

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

PRINTED: 04/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/13/2022
NAME OF PROVIDER OR SUPPLIER LITTLE BROOK NURSING AND CONVALESCENT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 78 SLIKER ROAD CALIFON, NJ 07830		
(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 INFECTION CONTROL SURVEY CENSUS: 30 SAMPLE SIZE: 9 COVID + IN-HOUSE: 16 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 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility	F 755		10/13/22	

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

TITLE

(X6) DATE

Electronically Signed

09/22/2022

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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F 755	<p>Continued From page 1</p> <p>must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: INFECTION CONTROL SURVEY</p> <p>Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 9/12/2022 and 9/13/2022, it was determined that the facility failed to transcribe a Physician's Order correctly onto the Medication Administration Record (MAR) according to the standards of nursing practice and failed to follow the facility's policy titled "Documentation of Medication Administration." This deficient practice was identified for 1 of 9 residents (Resident #7) reviewed and was evidenced by the following:</p> <p>According to the Medical Record (MR), Resident #7 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u>.</p>	F 755	<p>I. Immediate Correction Plan</p> <p>a) The facility charge nurse immediately reviewed the MAR and stated that there was no name, amount, route, dosing, and medication time for resident #7.</p> <p>b) All medications for resident #7 were reviewed on the MAR to indicate if there was a name, amount, route and dosing.</p> <p>c) The facility charge nurse retrieved a phone order from the physician for the <u>Ex Order 26. 4B1</u>.</p> <p>d) Resident #7 was affected by this deficient practice.</p> <p>II. Identification of Others</p> <p>a) The charge nurse reviewed all residents' MARs to determine if any medications were inappropriately labeled with no name, amount, dosage, and medication time. All residents are at a potential risk for this practice.</p> <p>b) The turnover monthly for all MARs</p>		

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F 755	<p>Continued From page 2</p> <p>The Minimum Data Set (MDS), an assessment tool dated <u>Ex Order 26. 4B1</u>, showed a <u>Ex Order 26. 4B1</u> score of <u>Ex One</u> /15, which indicated Resident #7 was <u>Ex Order 26. 4B1</u>. The MDS also showed Resident #7 required extensive assistance from staff for <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #7's Physician Order Sheet (POS) dated <u>Ex Order 26. 4B1</u> revealed the following phone order from the Physician: <u>Ex Order 26. 4B1</u> tablets by mouth, twice a day, times 5 days.</p> <p>A review of the Medication Administration Record (MAR) for Resident #7, dated <u>Ex Order 26. 4B1</u>, revealed under "Medication," only the date of <u>Ex Order 26. 4B1</u>. The medication name, amount, route, dosing, and medication administration time were not listed on the MAR. The MAR showed signatures indicating the medication was given for 5 days under the dates <u>Ex Order 26. 4B1</u>.</p> <p>During an interview on 9/12/2022 at 1:16 p.m., the Administrator reviewed the MAR for Resident #7 and stated that this was a medication error, <u>Ex Order 26. 4B1</u> should have been listed, and the order was not transcribed correctly.</p> <p>During an interview on 9/13/2022 at 10:14 a.m., the Licensed Practical Nurse (LPN) stated that she had received the phone order from the Physician for <u>Ex Order 26. 4B1</u>. However, she must have forgotten to write the order as received from the Physician on the MAR. The LPN stated the five rights of medication administration and agreed that this was a medication error, and this error could have resulted in the resident receiving the wrong medication or not receiving the ordered medication.</p>	F 755	<p>and TARs will be reviewed and signed by two nurses. This will be done to determine that other residents are not affected by this deficient practice. Correct naming, amount, route and dosing of all medications will be reviewed for all residents.</p> <p>III. Systematic Changes</p> <p>a) All nursing staff will be re-educated on the facility policy titled Documentation of Medication Administration dated 2014 by <u>Ex Order 26. 4B1</u>. Documentation reviews must include at a minimum name, strength of medication, dosage and method of administration.</p> <p>b) The nurse who caused the medication error was re-educated on <u>Ex Order 26. 4B1</u> by the Administrator and re-educated on <u>Ex Order 26. 4B1</u> by the Pharmacy Consultant.</p> <p>IV. Quality Assurance</p> <p>a) The Administrator will complete audits of the MAR with the Infection Prevention nurse for the next 90 days. Results will be given to the Quality Assurance committee quarterly.</p> <p>b) After 90 days, the Infection Prevention nurse will conduct one random interview of staff monthly regarding return demonstration of the Medication Administration policy. This will be concluded after three months with results given to the Quality Assurance Committee.</p>		

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F 755	Continued From page 3 During an interview on 9/13/2022 at 11:03 a.m., Resident #7 verified that he/she received a medication for 5 days earlier in Ex Order 26. 4B1 . A review of the facility's policy titled "Documentation of Medication Administration," dated 2014, revealed the following under Policy: The facility shall maintain a medication administration record to document all medication administered. Under "Policy Interpretation and Implementation," 3. Documentation must include as a minimum. A. Name and strength of the drug. B. Dosage. C. Method of administration.	F 755			
F 880 SS=D	N.J.A.C. 8:39-29.2(d) 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	F 880		10/13/22	

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F 880	<p>Continued From page 4</p> <p>and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</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>	F 880			

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F 880	<p>Continued From page 5</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: INFECTION CONTROL SURVEY</p> <p>Based on observations, interviews, medical records review, and review of other pertinent facility documentation on 9/12/2022 and 9/13/2022, it was determined that the facility failed to follow proper infection control practices by not wearing the appropriate Personal Protective Equipment (PPE) in the rooms of Ex Order 26. 4B1 residents, not performing hand hygiene when indicated, and also failed to follow their policy titled "Ex Order 26. 4B1 Categories of Ex Order 26. 4B1." This deficient practice was identified for 3 of 9 Residents (Resident #7, 8, and 9) reviewed for infection control and was evidenced by the following:</p> <p>A review of the facility's line list (LL) on 9/12/2022 showed that the Ex Order 26. 4B1 was first identified on Ex Order 26. 4B1 involving two employees, and on Ex Order 26. 4B1, three residents tested Ex Order 26. 4B1.</p> <p>During a tour on 9/12/2022 at 12:57 p.m., the Surveyor observed the Registered Nurse (RN) going into room number 24 to deliver a meal tray with an N95 mask and face shield in place but failed to apply (Donn) a gown or gloves. She</p>	F 880	<p>I. Immediate Corrective Actions a) Upon review by the surveyor it was determined that the facility failed to follow proper infection control practices by not wearing the appropriate PPE in the rooms of Ex Order 26. 4B1 residents, not performing hand hygiene when indicated and not following their policy on Ex Order 26. 4B1 Categories of Ex Order 26. 4B1 for residents 7, 8 and 9. These residents 7,8 and 9 were affected by the deficient practice.</p> <p>II. Identification of Others a) The Administrator and the Infection Prevention nurse reviewed all resident care plans and found all residents are at potential risk for infection and communicable disease. All residents can be affected by this deficient practice.</p> <p>III. Systematic Changes a) The root cause of this deficient practice was caused by not following correct handwashing and use of PPE. b) All nursing staff and facility staff will be retrained to use proper handwashing, alcohol-based sanitizers, donning and</p>		

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F 880	<p>Continued From page 6</p> <p>placed the meal tray on Resident #7's table and adjusted the bedside table with her hands. The RN then exited the room and did not perform hand hygiene before or after leaving the room.</p> <p>1. According to the Medical Record (MR), Resident #7 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #7's Minimum Data Set (MDS), an assessment tool dated <u>Ex Order 26. 4B1</u>, showed a <u>Ex Order 26. 4B1</u> score of <u>Ex Order 26. 4B1</u> /15, which indicated Resident #7 was <u>Ex Order 26. 4B1</u> from staff with <u>Ex Order 26. 4B1</u>.</p> <p>The LL revealed Resident #7 was <u>Ex Order 26. 4B1</u> on <u>Ex Order 26. 4B1</u> and was <u>Ex Order 26. 4B1</u> with a <u>NJ Exec. Order 26. 4B1</u>.</p> <p>2. According to the MR, Resident #8 was admitted to the facility in <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #8's MDS dated <u>Ex Order 26. 4B1</u> showed a <u>Ex Order 26. 4B1</u> score of <u>Ex Order 26. 4B1</u> /15, which indicated Resident #8 had <u>Ex Order 26. 4B1</u> and was dependent on the staff for <u>Ex Order 26. 4B1</u>.</p> <p>The LL showed Resident #8 was <u>Ex Order 26. 4B1</u> on <u>Ex Order 26. 4B1</u> and was <u>Ex Order 26. 4B1</u> with a <u>NJ Exec. Order 26. 4B1</u>.</p> <p>3. According to the MR, Resident #9 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses that included but were not limited to:</p>	F 880	<p>duffing of face masks, gowns, gloves, and face shields based on CDC recommendations. The IP nurse and nursing supervisor will re-train all staff.</p> <p>IV. Quality Assurance</p> <p>a) The Infection Prevention nurse and the Administrator will complete 3 monthly audits of all infection control in-services. Findings will be reported to the Quality Assurance Committee quarterly.</p> <p>b) The Infection Prevention nurse will do a random audit on 3 staff interviews regarding proper use of PPE and handwashing and report findings to the quarterly QA meetings for the next 90 days. After that one staff member will randomly be interviewed by the Infection Prevention nurse regarding proper use of PPE and handwashing for the next 90 days and findings will be reported at the quarterly QA meetings.</p>		

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F 880	<p>Continued From page 7</p> <p><i>Ex Order 26. 4B1</i></p> <p>A review of the MDS dated <i>Ex Order 26. 4B1</i> showed a score of <i>Ex Order 26. 4B1</i>/15, which indicated Resident #9 had <i>Ex Order 26. 4B1</i> from staff with <i>Ex Order 26. 4B1</i>.</p> <p>The LL indicated that Resident #9 was <i>Ex Order 26. 4B1</i> on <i>Ex Order 26. 4B1</i> and was <i>Ex Order 26. 4B1</i> with fatigue.</p> <p>The RN then retrieved the meal tray from the cart in the hallway and went into room number 26 without donning a gown or gloves. She placed the meal tray on Resident #8's bedside table and adjusted the bedside table with her hands. After delivering the meal tray to the resident, she left the room without performing hand hygiene. She then retrieved Resident #9's meal tray from the cart in the hallway and went back into room number 26 without donning a gown or gloves and placed the tray on the bedside table. Before exiting the room, she washed her hands for 20 seconds.</p> <p>During an interview on 9/12/2022 at 12:59 p.m., the RN stated that she knew that Residents #7, 8, and 9 were <i>Ex Order 26. 4B1</i>. However, she did not need to wear a gown or gloves in the room since the Residents had five days of <i>Ex Order 26. 4B1</i> and therefore no longer needed to be in <i>Ex Order 26. 4B1</i>. The RN further stated that neither the doctor nor the Infection Preventionist (IP) nurse had told her that the residents mentioned above were discontinued from <i>Ex Order 26. 4B1</i> and the signage for the residents were still on the doors.</p> <p>During an interview on 9/12/2022 at 1:29 p.m.,</p>	F 880			

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F 880	Continued From page 8 the Administrator stated that the RN should not have made the decision to remove anyone from Ex Order 26. 4B1 by herself. During an interview on 9/13/2022 at 12:08 p.m., the Infection Preventionist (IP) Nurse stated that all staff who enter the rooms of residents who are Ex Order 26. 4B1 should wear full PPE, including N95 masks, face shields, gowns, and gloves to prevent the spread of Ex Order 26. 4B1 and perform hand hygiene before leaving the room. She also stated that any resident who is on Ex Order 26. 4B1 for Ex Order 26. 4B1 should not be removed from Ex Order 26. 4B1 after Ex Order 26. 4B1 days of Ex Order 26. 4B1 without verification by the physician. She also stated that all residents with symptoms are in Ex Order 26. 4B1 for a minimum of Ex On days. A review of the facility policy titled "Isolation Categories of Transmission-Based Precautions." with a revised date of 2022, revealed under "Contact Precaution" 4. Gloves and Handwashing, remove gloves before leaving the room and perform hand hygiene. 5. Gown Wear disposable gowns upon entering contact precautions rooms.	F 880			
F 888 SS=D	N.J.A.C. 8:39-19.4(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	F 888		10/13/22	

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F 888	<p>Continued From page 9</p> <p>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.</p> <p>§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:</p> <ul style="list-style-type: none"> (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. <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> (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. <p>§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:</p> <ul style="list-style-type: none"> (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 	F 888			

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F 888	Continued From page 10 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; (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	F 888			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/13/2022
NAME OF PROVIDER OR SUPPLIER LITTLE BROOK NURSING AND CONVALESCENT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 78 SLIKER ROAD CALIFON, NJ 07830		
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F 888	<p>Continued From page 11</p> <p>as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(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</p> <p>(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;</p> <p>(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 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</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>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: INFECTION CONTROL SURVEY</p>	F 888	I. Immediate Corrective Actions		

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F 888	<p>Continued From page 12</p> <p>Based on observations, interviews, and review of other pertinent facility documentation on 9/12/2022 and 9/13/2022, it was determined that the facility failed to ensure that all staff members received, at a minimum, one does of <u>Ex Order 26. 4B1</u> or were granted exemptions before providing care/treatment/services for the facility and/or residents according to the Center for Disease Control and Prevention (CDC) guidelines and also failed to follow the facility's policy for infection control to mitigate the spread of <u>Ex Order 26. 4B1</u>. This deficient practice was evidenced by the following:</p> <p>During the entrance conference on 9/12/2022 at 9:19 a.m., the Licensed Practical Nurse (LPN) reported that one staff member is unvaccinated and is currently working in the facility. The LPN stated the staff member was the Registered Nurse (RN).</p> <p>During an interview on 9/12/2022 at 9:35 a.m., the RN reported that she was not vaccinated because she was afraid of the possible side effects. Her medical doctor refused to grant her medical exemption, and the Administration agreed to let her work if she had two N95 masks in place at all times and agreed to be <u>Ex Order 26. 4B1</u> tested daily.</p> <p>On 9/12/2022, the surveyor observed the RN wearing two N95 masks and a face shield while passing medication.</p> <p>On 9/12/2022, the surveyor observed the RN entering <u>Ex Order 26. 4B1</u> rooms without a gown and</p>	F 888	<p>a) The facility LPN reported that there was an <u>Ex Order 26. 4B1</u> nurse in this facility. The Social Worker also reported that a food service worker was <u>Ex Order 26. 4B1</u>.</p> <p>b) The <u>Ex Order 26. 4B1</u> food service worker and nurse were tested every day at the door before entering for <u>Ex Order 26. 4B1</u> results. If positive, they could not enter the facility.</p> <p>c) The food service worker and the nurse were asked for medical or religious exemptions. The food service worker had a religious exemption which she later produced. The nurse did not have either exemption.</p> <p>d) The facility failed to identify <u>Ex Order 26. 4B1</u> employees prior to working.</p> <p>e) The nurse was asked to leave the facility immediately upon knowledge of no <u>Ex Order 26. 4B1</u>. The food service worker provided her religious exemption letter.</p> <p>II. Identification of Others</p> <p>a) The Administrator and the Infection Prevention nurse reviewed all Infection Prevention staff education and found all residents could be at risk for infection or disease by <u>Ex Order 26. 4B1</u> staff.</p> <p>III. Systematic Change</p> <p>a) All staff must provide proof of <u>Ex Order 26. 4B1</u> prior to working in the facility.</p> <p>b) The Administrator will review all new hire applicants to ensure they have proof of <u>Ex Order 26. 4B1</u> before working for the facility.</p>		

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F 888	<p>Continued From page 13</p> <p>gloves in place and without proper hand sanitizing before or after exiting the rooms.</p> <p>During an interview on 9/12/2022 at 10:15 a.m., the Administrator stated, RN refused to be vaccinated but is tested for <u>Ex Order 26. 4B1</u> every day. She did not provide the medical exempt paperwork to the facility, but we continued to let her work because she is a good nurse and is tested daily at the door, and if she is negative, she can come in. She also agreed to wear double masks while in the facility.</p> <p>According to the Administrator, the RN tested <u>Ex Order 26. 4B1</u> at the door on <u>Ex Order 26. 4B1</u> and was out for 9 or 10 days.</p> <p>During an interview on 9/12/2022 at 12:37 p.m., the Social Worker (SW) reported that the Food Service Director (FSD) is out since she tested <u>Ex Order 26. 4B1</u> on <u>Ex Order 26. 4B1</u> and she is <u>Ex Order 26. 4B1</u> but is exempt, however, the facility was unable to provide a copy of the <u>Ex Order 26. 4B1</u> stating they never acquired a copy of the <u>Ex Order 26. 4B1</u>.</p> <p>During an interview on 9/13/2022 at 11:53 a.m., the FSD reported that she had started working at the facility about three months prior. She explained that on hire, no one asked if she was <u>Ex Order 26. 4B1</u> or exempt until <u>Ex Order 26. 4B1</u> when they called her and asked her to email the <u>Ex Order 26. 4B1</u>.</p> <p>During an interview on 9/13/2022 at 1:07 p.m., the Administrator stated that it is a requirement to be <u>Ex Order 26. 4B1</u> prior to working here. It is the responsibility of the Administrator to get the required paperwork for</p>	F 888	<p>IV. Quality Assurance</p> <p>a) The Administrator and Infection Prevention nurse will check all new hires for the next 3 months for proof of <u>Ex Order 26. 4B1</u> and report to the Quality Assurance committee quarterly.</p> <p>b) The Administrator will check one random staff hire for proof of vaccination or valid exemption for the next 90 days.</p>		

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

PRINTED: 04/24/2024
FORM APPROVED
OMB NO. 0938-0391

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F 888	<p>Continued From page 14</p> <p><i>Ex Order 26. 4B1</i> of the employees.</p> <p>On 9/13/2022, the surveyor was provided a copy of the FSD Religious <i>Ex Order 26. 4B1</i>, dated <i>Ex Order 26. 4B1</i>.</p> <p>A review of the facility policy untitled with a subject of "Anti-vaccination," dated April 1, 2021, included that all staff must be vaccinated by April 1, 2021 (with two does when required) and present their vaccination card to the Administrator or have a written medical excuse from a medical professional or a religious exemption letter from a pastor, rabbi, or other religious authority. Those employees who fail to get vaccinated by April 1, 2021, may be suspended, or terminated.</p> <p>N.J.A.C. 8:39-5.1(a)</p>	F 888			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315467	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/20/2022	Y3
NAME OF FACILITY LITTLE BROOK NURSING AND CONVALESCENT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 78 SLIKER ROAD CALIFON, NJ 07830		

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 F0755	Correction	ID Prefix F0880	Correction	ID Prefix F0888	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80(i)(1)-(3)(i)-(x)	Completed
LSC	10/13/2022	LSC	10/13/2022	LSC	10/13/2022
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/13/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		