

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

PRINTED: 02/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2021
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 4/6/21</p> <p>Census: 81</p> <p>Sample: 3</p> <p>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.</p>	F 000		
F 880 SS=D	<p>Infection Prevention & 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, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the</p>	F 880		4/27/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/19/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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: Based on observation, interview, record review and review of other facility documentation, it was determined that the facility failed to utilize appropriate personal protective equipment (PPE) to prevent the potential spread of infection in accordance with the facility policy and acceptable standards of practice.</p> <p>This deficient practice was identified for 1 staff member on 1 of 2 units reviewed for infection control practices and was evidenced by the following:</p> <p>On 4/6/2021 at 10:07 AM, the surveyors met with the Director of Nursing (DON) in the conference room. The DON stated the required PPE in a non-Transmission Based Precaution (TBP) room was a surgical mask and face shield/goggles. Gloves were to be worn if providing care for a resident. The DON further stated the required PPE in a TBP room was a surgical mask, N95 mask, face shield/goggles, gown, and gloves.</p> <p>During the initial tour of the second-floor low side on 4/6/21 at 10:45 AM, the surveyor observed a Trained Nursing Assistant (TNA) wearing a surgical mask enter Resident #4's room. The surveyor observed white signage posted on the Resident #4's door that read, "STOP. SEE</p>	F 880	<p>1) The temporary nursing assistant (TNA) was observed entering resident #4 room, who was on transmission based precautions (TBP), wearing a surgical mask while doing nail care. On 4/7/21 the Director of Nurses in-serviced the TNA 1:1 on Covid, TBP, person under investigation (PUI) isolation, required personal protective equipment (PPE), signage, and hand hygiene. A PPE bin was placed directly in front of resident #4 room in the hallway.</p> <p>2) All residents have the potential to be affected by this deficient practice. An audit was performed on all residents on isolation to ensure the proper signage was on all doors, and PPE bins were accessible by doors in the hallway.</p> <p>3) On 4/7/21, the Director of Nurses in-serviced all staff on Covid-19 TBP (Transmission Based Precautions), PUI(Person Under Investigation) isolation, required PPE, signage, and hand hygiene. The TNA was in-serviced 1:1 on Covid, TBP, PUI isolation, required PPE, signage, and hand hygiene. On 4/7/21 A Root Cause Analysis (RCA) was</p>		

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F 880	<p>Continued From page 3</p> <p>NURSE BEFORE ENTERING ROOM: DROPLET PRECAUTIONS" and additional signage that read, "Guide to Donning your PPE, #1 Hand hygiene, #2 Gown, #3 Respiratory Protection, #4 Eye Protection, #5 Gloves. Doffing your PPE, #1 Gloves, #2 Eye Protection, #3 Gown, #4 Respiratory Protection, #5 Hand Hygiene." The TNA exited Resident #4's room after three minutes.</p> <p>During an interview with the surveyor on 4/6/2021 at 10:50 AM, the TNA stated she had been in the room "doing fingernail clippings" for Resident #4. The TNA acknowledged she was not wearing a face shield, gown, or gloves and stated, "I know I need to wear something." The TNA stated the signage on Resident #4's door did not mean the resident was on isolation. The TNA stated a red sign and PPE bin outside the resident's room would mean that the resident was on isolation and she would wear PPE which included a blue gown, gloves, hairnet, N95 mask, and face shield when entering those rooms. She would then take off the gown and gloves in the room and perform handwashing for 30 seconds. The TNA stated the importance of following isolation precautions was to not spread the virus.</p> <p>During a follow up interview on 4/6/21 at 12:26 PM, the DON stated residents who are on TBP have signage for PPE outside each resident door and that staff education regarding TBP and PPE was done on each unit. The DON further stated, "With TBP, everyone knows to use precautions. The staff must wear full PPE when entering a TBP or COVID room."</p> <p>During an interview with the surveyors at 2:40</p>	F 880	<p>conducted by the Management Team with the assistance of the Infection Preventionist to determine the cause of the event and to make corrective actions. It was determined that the Management staff as well as the Frontline staff required education and review of COVID-19 policies and procedures in regards to Infection Control. CDC/Train Module #1 was provided to all Topline staff, CDC/Train Module #6 to all staff, Use PPE Correctly for COVID-19 to all staff, Keep COVID-19! Out, to all staff for regulatory video compliance.</p> <p>4) The Director of Nursing and Assistant Director of Nurses as well as the Administrator will monitor staff entering and exiting isolation rooms for proper donning and doffing of required PPE for isolation rooms daily for 2 weeks, 3 times a week for 2 weeks, and once weekly for 30 days. This will be reviewed at the quarterly Quality Assurance (QA) meetings for 2 quarters.</p>		

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F 880	<p>Continued From page 4</p> <p>PM, the Administrator stated that all staff should wear a face shield/eye protection and a surgical mask on both of the units. He stated that a gown, gloves, face shield, N95/KN95 and a surgical mask when entering a TBP room. He stated that the purpose was to contain the infection in the room.</p> <p>During a follow up interview with the surveyors at 3:23 PM, the DON stated the TNA should have had on all the required PPE when she was clipping Resident #4's nails which included a surgical mask, N95 mask, face shield/goggles, gown, and gloves.</p> <p>Review of the facility's "Isolation-Initiating Transmission-Based Precautions," with a review date of 1/5/2021, revealed "Transmission-Based Precautions may include Contact Precautions, Droplet Precautions, or Airborne Precaution. Policy Interpretation and Implementation. 3. When Transmission-Based Precautions are implemented, the Infection Preventionist (or designee):</p> <p>d. Determines the appropriate notification on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions: (1) The signage informs the staff of the type of CDC precautions(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.</p> <p>e. Ensures that protective equipment (i.e., gloves, gowns, masks, etc.) is maintained outside the resident's room so that anyone entering the room can apply the appropriate equipment."</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Review of the facility's "Infection Control Outbreak Plan," with a revision date 08/2020, revealed "Evaluation and Management of Residents and Healthcare Personnel: Adhere to Standard and Transmission-based Precautions including use of a facemask, gown, gloves, and eye protection for confirmed and suspected case(s)."</p> <p>Review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, updated, 4/30/2020, included, "All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown."</p> <p>Review of the U.S. CDC guidelines, Using Personal Protective Equipment (PPE), updated 6/9/2020, included, "1. Identify and gather the proper PPE to don; 2. Perform hand hygiene using hand sanitizer; 3. Put on isolation gown; 4. Put on NIOSH-approved N95 (use a facemask if a respirator is not available); 5. Put on a face shield or goggles; 6. Put on gloves; 7. Healthcare personnel may now enter patient room."</p> <p>NJAC 8:39-19.4(a)(2); 27.1(a)</p>	F 880			