STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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: 5/12/21 Census: 124 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 5/12/21. 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 Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880		5/25/21

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

Electronically Signed | 05/20/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 1	F 880		

arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(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
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 2 transport linens so as to prevent the spread of infection. §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, record review, and review of pertinent facility documentation, it was determined that the facility failed to: a.) wear the appropriate Personal Protective Equipment (PPE) while working on the non-ill unit; and, b.) don (put on) the appropriate PPE prior to entering resident rooms who were on Transmission Based Precautions (TBP). This deficient practice was identified for two of five residents reviewed (Resident #1 and Resident #5) and on two of three nursing units during a COVID-19 focused infection control survey. The deficient practice was evidenced by the following: On 5/12/21 at 9:25 AM from 10:00 AM, the surveyors conducted Entrance Conference with the Licensed Nursing Home Administrator (LNHA) and the Registered Nurse Infection Preventionist (RN/IP). The LNHA informed the surveyors during entrance conference that the facility was a COVID-19 facility for their organization, where residents admitted positive for COVID-19 would be cared for. The RN/IP stated that all the residents residing in the facility, the non-ill, new and re-admissions on observation, PUI, and COVID-19 positive residents were asymptomatic (not showing signs and symptoms) of the COVID-19 virus. The surveyors were informed that staff working on the	F 880	1. The Certified Nursing Assistant (C.N.A)immediately placed a face shield on after she realized that she did not have one on. The Housekeeper was immediately given a N95 and was required to wear it. Handwashing for transporters on the COVID unit. 2. All residents have the potential to be affected by this deficient practice. 3. On 5/12/21, the Infection Preventionist/Registered Nurse (IP/RN) conducted an in-service with the C.N.A who did not wear her face shield while in a well resident's room who was fully vaccinated. On 5/12/21 the IP/RN also conducted an in-service with the housekeeper who was wearing two surgical masks while in an observation room of a readmitted LTC fully vaccinated resident. IP/RN will conduct in□services with all staff on the correct use of PPE for all cohorts.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 3 non-ill resident units were always required to wear a surgical mask and eye protection while on the unit. The surveyors asked the LNHA and RN/IP what PPE was required to be worn by staff when they entered resident rooms, identified as Persons Under Investigation (PUI), and observation related to being a new or readmission to the facility. The RN/IP stated that it is required that staff entering resident's rooms don (put on) full PPE, which consisted of an N95 mask, surgical mask over, eye protection, gown, and gloves. The LNHA and RN/IP further stated that the staff working on the COVID-19 positive unit would be required to wear an N95 mask with a surgical mask over it, eye protection, gown, and gloves. At 10:44 AM, Surveyor #1 interviewed the Registered Nurse/Unit Manager (RN/UM) on the second floor, non-ill unit. The RN/UM explained to Surveyor #1 that two residents resided on the unit behind a plastic barrier because they were new or re-admissions to the facility and required observation. The RN/UM further stated that all staff working on the unit had to wear a surgical mask, goggles, or a face shield always. The RN/UM further stated that when staff entered the observation area on the unit, which Surveyor #1 observed to be blocked and off and secured with a plastic barrier the staff were required to wear full PPE after crossing the threshold to the observation area on the unit. The RN/UM stated that the RN/IP provided in-service education to the staff regularly on the PPE that the staff was required to wear. The RN/IP educated staff based upon guidance from the Center for Disease Control (CDC) and New Jersey/Department of Health/Communicable Disease Services (NJ/DOH/CDS).	F 880	All COVID 19+ residents have been reassigned to a designated closed unit, which has a prominent location for our alcohol based hand sanitizer. Alaris Health at Hamilton Park is an individually licensed building. Our regional nurse was reeducated on the policy and procedures of this building as she handles multiple buildings by the IP/RN. Root Cause Analysis was completed. C.N.A stated that she was in a car accident the week prior and the eye protection that she originally had put too much pressure on her head. C.N.A was given eye protection that were lightweight and did not cause any pressure. The housekeeping aide who wore two surgical masks stated that she had seasonally allergies and felt congested that day, so when she used the N95 she was unable to breathe. Housekeeper was in serviced to inform supervisor when she does not feel well, so she can be assigned to a different cohort. Both staff members were disciplined for actions. Directed Plan of Correction was completed. All Department Heads completed Nursing Home Infection Preventionist Training Course Module 1- Infection Prevention and Control Program. All staff including department heads viewed the videos titled “CDC COVID-19 Preventionist Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out!” and “CDC COVID-19 Preventionist Messages for Front Line	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 4 At 10:45 AM, Surveyor #2 observed a Certified Nursing Assistant (CNA) on the second floor, a non-ill unit inside a resident's room bagging linen. The CNA was observed wearing a hair bonnet and a surgical mask. Surveyor #2 did not observe the CNA wearing eye protection while inside the resident's room. Surveyor #2 observed the CNA exit the resident's room and disposed of the bagged linen in a designated space/room. At 10:47 AM, Surveyor #2 interviewed the CNA, who stated that on the non-ill unit, she was required only to wear a surgical mask. Surveyor #2 and the CNA observed signage posted outside the non-ill resident rooms, which indicated staff was to wear a surgical mask and eye protection such as a face shield or goggles. The CNA stated she did not see the sign that indicated she was to wear a face shield. The CNA further said she had been educated on Personal Protective Equipment (PPE) and that the reason staff would wear PPE, such as the face shield, was to stop the spread of infection. At 10:49 AM, Surveyor #1 stood outside of a transparent plastic barrier on the second floor observation unit and observed a Housekeeping (HK) staff member exit Resident #1's room at the end of the hallway and walked to the resident's room right in front of the clear plastic barrier where Surveyor #1 was standing. The surveyor observed the HK staff member wearing a face shield and two surgical masks. The surveyor stopped the HK staff member before entering the second resident's room (on TBP's) and asked her if she was wearing an N95 mask. The HK stated that she wasn't and showed the surveyor that she was wearing two surgical masks. The HK staff	F 880	Long-Term Care Staff: Use PPE Correctly for COVID-19." 4. Daily monitoring of all staff will be conducted by Director of Nursing (D.O.N), IP/RN, or designee to ensure all staff are wearing proper Personal Protection Equipment (PPE) on all designated cohorts for three months. All findings will be reported weekly to the Administrator and quarterly at the Quality Assurance Performance Improvement (QAPI) meeting for review and recommendation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 5	F 880		

member said that she should have been wearing an N95 mask and wasn't. Surveyor #1 did not observe the HK staff member enter the second resident's room on the observation unit. The HK stated to Surveyor #1 that she was going to get an N95 mask before she got into trouble.

At 10:57 AM, the surveyors conducted a follow-up interview with the second floor RN/UM, who stated that staff were to wear eye protection in the non-ill rooms because droplets could spread the COVID-19 infection. The RN/UM further noted that an N95 mask should have been worn in the observation area because it offered more protection from spreading the COVID-19 virus.

At 11:36 AM, the surveyors entered the sectioned-off COVID-19 positive area on the fifth floor. They observed two transporters on the COVID-19 positive unit wearing PPE, which consisted of a gown, an N95 mask with a surgical mask over it, a face shield, and gloves. The surveyors observed the transporters enter a resident's room who was positive for COVID-19 and transfer the resident onto a stretcher (a hospital bed with wheels used for transportation purposes). The surveyors then observed the transporters walk to the end of the COVID-19 area and doff (remove) their gown and gloves, the surveyors observed that the transporters still were wearing their N95 mask and face shield. The transporters were instructed by a facility staff member outside of the plastic barrier to enter Resident #5's room to wash their hands. The surveyors observed that the transporters did as they were told; the nurses who were wearing the appropriate COVID-19 PPE watched as the transporters walked into Resident #5's room and washed their hands. The surveyors observed the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 6	F 880		

transporters directly exit the COVID-19 positive area, they were observed still wearing their N95 mask and face shield. The transporters immediately exited the unit to the elevator and left the facility. As the surveyors walked by Resident #5's room, they observed no name on the door outside of the room but observed Resident #5 laying in a bed by the window with blankets covering his/her [redacted]. The privacy curtain to Resident #5's room was half-way drawn. The surveyors observed that the transporters had not come into direct contact with Resident #5 by the positioning of the sink in the resident's room. The surveyors further observed that there were signs posted throughout the sectioned off COVID-19 positive area on the unit on how to appropriately don and doff PPE. The surveyors observed adequately stocked PPE prior to entry and on the COVID-19 positive unit.

At 11:57 AM, the surveyors interviewed the regional nurse, who told the transporters to wash their hands in Resident #5's room. The regional nurse stated that the room closest to the exit on the COVID-19 area was usually utilized as a doffing room, and she thought the room was not occupied by a resident. The Assistant Director of Nursing (ADON) was present and stated that the resident was newly admitted to the facility and she was just about to put the resident's name outside of the door.

At 11:58 AM, the surveyors interviewed the Registered Nurse (RN) working on the COVID-19 positive unit. The RN stated that the room the transporters entered to wash their hands after they doffed their PPE was occupied by a COVID-19 positive. The RN further stated that the transporters should not have doffed their gown

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 7	F 880		

and gloves prior to entering that room. The RN further noted that the transporters should have doffed their gown and gloves, utilized Alcohol-Based Hand Rub (ABHR), and then washed their hands in the sink in the day room when they exited the COVID-19 positive area.

At 12:35 PM, the surveyors interviewed the RN/IP in the presence of the LNHA, who stated that the staff on the non-ill units were to wear surgical masks and face shields to prevent the spread of infection. The RN/IP further stated that before entering a resident's room maintained on TBP, staff should wear an N95 mask, surgical mask over, eye protection, gown, and gloves.

At 12:43 PM, the RN/IP further stated that the transporters should not have doffed their PPE and entered another COVID-19 positive resident's room to wash their hands because that could reinfect or spread infection.

A review of the facility's Personal Protective Equipment (PPE) competency dated [redacted] indicated that the CNA was appropriately trained on how to don and doff PPE.

A review of the facility's Personal Protective Equipment (PPE) competency dated [redacted] indicated that the HK was appropriately trained on how to don and doff PPE.

A review of the facility's Personal Protective Equipment (PPE) - Training and Don/Doff PPE Policy and Procedure dated 3/29/18 indicated, "it is the policy of this facility to provide education and training for each employee who is required to use Personal Protective Equipment (PPE)." The PPE Policy and Procedure further indicated that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 8	F 880		

the staff would be trained to know when PPE was necessary, what PPE was necessary for each type of TBP, and how to appropriately don and doff PPE.

A review of the facility's Protocol for an Outbreak (Outbreak Response Plan) revised 2/1/21 indicated that the staff working at the facility were notified of updates of presumed and positive COVID-19 cases during daily meetings. The facility's Protocol for an Outbreak further indicated, " Residents are cohorted based on signs and symptoms, test and lab results and exposure risks. Cohorting is based on CDC/DOH guidance- decisions are based on facility layout, staffing capabilities, testing availability, etc. Staff are routinely observed and assessed on proper handwashing and use of PPE."

A review of the NJ/DOH/CDS guidance Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities dated 3/25/21 indicated that all health care personnel should adhere to full TBP. All recommended PPE should be used for all patients/residents who are "COVID-19 positive, suspected of having COVID-19, and New and re-admissions patients/residents from the community or other healthcare facilities who are not fully vaccinated."

A review of the facility's Cohorting Guidelines Vaccination Status - COVID-19 Policy and Procedure dated 4/21/21 indicated, "New admissions or readmissions will be admitted to the Observation unit and monitored for 14 days regardless of vaccination status or previous COVID-19 positive date."

A review of the CDC COVID-19 Interim Infection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

(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 880	Continued From page 9 Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 12/14/20 indicated that healthcare personnel working in communities with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic SARS-CoV-2 infection. In addition to standard precautions, healthcare personnel should also "Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters." 8:39-19.4(a)	F 880		