISTA NURSING & REHABILITATION CTR	300 BROADWAY NEWARK, NJ 07104

(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 888	Continued From page 13	F 888		

stated that each time the list was updated she provided it to the DON and the LNHA for review.

On 8/2/22 at 1:27 PM, the surveyor interviewed the LNHA, DON and IPN in the presence of the survey team. They acknowledged that they have multiple staff working at the facility who were not "up-to-date" with their COVID-19 vaccination status' since they had not received a booster. They stated that "up-to-date" meant that staff have received the first booster after having completed a single dose vaccine or a multidose vaccine. In addition, they added that if someone was over 50-years of age, they would be eligible for a second booster. They stated that after completing the first series of a COVID-19 vaccination(s), you have to wait six months to be eligible for a booster. They could not provide documented evidence of a system to track if staff had a temporary delay in getting the booster. In addition, they could not speak to the steps they had taken to ensure that they were in compliance, including staff education of risks verse benefits for booster vaccination.

Review of the staff vaccination lists the HRSM provided to the surveyor revealed the following:

CNA #2 had the second dose of a two dose series of a COVID-19 vaccination on 11/29/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay.

CNA #3 had the second dose of a two dose series of a COVID-19 vaccination on 4/29/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315458	A. BUILDING _____ B. WING _____	C 08/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISTA NURSING & REHABILITATION CTR	300 BROADWAY NEWARK, NJ 07104

(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 888	Continued From page 14	F 888		

CNA #4 had the second dose of a two dose series of a COVID-19 vaccination on 12/27/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay.

FSE #2 had a single dose COVID-19 vaccine on 12/28/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay.

FSE #3 had the second dose of a two dose series of a COVID-19 vaccination on 12/30/21 with no documented evidence of a booster, despite being eligible and no evidence of a temporary delay.

An activities staff member had the second dose of a two dose series of a COVID-19 vaccination on 3/22/21 with no documented evidence of a booster and no evidence of a temporary delay.

Further review of the staff vaccination lists revealed that of 65 of the 269 active staff appeared to be eligible for the COVID-19 booster. There was no evidence that these staff members had a temporary delay for receiving the booster, as there was no evidence of tracking provided by the LNHA or the IP of such data.

On 8/2/22 at 1:27 PM, the surveyor interviewed the LNHA, DON and IPN in the presence of the survey team. They acknowledged that they have multiple staff working at the facility who were not "up to date" with their COVID-19 vaccine status' since they had not received a booster. They stated that "up to date" meant that staff have received the first booster after having completed a single dose vaccine or a multidose vaccine. In

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315458	A. BUILDING _____ B. WING _____	C 08/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISTA NURSING & REHABILITATION CTR	300 BROADWAY NEWARK, NJ 07104

(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 888	Continued From page 15	F 888		

addition, they added that if someone was over 50 years of age, they would be eligible for a second booster. They stated that after completing the first series of COVID-19 vaccination(s), you have to wait six months to be eligible for a booster. They could not provide documented evidence of a system to track if staff had a temporary delay in getting the booster. In addition, they could not speak to the steps they had taken to ensure that they were in compliance, such as staff education of risks verse benefits for booster vaccination. They further stated that they follow the Centers for Disease Control and Precention (CDC) guidance and were unaware of requirements regarding the booster because they felt as though the CDC did not require boosters. No additional documentation or information was provided to the survey team.

Review of the facility policy "Resident and Staff Covid Vaccination and Testing Guidelines" with a revised date of 3/10/22, reflected that "An individual is considered up-to-date with Covid-19 vaccines when they have received all doses in the primary series and all recommended booster doses, when eligible." It further reflected that if a staff member "Recently received all recommended doses in the primary vaccine series but is not yet eligible for a booster dose. This includes a.) Those who completed their 2-dose primary series of an mRNA Covid-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago. b.) Those who received a single dose of Janssen less than two months ago."

Review of the facility policy "Mandatory Covid-19 Vaccine Policy and Procedure-NJ" dated 2022, reflected that the definition of Temporarily Delayed Vaccination was "Refers to vaccination

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315458	A. BUILDING _____ B. WING _____	C 08/02/2022

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F 888	Continued From page 16 that must be temporarily postponed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to Covid-19, or individuals who received monoclonal antibodies or convalescent plasma for Covid-19 treatment in the last 90 days." In addition, it reflected that "Staff requesting a temporarily delayed vaccination must submit a request for temporary vaccine delay form to the DON. This form will be forwarded to the Facility's upper management for review." It also reflected that "The Facility will track and securely document the vaccination status of each Staff member. The documentation will include: D.) Staff for whom Covid-19 vaccination must be temporarily delayed. For temporary delays, the Facility shall track when the identified Staff can safely resume their vaccination." It further reflected that "Contingency Plans for Unvaccinated Staff: C.) Staff who refuse vaccination without an approved medical or religious exemption, or an approved delay in vaccination request, will be separated from the Facility." NJAC 8:39-5.1(a); 19.4(a)	F 888		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06730	A. BUILDING: _____ B. WING _____	C 08/02/2022

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NEW VISTA NURSING & REHABILITATION CTR	300 BROADWAY NEWARK, NJ 07104

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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to a.) ensure that staff received the COVID-19 booster vaccinations in accordance with the New Jersey Executive Order No. 290 for 6 of 6 staff reviewed for vaccine compliance. This deficient practice was evidenced by the following: According to the New Jersey Executive Order No. 290 "All covered workers must provide adequate proof that they are up to date with their Covid-19	S 560	Element One- Corrective Action The facility ICP met with Staff who require vaccination booster and scheduled a vaccination clinic at the facility and/or where applicable, had a proper exemption form completed, reviewed, and approved by the facility ICP as per protocols and regulations. Covid 19- booster and vaccination clinics continue to be scheduled as needed for both residents and staff. Element Two- Identification of at Risk Residents	9/13/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/22/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 vaccination by May 11, 2022; provider however, that as to having received a booster dose, covered workers must provide adequate proof that they are up to date with their Covid-19 vaccinations by May 11, 2022, or within 3 weeks of becoming eligible for a booster dose, whichever is later." On 7/29/22 at 10:20 AM, the surveyor interviewed the Infection Preventionist Nurse (IPN) in the presence of the survey team. She stated that she was new to the position and started at the facility on 3/30/22. The IPN stated that the facility was in a COVID-19 outbreak with the first COVID-19 positive resident on 6/7/22. She stated that the Human Resources Department kept track of the staff COVID-19 vaccination status. At 10:30 AM, the surveyor interviewed the Human Resources staff member (HRSM) in the presence of the survey team. She stated that there was one staff member who had a religious exemption. The HRSM provided the surveyor with a binder that held copies of vaccination cards. The surveyor attempted to review the binder; however, the copies of the vaccination cards were in no particular order and did not identify what department the staff member was in nor their eligibility status for the COVID-19 booster. The HRSM stated that she maintains copies for verification of COVID-19 vaccination status of staff and had been entering the information onto a spread sheet. The surveyor requested to review the spreadsheet. At 10:48, the HRSM provided the surveyor an "updated" list of active staff and their vaccinations to date in the presence of the survey team. She stated that she was not involved in ensuring staff get their vaccinations and that she only collects	S 560	All residents have the potential to be affected by this practice. Element Three- Systemic Change A staff COVID vaccination tracking log that includes all vaccinations including boosters was implemented to ensure all staff are vaccinated in accordance with the facility COVID-19 Vaccination Policy, CDC guidance, and NJDOH regulations to mitigate the spread of Covid-19. The Infection Control Preventionist (ICP) will be responsible for monitoring the results and ensuring compliance with COVID-19 vaccination protocols. Re-education was provided to the facility Infection Control Team, LNHA (Licensed Nursing Home Administrator), and DON (Direct or Nursing) to assure the facility vaccination policy, CDC guidance, and CMS and NJDOH vaccination requirements are followed. Facility staff re-education regarding Covid-19 vaccination requirements per NJDOH, CDC, and CMS regulations was completed. Element Four Random audits of staff vaccinations logs will be completed by facility ICP weekly for (4) weeks, then monthly on an on-going basis to ensure continued compliance with COVID-19 vaccinations of staff per NJDOH, CMS, and CDC requirements with results reported to the DON. The DON will provide the audit statistics in aggregate at the QAPI meeting every quarter for action and further guidance as appropriate.	

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S 560	Continued From page 2	S 560		

and enters the data. The HRSM stated that each time the list was updated she provided it to the DON and the LNHA for review.

On 8/2/22 at 1:27 PM, the surveyor interviewed the LNHA, DON and IPN in the presence of the survey team. They acknowledged that they have multiple staff working at the facility who were not "up to date" with their COVID-19 vaccine status' since they had not received a booster. They stated that "up to date" meant that staff have received the first booster after having completed a single dose vaccine or a multidose vaccine. In addition, they added that if someone was over 50 years of age, they would be eligible for a second booster. They stated that after completing the first series of COVID-19 vaccination(s), you have to wait six months to be eligible for a booster. They could not provide documented evidence of a system to track if staff had a temporary delay in getting the booster. In addition, they could not speak to the steps they had taken to ensure that they were in compliance, such as staff education of risks verse benefits for booster vaccination. They further stated that they follow the Centers for Disease Control and Precention (CDC) guidance and were unaware of Executive Order No. 290. They stated that they were unfamiliar with New Jersey (NJ) Executive Orders and Directives and follow CDC guidance which they felt superseded NJ.

Review of the staff vaccination lists the HRSM provided to the surveyor revealed the following:

CNA #2 had the second dose of a two dose series of a COVID-19 vaccination on 11/29/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06730	A. BUILDING: _____ B. WING _____	C 08/02/2022

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S 560	Continued From page 3 CNA #3 had the second dose of a two dose series of a COVID-19 vaccination on 4/29/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay. CNA #4 had the second dose of a two dose series of a COVID-19 vaccination on 12/27/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay. FSE #2 had a single dose COVID-19 vaccine on 12/28/21 with no documented evidence of a booster despite being eligible and no evidence of a temporary delay. FSE #3 had the second dose of a two dose series of a COVID-19 vaccination on 12/30/21 with no documented evidence of a booster, despite being eligible and no evidence of a temporary delay. An activities staff member had the second dose of a two dose series of a COVID-19 vaccination on 3/22/21 with no documented evidence of a booster and no evidence of a temporary delay. Further review of the staff vaccination lists revealed that of 65 of the 269 active staff appeared to be eligible for the Covid-19 booster based on the dates indicated when the staffs last vaccination was received. Review of the facility policy "Resident and Staff Covid Vaccination and Testing Guidelines" with a revised date of 3/10/22, reflected that "An individual is considered up-to-date with Covid-19 vaccines when they have received all doses in the primary series and all recommended booster	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 4	S 560		

doses, when eligible." It further reflected that if a staff member "Recently received all recommended doses in the primary vaccine series but is not yet eligible for a booster dose. This includes a.) Those who completed their 2-dose primary series of an mRNA Covid-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago. b.) Those who received a single dose of Janssen less than two months ago."

Review of the facility policy "Mandatory Covid-19 Vaccine Policy and Procedure-NJ" dated 2022, reflected that the definition of Temporarily Delayed Vaccination was "Refers to vaccination that must be temporarily postponed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to Covid-19, or individuals who received monoclonal antibodies or convalescent plasma for Covid-19 treatment in the last 90 days." In addition, it reflected that "Staff requesting a temporarily delayed vaccination must submit a request for temporary vaccine delay form to the DON. This form will be forwarded to the Facility's upper management for review." It also reflected that "The Facility will track and securely document the vaccination status of each Staff member. The documentation will include: D.) Staff for whom Covid-19 vaccination must be temporarily delayed. For temporary delays, the Facility shall track when the identified Staff can safely resume their vaccination." It further reflected that "Contingency Plans for Unvaccinated Staff: C.) Staff who refuse vaccination without an approved medical or religious exemption, or an approved delay in vaccination request, will be separated from the Facility."

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315458 Y1	A. Building B. Wing Y2	9/29/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISTA NURSING & REHABILITATION CTR	300 BROADWAY NEWARK, NJ 07104

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 F0886	Correction	ID Prefix F0888	Correction	ID Prefix	Correction
Reg. # 483.80 (h)(1)-(6)	Completed	Reg. # 483.80(i)(1)-(3)(i)-(x)	Completed	Reg. #	Completed
LSC	09/13/2022	LSC	09/13/2022	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
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	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
8/2/2022	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
06730 Y1	A. Building B. Wing Y2	9/29/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISTA NURSING & REHABILITATION CTR	300 BROADWAY NEWARK, NJ 07104

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/13/2022	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
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	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/2/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO