

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

PRINTED: 11/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315307</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARBORAGE (THE)</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 RIVER ROAD NORTH BERGEN, NJ 07047</b>
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F 000	<p>INITIAL COMMENTS</p> <p>Survey: 4/22/21</p> <p>CENSUS: 177</p> <p>SAMPLE: 38</p> <p>A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.</p> <p>A COVID-19 Focused Infection Control Survey was conducted in conjunction with the recertification survey. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p>	F 000		
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,</p>	F 880		5/20/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>05/06/2021</b>
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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>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;</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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to follow appropriate measures to prevent and control the spread of infection on the COVID-19 positive unit. This deficient practice was for 1 of 35 residents reviewed, Resident #31, as evidenced by the following:</p> <p>On 04/15/21 at 10:50 AM in the COVID-19 unit the surveyor observed personal protective equipment (PPE) hanging on Resident #31's door and a STOP sign on the door which read "strict isolation of contact and droplet precautions, wear full PPE of gown, gloves, N95 respirator covered with a surgical mask and goggle/shield/safety glasses required for all persons entering room, wash hands/use hand sanitizer when entering and leaving room." The surveyor interviewed the Registered Nurse Unit Manager (RNUM) who stated that this resident was COVID-19 positive. Resident #31 was in the bed, located inside the resident's room.</p> <p>The surveyor reviewed Resident #31's medical records which revealed the following:</p> <p>According to the Resident Face Sheet, Resident #31 was admitted to the facility with diagnoses that included [REDACTED]</p> <p>There was a Physician's Order dated [REDACTED] for "strict isolation until further order, caregiver/staff is to wear N95 mask with surgical mask covering,</p>	F 880	<p>1.Residents affected by Deficient Practice</p> <p>a. Resident #31 was in quarantine at the time due to Covid. Resident was monitored as per COVID guidelines and no negative outcomes.</p> <p>b. Lab technician was immediately stopped and asked to preform hand hygiene</p> <p>c.Contaminated supplies were discarded from rolling cart</p> <p>d.Rolling cart was disinfected</p> <p>e.Root Cause Analysis revealed that LT did not have full understanding of LTC protocols. LT was educated, counseled and showed demonstration on proper hand hygiene and donning/doffing by the laboratory and facility educator.</p> <p>2. Identifying other residents who could be affected by deficient practice</p> <p>a. All residents could potentially be affected by deficient practice.</p> <p>3.Measures to be put in place or systemic changes that ensure deficient practice will not recur.</p> <p>a.Hospital and official vendors were provided with policies and procedures of the facility's infection prevention as a preemptive measure for their staff training purposes prior to entering the facility.</p>		

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F 880	<p>Continued From page 3</p> <p>strict droplet precaution with eye protection and strict contact precautions with gown and gloves" for the Diagnosis of COVID-19 positive.</p> <p>On 4/20/21 at 10:30 AM, the surveyor observed a Laboratory Technician (LT) enter the COVID-19 unit with a rolling cart holding laboratory supplies. The LT went to Resident #31's room and put on the necessary PPE before entering the resident's room. The LT left the rolling cart in hallway outside of the resident's room. At 10:34 AM, the surveyor observed the LT exit the resident's room, without removing the contaminated PPE and with her contaminated gloved hands retrieved supplies from the rolling cart.</p> <p>At 10:35 AM, the RNUM came down the hallway and stood next to the surveyor. In the presence of the RNUM, the surveyor observed the Licensed Practical Nurse (LPN) put on the necessary PPE and enter Resident #31's room with the LT. The LT was still wearing the same PPE.</p> <p>At 10:36 AM, the RNUM and the surveyor observed the LPN and the LT exit the resident's room. The LPN removed her PPE prior to exiting the resident's room and performed hand hygiene using the alcohol-based hand rub (ABHR) mounted on the wall outside of the resident's room. The LT exited the resident's room at the same time as the LPN. The LT did not remove her contaminated PPE and with her contaminated gloved hands, grabbed more items from her rolling cart and entered the resident's room again.</p> <p>At 10:38 AM, the RNUM and the surveyor observed the LT exit the resident's room. The LT removed her contaminated gown prior to exiting the resident's room yet did not remove her</p>	F 880	<p>b. To ensure all Vendors follow proper infection control practice, all vendors upon entering the facility will be provided an education packet with infection control policies and procedures. Acknowledgment of receipt will be confirmed with vendor's signature.</p> <p>c. In order to acquire more vigilance on infection control practices all staff was in-serviced on a new program See Something, Say Something and will continue to be in-serviced quarterly and annually to comply with CMS directed in-services.</p> <p>This program empowers the staff of any department at any level to proactively stop any person and/or vendor when a deficient infection control practice is witnessed and to instantly notify their immediate supervisor for corrective action. This will be done quarterly and annually for all team members.</p> <p>d. The following videos were used as an educational tool for the Directed Plan of Correction (DPOC) to all staff as applicable:</p> <ol style="list-style-type: none"> <li>1. Nursing Home Infection Preventionist Training Course: Module 1 - Infection Prevention and Control Program (<a href="http://www.train.org/main/course/1081350">http://www.train.org/main/course/1081350</a>). All Topline Staff and Infection Preventionist completed this training video.</li> <li>2. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! (<a href="https://www.youtube.com/watch?v=7srwrF9MGdw">https://www.youtube.com/watch?v=7srwrF9MGdw</a>). All staff, including topline staff and Infection Preventionist, completed this training video.</li> </ol>		

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F 880	<p>Continued From page 4</p> <p>contaminated gloves. The LT, with her contaminated gloved hands, was holding laboratory supplies from inside the resident's room and placed them inside of a bag located on the rolling cart. The LT then removed her gloves and did not perform hand hygiene. The LT took a pen, which was in a cup with other pens on the rolling cart and wrote something on a yellow piece of paper. The LT placed the pen back into the cup, grabbed the handles of the rolling cart and walked toward exit of the COVID-19 unit. The LT opened the plastic partition to exit the COVID-19 unit and was stopped by the RNUM and the surveyor.</p> <p>At 10:45 AM, in the presence of the RNUM, the surveyor interviewed the LT who stated that she did not remove her contaminated PPE while going in and out of Resident #31's room to get supplies from her rolling cart. The LT stated it was not an issue because her rolling cart was in the hallway, not in the resident's room. The surveyor asked why there was no hand hygiene performed after removing her gloves and the LT stated, "I don't know where the bathroom is to wash my hands." The RNUM told the LT that there was ABHR mounted on the wall outside of each resident room for hand hygiene purposes.</p> <p>At 10:50 AM, in the presence of the RNUM, the surveyor interviewed the LPN who stated that she did in fact leave the resident's room with the LT and the LT should have removed all of her PPE and should have performed hand hygiene.</p> <p>A 10:55 AM, in the presence of the RNUM, the surveyor interviewed the Infection Preventionist (IP) who stated that the LT should have followed facility policy and procedure which included removing her PPE and performing hand hygiene</p>	F 880	<p>3. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands (<a href="https://www.youtube.com/watch?v=xmYmUly7qiE">https://www.youtube.com/watch?v=xmYmUly7qiE</a>). All staff, including topline staff and Infection Preventionist, completed this training video.</p> <p>4. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 (<a href="https://www.youtube.com/watch?v=YYTATw9yav4">https://www.youtube.com/watch?v=YYTATw9yav4</a>). All staff, including topline staff and Infection Preventionist, completed this training video.</p> <p>5. Nursing Home Infection Preventionist Training Course: Module 7 - Hand Hygiene (<a href="https://Train.org/main/course/1081806">https://Train.org/main/course/1081806</a>). All staff, including topline staff and Infection Preventionist, completed this training video.</p> <p>6. Nursing Home Infection Preventionist Training Course: Module 6B - Principles of Transmission Based Precautions (<a href="https://Train.org/main/course/108105">https://Train.org/main/course/108105</a>). All staff, including topline staff and Infection Preventionist, completed this training video.</p> <p>4. Monitor of corrective Actions a. To monitor compliance with this new process Vendor audit tool created to audit vendors for compliance, Audits will be completed by the Infection Preventionist (IP) and/or designee weekly x 4 and monthly X 3 and quarterly thereafter. Findings of audits will be reviewed monthly with Administrator and Director of</p>	

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F 880	<p>Continued From page 5 while exiting the resident's room.</p> <p>On 4/20/21 at 11:15 AM, the surveyor discussed the above concerns with the Administrator and Director of Nursing (DON). The DON stated that the LT was in the facility to perform a [REDACTED] for Resident #31 and that the LT should have followed the facility policy and procedure regarding PPE use and hand hygiene after removing PPE when exiting a COVID positive resident's room.</p> <p>The surveyor reviewed the policy and procedure titled "HMNR Post-Acute COVID-19 Pandemic Preparedness Infection Control Plan" which was updated 4/6/21. The policy and procedure indicated that "a COVID-19 positive resident will be placed on strict contact and droplet precautions requiring full PPE, including eye protection, N95 or higher respirator and gown and gloves added when entering resident rooms and PPE will be donned prior to entering the room and removed before leaving the room."</p> <p>The surveyor reviewed the facility postings titled "How to safely remove personal protective equipment" on Resident # 31's door, which indicated that gloves and gown front and sleeves are contaminated and to wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE.</p> <p>N.J.A.C. 8:39-19.4(a)</p>	F 880	Nursing. All findings will be presented quarterly by IP to the Quality Assurance performance Improvement Committee.		