

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

PRINTED: 11/25/2020
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 10/21/2020
NAME OF PROVIDER OR SUPPLIER PROVIDENCE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618		
(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 DATE: 10/21/2020 CENSUS: 82 SAMPLE: 20 + 1 closed record = 21 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. A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility did not implement the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Deficiencies were cited for this survey.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to a) properly transcribe and document a physician order and; b) obtain a physician order for transmission-based precautions (infection prevention and control practices for individuals known or suspected to be infected with infectious agents) in accordance with professional	F 658	F-658 1. Resident # 275 was already discontinued from Transmission Based Precautions so an order could not be written. On 10/21/2020, the Regional Director in-serviced the Director of Nurses on the policy for compliance with	12/2/20	

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

TITLE

(X6) DATE

Electronically Signed

11/02/2020

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 658	<p>Continued From page 1 standards of clinical practice and facility policy.</p> <p>This deficient practice was identified for 2 of 3 Residents (Resident #273 and #275) reviewed for infections and was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; "The practice of nursing as a registered professional nurse (RN) is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; "The practice of nursing as a licensed practical nurse (LPN) is defined as performing task and responsibilities within the framework of case finding; reinforcing the patient family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the duration of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 10/14/20 beginning at 11:32 AM, the surveyor toured the [REDACTED] Term Care Unit (LTC) and observed two residents on transmission-based precautions and a 14-day quarantine.</p>	F 658	<p>Transmission Based Precautions. On resident #273 the Regional Director in-serviced the Director of Nurses on not placing information on the Physician Order sheet after the physician has signed it.</p> <p>2. All residents have the potential to be affected by this deficient practice when the policies for Physician Orders, Telephone Orders and Monthly Re-caps of Physician Orders are not followed.</p> <p>3. The nurses were in-serviced on 10/21/2020 and 10/22/2020 as to the policies for new admissions and readmissions in regards to Transmission Based Precautions.</p> <p>4. The Director of Nurses, and the Unit Managers will audit new admission and readmission charts daily and ongoing for Transmission Based Precaution policy compliance. All information will be reviewed at the Quality Assurance meeting x 2 quarters.</p>		

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F 658	<p>Continued From page 2</p> <p>1. On 10/14/20 at 12:13 PM, the surveyor observed Resident #273's door was open. There was no sign on the door informing staff of infection control precautions and there was no personal protective equipment (PPE - equipment worn to protect the body from injury or infection) outside the room.</p> <p>On 10/16/20 at 11:13 AM, the surveyor reviewed the medical record for Resident #273 which revealed a physician order for Transmission Based precaution x 14 days. The physician order was acknowledged, signed, and dated by the physician on [REDACTED].</p> <p>On 10/19/20 at 9:40 AM, a review of October 2020 Treatment Administration Record (TAR) revealed a physician order for Transmission Based Precaution x 14 days, FYI, and dated [REDACTED].</p> <p>The surveyor interviewed Resident #273 on 10/19/20 at 9:23 AM. The resident stated that during admission to the facility they were on isolation and could not leave the room unless it was to [REDACTED] outside. Resident #273 was wearing a surgical face mask.</p> <p>On 10/20/20 at 12:43 PM, the surveyor interviewed LPN #1 at the nurse's desk. She stated that PPE was worn in the rooms of residents who were on 14-day quarantine and consisted of an N95 mask, goggles, gloves, gown, and face shield. The surveyor showed LPN #1 the medical chart and she confirmed Resident #273 had a physician order that read: Transmission Based Precaution x 14 days.</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>2. On 10/16/20 at 9:30 AM, the surveyor observed Resident #275's door was closed. Outside the door was a red sign that read: Stop isolation room precaution, please use proper PPE prior to entering isolation room. Also located outside the door was a black container with three drawers that contained PPE. Located on top of the container was a white sign that read: Stop please speak with nursing before entering.</p> <p>On 10/19/20 at 10:58 AM, the surveyor reviewed the medical record for Resident #275 which did not reveal a physician order for Transmission-Based Precautions x 14 days. The physician orders, that were hand- written, was acknowledged, signed, and dated on [REDACTED]</p> <p>On 10/20/20 at 12:37 PM, the surveyor interviewed LPN #1 who stated that the PPE worn in the rooms of a resident that was quarantined for 14 days was gloves, N95 mask, gown, face shield, goggles, and hair net. All PPE was discarded in the room before leaving and placed in the red biohazard bag. Staff were to wash their hands after removal of PPE. In the presence of the surveyor, LPN #1 confirmed that Resident #275's medical order did not reveal a physician order for transmission-based precaution and stated, "It should be written".</p> <p>On 10/21/20 at 10:03 AM, the Administrator, Director of Nursing (DON), Regional Minimum Data Set (MDS) Coordinator, Regional Director/IP, and LPN #2 were interviewed in the survey team's presence. The DON stated that for Resident #273 and Resident #275, there was no physician order for TBP, therefore one had to be created. The Regional Director/IP stated that the nurses were not aware that they had to obtain an</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>order for TBP x 14 days on all newly admitted residents. The Regional Director/IP added that when obtaining a physician order, the order should be written as a telephone order and not written on the POS. The DON viewed the POS and confirmed that the order should have been written as a telephone order.</p> <p>At 12:44 PM, the DON, Regional Minimum Data Set (MDS) Coordinator, and Regional Director/IP returned to the conference room to be interviewed in the survey team's presence. The surveyor showed the facility provided copies of the POS that read: Transmission Based Precaution x 14 days and written above the order was a date of [REDACTED]. The DON stated that the date was written on the POS to indicate that Resident #273 and Resident #275 did not have an order for TBP since their admission and that the nursing staff was made aware that an order was needed for TBP and they thought that a correction had to be made. The DON confirmed that an order must be obtained for residents on isolation precaution, and was unsure who wrote the date of [REDACTED] on the POS.</p> <p>The surveyor showed the facility provided copy of the POS for Resident #273 that was copied on [REDACTED] and reflected a physician order which indicated Transmission Based Precaution x 14 days and was without a date. The DON responded that she did not realize that the resident already had an order; and that the order already existed and that it should have been left as is without a date. The DON continued to mention that when a resident was admitted to the facility that the orders were handwritten on the POS, afterwards any further order should be written as a telephone order and not on the POS.</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>The DON confirmed that the physician had already approved the orders that were handwritten on [REDACTED]. The DON, Regional (MDS) Coordinator, and Regional Director/IP confirmed that the POS was altered.</p> <p>On the same day at 2:13 PM, the DON, Administrator, Regional MDS Coordinator, Regional Director/IP, and LPN #2 were interviewed in the survey team's presence. The Regional Director/IP clarified the facility policy titled, Monthly Recaps, indicated new physician orders. The Regional Director stated that the night shift nurse will transcribe new orders onto the medication administration record (MAR), TAR and telephone order sheet. The DON stated the only exception was for new admissions; new orders were written on the telephone order sheet. The Regional Director/IP indicated that the facility policy should reflect the DON's statement.</p> <p>Review of a facility policy titled, Telephone Orders, dated 1/16/2020, Section #2 read:</p> <p>The entry must contain the instructions from the physician, date, time, and the signature and title of the person transcribing the information.</p> <p>Review of a facility policy titled, Physician Services, dated 2/25/2020, Section #4 read:</p> <p>Physician orders and progress notes shall be maintained in accordance with current OBRA (Omnibus Budget Reconciliation Act) regulations and facility policy.</p>	F 658			
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p>	F 880		12/2/20	

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F 880	Continued From page 6 §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 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	F 880			

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F 880	<p>Continued From page 7</p> <p>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 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 documents, it was determined that the facility failed to a) follow proper infection control practices and utilize appropriate personal protective equipment (PPE) to prevent the potential spread of infection; b) re-used medical equipment without a facility policy and procedure and; c) provide ongoing education for the staff regarding Covid-19.</p>	F 880	<p>F-880</p> <p>1. On 10/15/2020 the Regional Director and Director of Nurses in-serviced the staff on the use of wearing only surgical masks and N95 masks when in the facility. The isolation carts were immediately restocked with all necessary PPE equipment. The QA received individual counseling in regards to</p>		

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F 880	<p>Continued From page 8</p> <p>This deficient practice was identified for 6 staff members on 2 of 2 nursing units and 3 of 20 Residents observed (Resident #223, #273 and #275) for infection control.</p> <p>This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> On 10/14/2020 at 1:23 PM, the surveyor observed the [REDACTED] Unit Manager (UM) at the nurses station on the unit wearing a cloth mask with a flag motif. The UM stated that residents that were new admissions or re-admissions to the facility were to be quarantined for 14 days, from the day of admission, because the facility did not know what the resident had been exposed to. The UM added that staff were made aware of the quarantined residents during the shift report and that a bin with personal protective equipment (PPE) was placed outside the resident's room. The UM also stated that signs had been posted during the outbreak, but that now the staff were told about which residents were quarantined. She added that the staff should wear full PPE upon entering a quarantined residents room, which included an N95 mask, gown, gloves and goggles. She added that hand hygiene should take place in the resident room after the PPE was removed and discarded in the garbage can inside the resident room. The UM stated that the staff were able to wear the cloth face coverings or surgical masks, because the facility did not have any confirmed cases of COVID-19 currently. <p>On 10/15/2020 at 11:40 AM, the surveyor interviewed Resident #275's assigned Licensed Practical Nurse (LPN #1) who stated that, "[The</p>	F 880	<p>restocking the PPE isolation carts. The [REDACTED] Unit Manager, LPN #1 and CNA #1 and Regional MDS coordinator received individual counseling on policies and procedures for Transmission Based Precautions.</p> <ol style="list-style-type: none"> All residents have the potential to be affected when policies and procedures for Transmission Based Precautions, hand hygiene, and donning and doffing PPE are not followed. On 10/19/2020 the IP (Infection Preventonist) and Director of Nurses in-serviced the staff on the policies and procedures for donning and doffing PPE, hand hygiene and proper type of masks worn and Transmission Based Precautions. On 10/22/2020, a RCA (Root Cause Analysis) was conducted by the Administrative staff to identify the cause of the event and to develop corrective actions. The outcome of the RCA was successful and all staff were able to demonstrate proper hand hygiene, correct donning and doffing of PPE along with knowledge of Transmission Based Precautions (TBP). The cause of F-tag 880 was determined to be due to the inconsistency of staff donning and doffing PPE when entering and exiting Transmission Based Precaution rooms and policies and procedures are not followed consistently. The Director of Nurses and Unit Managers will choose 3 employees daily x 30 days , 2 employees weekly x 30 		

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F 880	<p>Continued From page 9</p> <p>resident] is a new admission from the hospital in [October of 2020] and [the resident] is on droplet precautions." The surveyor asked what kind of precautions should be taken when going into the room? LPN #1 stated, "You need to wear a gown, gloves, mask, head cover, face shield." LPN #1 showed the surveyor those items outside of the room readily accessible in a bin for the staff to use. This resident tested negative for the COVID virus in the hospital prior to admission.</p> <p>At 11:56 AM, the surveyor observed a Certified Nursing Assistant (CNA #1) enter the room of Resident #275. Resident #275 was on Transmission Based Precautions (TBP: Infection-control precautions in health care). CNA #1 donned a head cover over her hair, and a gown. CNA #1 did not put on gloves or a face shield. CNA #1 left the door ajar, and the surveyor observed her hand the resident two hand wipes from a packet of wipes she had in her hands. While in the doorway, prior to exiting the room, CNA #1 removed the head cover and gown and placed them in a receptacle with a red bag inside of the doorway. The surveyor said to CNA #1, "I noticed you didn't wear gloves or a face shield when you entered the room. Would you normally?" CNA #1 stated, "Yes, I just forgot. I gave the resident wipes to clean [their] hands before lunch." CNA #1 then continued on to other resident rooms, handing out wipes for the resident's to clean their hands with no hand hygiene observed between residents.</p> <p>On 10/16/20 at 10:30 AM, the surveyor asked the Licensed Nursing Home Administrator (LNHA) if he ever went into isolation rooms. He stated, "If I absolutely have to." When asked what PPE he would wear, he stated the following, "Mask, N95,</p>	F 880	<p>days and ongoing to observe for the proper donning and doffing of PPE and proper hand hygiene when entering and exiting TBP rooms. The front desk security/receptionist person will ensure that each person entering the facility is wearing a surgical mask. All findings will be reviewed at the Quality Assurance Meeting x 2 quarters.</p>		

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F 880	<p>Continued From page 10</p> <p>shoe covers, hair cover, gown, gloves, face shield." The LNHA confirmed that the new admissions were placed on TBP for 14 days.</p> <p>At 1:00 PM, the LNHA, as well as the Director of Nursing (DON), confirmed that any residents who are newly admitted or re-admitted were quarantined for 14 days, kept on TBP's, and that all PPE was to be worn with those residents.</p> <p>On 10/19/20 at 11:00 AM, the surveyor interviewed the Regional Director/Infection Preventionist (IP) and asked what was expected when a CNA went into an isolation room, such as for new admissions who were quarantined for 14 days, to provide hand wipes for a resident before lunch, should the CNA wear gloves? The IP stated, "Not just gloves, she needs to do the whole thing, gown, gloves, face masking."</p> <p>2. On 10/16/20 at 11:35 AM, the surveyor asked the LNHA who was the staff member responsible for stocking the isolation carts with PPE. The LNHA identified a staff person with the title Q.A., which he said stood for Quality Assurance. The surveyor asked the QA where the PPE was stored. The QA showed the surveyor a room on the [REDACTED] which had multiple cartons of PPE and an exterior area with multiple piles of cartons of PPE behind a locked gate. The QA also showed the surveyor where they stored PPE in the treatment rooms on the [REDACTED] floors. The QA then showed the surveyor the isolation carts outside of the two rooms for residents on the [REDACTED] floor who were on Transmission Based Precautions. Inside of the first isolation cart there was no face shield or goggles. The QA stated that he would put a pair of goggles in the cart.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>The surveyor looked in the second isolation cart and there was one pair of goggles in that isolation cart. The QA explained that he put one pair of goggles in the cart every day and all of the staff would use that same pair of goggles. There was an LPN standing near the QA who corrected the QA and said, "We don't all share the same goggles. I have my own that I bring in." The LPN showed the surveyor a pair of goggles in a slider zip plastic bag that she stored in a drawer of the medication cart. The LPN stated that she washed the goggles with soap and water or used an alcohol wipe after using them in an isolation room. The surveyor then spoke with three CNA's who were handing out lunch trays at the time. One CNA explained that she brought her goggles in from home, she carried them in a slider zip plastic bag and cleaned them after use with a wipe from the nurse's medication cart. The second CNA was wearing goggles and said she wears them all day and that she never went into isolation rooms because she had a medical condition. The third CNA stated that she used goggles from the isolation cart when she needed them and she threw them away after every use.</p> <p>On 10/16/20 at 12:35 PM, the surveyor asked the DON for the facility's policy and procedure for the re-use of medical equipment such as goggles. The DON stated, "No PPE leaves the room. Everything should be discarded before the staff exit the room. They should be discarded in the special garbage bin with the red bag. We have no policy and procedure for repurposing or re-use of medical equipment."</p> <p>On 10/19/20 at 11:00 AM, the surveyor asked the IP about the concern of the staff re-using goggles. The IP stated, "I look at it this way. It's</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>not goggles, it's face shields we use. We have thousands of them. When we actually had Covid at times we would re-use PPE and use it for the day. There is no reason to be re-using. It's not like we don't have enough, We have plenty. As far as people bringing in their own, they shouldn't be re-using them, so we are going to have to educate the staff."</p> <p>3. On 10/19/20 at 11:00 AM, the surveyor spoke with the IP and asked about ongoing education for the staff regarding Covid 19. The IP stated, "I asked the DON when was the last time they did any training on Covid and she said it was some time in May and she will provide the sign-in sheets with the content." The IP explained that she had been the IP at the facility for two weeks. The surveyor asked the IP if she thought the facility should be providing ongoing education to the staff regarding Covid. The IP stated, "Yes, every two weeks. In my other facility, we do it every payroll day."</p> <p>The IP provided the training history with content and sign in sheets as follows:</p> <p>On 3/9/20 there was an in-service (educational class) with the topic, Coronavirus (Covid-19). The education provided was identified as; What is the coronavirus?, identification, criteria guiding evaluation, signs and symptoms, transmission, hand washing/hand sanitizing, environmental cleaning disinfection recommendations, donning/doffing personal protective equipment, coughing etiquette, What you need to know about the coronavirus, Covid-19 update # 2, Letter to residents, families, and staff. Sign in sheets for the above topics were dated 3/10/20</p>	F 880			

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F 880	<p>Continued From page 13 and 3/18/20. There were eighteen staff who signed that they attended.</p> <p>On 3/27/20 there was an in-service with the topic, Germs. The summary was listed as, (handout) Clean hands/hand sanitizer, protect yourself and your patients. There were nine staff who signed that they attended.</p> <p>On 3/27/20 there was an in-service with the topic, PPE. The summary was listed as, (handout and demonstration) How to put on PPE, How to safely remove PPE. There were ten staff who signed that they attended.</p> <p>On 4/2/20 there was an in-service with the topic, Infection Control. The summary was listed as, Transmission method, contact, droplet, airborne, vectors, use universal precautions, handwashing, gowns, gloves. Protect yourself and patient. There were 11 of the 73 staff who work at the facility who signed that they attended.</p> <p>On 6/30/20 there was an in-service with the topic, Infection Control. The summary was listed as, Procedure demonstrated to employees re: Donning and doffing, Infection control policy and procedure reviewed with employees. There were 17 staff of the 73 staff who work at the facility signed that they attended.</p> <p>On 9/11/20 there was an in-service with the topic, Covid 19. The summary was listed as, See attached. Attached was a sheet that read: Attention All Staff: It is mandatory per the state that every member of staff watched these video on COVID:</p> <p>Prevention of COVID, Clean Hands, and Using</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>PPE correctly. On the bottom of the form were the directions to: Please sign the attached that you received this information for education. The second attached document was a form titled, Hand Washing/Hand Sanitizing Policy, which included a line for the signature of the employee and the date. There were 63 staff of 73 staff who work at the facility who signed the attached Covid In-Service sign in sheets.</p> <p>On 10/16/20 at 10:00 AM, the surveyor reviewed the facilities, Outbreak Plan. The Purpose read:</p> <p>To create a constant state of readiness; prepare for challenges through the development of an adequate Outbreak Plan (the Plan) that can be integrated with external agencies; and to educate and respond effectively. The Plan will address prevention, mitigation, response and recovery from an outbreak; to lesson the impact should an outbreak occur.</p> <p>Under Education and Training it read, Facilities will provide Staff education regarding the Outbreak as follows:</p> <p>1. General topics for staff education will include: Prevention and control of the infectious disease which includes practicing social distancing and performing frequent hand hygiene. Implications of the disease. Identify signs and symptoms of infectious disease that can result in an outbreak. Infection control strategies for the control of the infectious disease, including respiratory hygiene/cough etiquette, hand hygiene, standard precautions, droplet precautions, and, as appropriate, airborne precautions, proper donning, doffing and discarding of Personal Protective Equipment (PPE).</p>	F 880			

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F 880	Continued From page 15 2. Specific topics for staff education should include: Policies and procedures for the care of infected residents, including how and where infected residents will be cohorted. Staffing contingency plans, including how the facility will deal with illness in personnel. Self-screening of symptoms prior to reporting to work. Reporting any suspected exposure to the Infectious Disease while off duty to their supervisor. Communication methods with families such as facility website, weekly conference calls, emails and phone calls. Policies for restricting visitors and mechanisms for enforcing these policies. Reporting to the health department suspected cases of infection caused by the disease during the outbreak periods. Measures to protect families and other close contacts from secondary occupational exposure. 3. ICP/Designee will provide competency-based training of staff and auditing adherence to recommended infection prevention and control practices. 4. Facility will participate in educational resources for clinicians, including federally sponsored teleconferences, state and local health department programs, web-based training materials, and locally prepared presentations. 5. Residents and others should know what they can do to prevent disease transmission in the facility, as well as at home and in the community. Facility will provide language-specific and reading-level appropriate materials for education. If language-specific materials are not available, facility will arrange for translations. Facility will distribute information to all persons who enter the	F 880			

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F 880	<p>Continued From page 16 facility, identify staff to answer questions about procedures for preventing transmission of the infectious disease."</p> <p>The plan did not address the frequency of the education to be provided.</p> <p>4. On 10/14/20 at beginning at 11:32 AM, the surveyor toured the [REDACTED] Long Term Care Unit (LTC) and observed two residents on TBP.</p> <p>On 10/14/20 at 12:13 PM, the surveyor observed Resident #273's door open. There was no sign on the door informing staff of infection control precautions and no PPE outside the room. This resident had tested negative for the COVID virus in the hospital prior to admission.</p> <p>At 12:25 PM, the surveyor observed LPN #1 enter Resident #273's room wearing only a black cloth mask. LPN #1 then exited the resident's room and proceeded to enter and exit two additional resident's rooms.</p> <p>The surveyor interviewed LPN #1 at 12:25 PM on 10/14/20. LPN #1 was wearing a black cloth mask with a retail store's name printed on one side of the mask. LPN #1 stated that Resident #273 had been admitted to the facility for [REDACTED] and was placed in a private room. LPN #1 identified the resident as person under investigation (PUI) and was on a 14-day quarantine for the observation of COVID. LPN #1 mentioned that PPE worn to enter the room was an N95 mask or surgical mask. LPN #1 added that when providing care to the resident, a gown and gloves were to be worn. LPN #1 stated that staff did not like to wear the surgical mask and preferred to wear a cloth mask.</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>During the interview with the LPN #1, the surveyor observed the QA staff member enter Resident #273's room wearing only an N95 mask. The QA staff member walked out of the resident's room wearing the same N95 mask and proceeded to walk down the hallway.</p> <p>On 10/15/20 at 9:40 AM, the surveyor observed that Resident #273's door was slightly opened and there was no sign outside the door concerning infection control. There was a black container with three drawers that contained PPE located outside the residents room.</p> <p>On 10/16/20 at 12:00 PM, the surveyor observed Resident #273 leaving the room in a wheelchair, wearing a surgical mask. Resident #273 propelled themselves in the hallway past LPN #1. LPN #1 did not redirect the resident back to the room and the Resident entered the elevator.</p> <p>At 12:04 PM, the surveyor observed Resident #273 outside in the [REDACTED] area. The Resident was sitting in a wheelchair, a surgical mask rested on their chin, and was [REDACTED] a [REDACTED]. There was a second resident in the [REDACTED] area with Resident #273 that was more than 15 feet away.</p> <p>At 12:20 PM, the surveyor observed Resident #273 wearing a surgical mask, return to their room and close the door.</p> <p>On 10/19/20 at 9:23 AM, the surveyor interviewed Resident #273. The resident was wearing a surgical mask. The Resident stated that during their admission they were on isolation and could not leave their room unless it was to</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>█████ outside. The Resident mentioned that the facility scheduled designated times that they could go out to █████ alone in the █████ area, a mask had to be worn when out of the room, and that the facility did not inform them that they could not go out to █████.</p> <p>On 10/20/20 at 12:20 PM, the surveyor interviewed CNA #2 who was wearing a multicolor black cloth mask with filter located inside the mask, black cloth head covering, and goggles. CNA #2 removed the cloth mask to show the surveyor. CNA #2 stated that all newly admitted residents were isolated for infection control precautions. CNA #2 stated that the precaution was to protect the resident and staff and that upon entering the isolation room, the PPE to be worn was a head covering, gown, gloves, foot coverings, and goggles. When leaving the resident's room, staff were to remove the PPE and discard it in the trash receptacle. CNA #2 continued to mention that there were disposable head coverings in the PPE cart, such as hair nets, and that she would place one over her black head covering. CNA #2 wears her personal goggles that are cleaned with disinfectant wipes and then placed in a plastic bag. CNA #2 also stated that if she was to go into the resident's room, that an N95 mask was supposed to be worn, however she could only wear a cloth mask due to a medical condition. CNA #2 was not observed rendering care to the resident.</p> <p>At 12:43 PM, the surveyor interviewed LPN #1 at the nurse's desk. She stated that PPE was worn in the rooms of residents who were on a 14-day quarantine and consisted of an N95 mask, goggles, gloves, gown, and face shield. She</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>recalled the date, 10/16/20, when the resident left the room to go out to [REDACTED] and stated that the resident had scheduled times to go outside to [REDACTED]. The surveyor showed LPN #1 the medical chart which she confirmed that Resident #273 had a physician order for Transmission Based Precaution for 14 days. When asked if the resident should be out of his/her room, LPN #1 had no response.</p> <p>5. On 10/14/20 at 12:14 PM, the surveyor observed Resident #275's door was closed. There was no sign on the door identifying infection control procedures. Located outside the room was a white container with three drawers that contained PPE.</p> <p>On 10/16/20 at 9:30 AM, the surveyor observed the resident's door was closed. Outside the door was a red sign that read: Stop isolation room precaution, please use proper PPE prior to entering isolation room. Also located outside the door was a black container with three drawers that contained PPE. Located on top of the container was a white sign that read: Stop please speak with nursing before entering.</p> <p>At 12:24 PM, the surveyor observed CNA #2 enter the resident's room wearing a face shield, a white multi-colored cloth mask, a plastic gown, and gloves.</p> <p>The surveyor interviewed CNA #2 at 1:11 PM on 10/16/20. CNA #2 was wearing the same white multi-colored cloth mask. She mentioned that the cloth face mask has a filter and was worn because she was allergic to the N95 mask. CNA #2 also mentioned that the PPE to be worn in the</p>	F 880			

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F 880	<p>Continued From page 20</p> <p>isolation room was a head covering, face shield, cloth mask, gowns, gloves, and foot coverings. CNA #2 added that the cart outside the resident's room contained PPE. CNA #2 stated that she wears a different cloth mask and brings her own face shield to work daily.</p> <p>On 10/19/20 at 9:07 AM, the surveyor observed LPN #1 in front of the medication cart outside of the Resident #275's room. She was wearing a blue plastic isolation gown, two hairnets, goggles, and a cloth mask under the N95 mask. LPN #1 entered the resident's room to administer medications.</p> <p>On 10/20/20 at 12:37 PM, the surveyor interviewed LPN #1 who stated that the PPE worn by staff were gloves, N95 mask, gown, face shield, goggles, and hair net and that all PPE was to be discarded in the red biohazard bag in the room before leaving. Staff were to wash their hands after removal of PPE. In the presence of the surveyor, LPN #1 confirmed that Resident #275's Physician Orders did not reveal a physician order for transmission-based precaution and stated, "It should be written."</p> <p>At 2:00 PM, the LNHA, DON, Regional Minimum Data Set (MDS) Coordinator, Regional Director/IP, and LPN #2 were interviewed in the survey team's presence. The DON stated that upon entering isolation rooms, staff were to wear the N95 mask and when walking in an area outside of isolation rooms staff should wear surgical masks. The Regional MDS Coordinator and Regional Director/IP confirmed the DON's statement. The Regional MDS Coordinator mentioned that the facility [REDACTED] policy indicated that residents on 14-day quarantine can</p>	F 880			

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F 880	<p>Continued From page 21</p> <p>██████ in a separate area to address social distancing.</p> <p>On 10/21/20 at 10:03 AM, the Administrator, DON, Regional MDS Coordinator, Regional Director/IP, and LPN #2 were interviewed in the survey team's presence. Regional Director stated that cloth mask with and without filters can not be worn by staff and stated that, "Cloth mask is not PPE in the facility." The Regional Director/IP continued to state that N95 mask's were worn in isolation rooms. The Administrator, DON, and LPN #2 confirmed the Regional Director/IP's statement.</p> <p>6. On 10/14/20 at 11:43 AM, the surveyor arrived on the ██████ and interviewed the LPN #3 who stated that Resident #223 was in a private room, and isolated for 14 days after coming back from the hospital. This resident had tested negative for the COVID virus when in the hospital. When asked what PPE was needed to speak with the resident, LPN #3 stated to make sure you have a surgical mask on, that's it. You should make sure your hands are clean and be socially distant. She further stated that Resident #223 was COVID negative, as far as she knew. When asked what additional precautions must be taken regarding Resident #223, she stated we make sure the resident stays in the room for 14 days. The surveyor questioned LPN #3 on what to wear into a quarantine room and LPN #3 stated you don't need a gown or gloves or N95 mask. If a CNA was giving care, they would wear a gown, a surgical mask and gloves. If a nurse was giving meds, they should wear gloves and a surgical mask, not gown, if a nurse was doing a treatment, they would wear, a gown, gloves and</p>	F 880			

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F 880	<p>Continued From page 22</p> <p>a surgical mask, no eye protection was needed.</p> <p>At 11:57 AM, the surveyor observed Resident #223's closed door, there was no sign on the door warning the resident was on isolation precautions. Located in the hallway outside the room was a plastic bin with drawers that contained PPE, gowns, gloves, and surgical masks. Directly beside the PPE bin was a black plastic bin with a foot pedal and red bag that was empty.</p> <p>On 10/14/20 at 12:48 PM, the surveyor observed the Director of Social Services (DSS) enter Resident #223's room wearing only a cloth mask to speak to the resident. The DSS exited the room and continued down the hallway, the surveyor was unable to see where the DSS went next.</p> <p>At 12:51 PM, the surveyor observed the facility MDS coordinator enter Resident #223's room to remove the resident's lunch tray wearing only a surgical mask. The MDS Coordinator immediately came back out of the room, went to the PPE tower, donned gloves and went back into the room to remove the residents lunch tray. The MDS Coordinator retrieved the lunch tray, placed it on the food cart, then disposed of the gloves in the black bin located in the hallway outside the Resident #223's room. He then sanitized his hands using alcohol-based hand rub, the MDS Coordinator did not don a gown, eye protection or an N95 mask.</p> <p>On the same day at 4:36 PM, the surveyor reviewed Resident #223's medical records which revealed that the resident transferred to the facility in October of 2020 for rehabilitation after</p>	F 880			

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F 880	<p>Continued From page 23</p> <p>a hospitalization for a [REDACTED]. Included in the hospital records was a COVID negative laboratory result dated 10/7/20.</p> <p>At 4:37 PM, the surveyor interviewed the facility DON who stated Resident #223 was not COVID tested upon admission to the facility and that the resident had been admitted to the facility the day before [REDACTED], and added that as the facility starts to do whole house testing the resident would be included. The residents who are currently here have had two negative COVID tests in a row and we have stopped the routine testing of residents. The most recent testing of residents in the facility was 9/24/20 and all the residents tested were negative.</p> <p>On 10/15/20 at 9:39 AM, the surveyor observed the Regional MDS Coordinator on the ground floor wearing a cloth mask and walking toward the front desk.</p> <p>At 9:41 AM, the surveyor observed LPN #4 seated at the nurse's station on the [REDACTED], wearing a cloth mask that kept slipping to expose her nose.</p> <p>At 9:47 AM, the surveyor observed Resident #223 self-propelling in a wheelchair backward out of their room, the surveyor again did not observe an isolation precaution sign on the door. The resident had a surgical mask on and was attempting to back down the hallway to get on to the service elevator. The resident stopped in the hallway to speak to CNA #3 and was not redirected back to his/her room. When CNA #3 stepped away from the resident, the resident remained in the hallway and their mask had fallen and was exposing their [REDACTED].</p>	F 880			

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

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FORM APPROVED
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F 880	<p>Continued From page 24</p> <p>At 9:55 AM, the surveyor observed CNA #4 encounter Resident #223 in hallway. CNA #4 also did not redirect the resident back to their room.</p> <p>At 9:57 AM, Resident #223 proceeded further down the hallway and attempted to get onto the service elevator. As the resident was attempting to enter the service elevator the surveyor observed the Regional Director/IP attempt to redirect the resident not back to their room, but to the public elevator instead. When the surveyor asked if the resident should be going in the elevator the Regional Director/IP responded not that elevator because that elevator was for food delivery.</p> <p>At 10:00 AM, the LPN #4 assigned to the high side of the unit on the [REDACTED] intervened and told Resident #223 that they needed to stay in their room.</p> <p>At that same time LPN #4, came around the nurse's station to redirect Resident #223 and wheeled them back to their room. LPN #4 was observed trying to explain to the resident they needed to stay in their room, because they had just been in the hospital and were on quarantine precautions.</p> <p>At 10:02 AM, the DON stated the resident should be in their room, and was surprised that Resident #223 was out of their room. The DON stated she had just spoken with LPN #4 and the Regional Director/IP on how they must convince Resident #223 to stay in his/her room. The DON further stated that she had held a meeting with the floor staff the day before and again that morning</p>	F 880			

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F 880	<p>Continued From page 25 about Resident #223.</p> <p>At 10:08 AM, the surveyor observed Resident #223 return to their room. The resident did not have contact with any other residents. The resident closed the door behind them.</p> <p>At 10:09 AM the surveyor interviewed CNA #4 who stated the plastic bin outside of Resident #223's room had PPE because the resident was on quarantine. The resident had to be in the room for 10-14 days to see if they were infected or not. She stated if she saw the resident in the hallway, she should redirect the resident to their room. CNA #4 knew that Resident #223 was on quarantine because they just came from the hospital and that none of her supervisors had informed her. CNA #4 further stated information regarding residents was discussed at change of shift, but there had been no discussion about Resident #223 that morning. CNA #4 confirmed that she should have redirected the resident back to their room.</p> <p>At 10:18 AM, the surveyor observed the DSS enter Resident #223's room, wearing only a cloth mask. The DSS stated to the surveyor that she was aware the resident was on isolation, but understood she only needed to wear PPE if she was doing direct patient care. She also stated that she had not been educated about proper use of PPE and that if she was just speaking with the resident, she didn't have to wear PPE because she was not touching the resident. The DSS further stated she had her mask on and she indicated the cloth mask on her face. The surveyor clarified that she was referring to the cloth mask and the DSS stated, Yes, and that she did not have an additional mask under her</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>cloth mask. Immediately after speaking with the surveyor, the DSS was observed going into another resident's room without washing her hands or using alcohol-based hand rub.</p> <p>On 10/16/20 at 10:49 AM, the surveyor observed the DSS wearing a cloth mask at the [REDACTED] nurses' station, she looked around and headed back to stairwell/elevator area. At 11:00 AM, the DSS was again observed wearing a cloth mask enter the nurses' station and then exit the floor using the stairs</p> <p>On 10/20/20 at 9:13 AM, the surveyor observed a housekeeper on the [REDACTED] hallway wearing a cloth face mask that was hanging below her nose. The housekeeper confirmed she was wearing only a cloth mask. When asked if she had been in-serviced on the proper use of PPE the housekeeper stated she had a discussion that morning with the DON. The housekeeper stated she always wore a cloth mask and that she had worn a surgical mask in the beginning, but her skin broke out so now she wore a cloth mask instead. She further stated that if she was going into Resident #223's room, a contaminated room, she would swap out her cloth mask for a surgical mask. She further stated that the DON did not specify she should not wear a cloth mask.</p> <p>7. On 10/15/2020 at 1:17 PM and again at 1:58 PM, the surveyor observed LPN #3 sitting at the desk at the [REDACTED] nurses station wearing a blue [brand name logo] cloth mask with a surgical mask underneath.</p> <p>8. On 10/16/2020 at 10:04 AM, the surveyor observed the Food Service Director wearing a black sequenced cloth mask.</p>	F 880			

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F 880	<p>Continued From page 27</p> <p>On 10/19/20 at 11:30 AM, the surveyor reviewed the facility's Policy and Procedure titled, Isolation-Categories of Transmission Based Precautions. Under Policy Interpretation and Implementation it read:</p> <p>Transmission Based Precautions will be used whenever measures more stringent than standard precautions are needed to prevent or control the spread of infection and Under Droplet Precautions there was no specific information that would direct staff to the type of Personal Protective Equipment they would wear when entering the room of a resident on Droplet Precautions.</p> <p>A review of an undated Policy and Procedure titled, Infection Control Guidelines for Mandatory Health Alerts, under Procedure: Guidelines for Providing Care number 3 read:</p> <p>In most situations, the preferred method of hand hygiene is with soap and water. If hands are not visibly soiled, use and alcohol-based hand rub sanitizer,</p> <p>a. Before providing care to a resident diagnoses or suspected to have Covid-19 virus, the employees that provide care or services in the room must wear the appropriate PPE required. this includes gown, mask, gloves, shoe booties and eye protection; and,</p> <p>b. Position a trash can near the exit inside resident room to make it easy to discard PPE,</p> <p>The surveyor then reviewed an undated facility Policy and Procedure titled, Isolation - Initiating Transmission-Based Precautions which read under Policy Interpretation and Implementation:</p>	F 880			

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F 880	Continued From page 28 1. If a resident is suspected of, or identified as, having a communicable infectious disease, the Charge Nurse or Nursing Supervisor shall notify the Infection Preventionist and the resident's Attending Physician for appropriate Transmission-Based Precautions, and; 4. Transmission-Based Precautions shall remain in effect until the Attending Physician or Infection Preventionist discontinue them, which should occur after pertinent criteria for discontinuation are met, and; 5. When Transmission-Based Precautions are implemented, the Infection Preventionist (or Designee) shall: a. Ensure that all protective equipment (i.e., gloves, gowns, masks, etc.) is maintained near the resident's room so that everyone entering the room can access what they need; b. Post the appropriate notice on the room entrance door and on the front of the resident's chart so that all personnel will be aware of precautions, or be aware that they must first see a nurse to obtain additional information about the situation before entering the room. c. Ensure that an appropriate linen barrel/hamper and waste container, with appropriate liner, are placed in or near the resident's room; and; d. Place necessary equipment and supplies in the room that will be needed during the period of Transmission-Based Precautions... The surveyor then reviewed an undated Policy and Procedure titled, Isolation - Notices of Transmission-Based Precautions, which read under Policy Interpretation and Implementation:	F 880			

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F 880	<p>Continued From page 29</p> <p>When Transmission-Based Precautions are implemented, an appropriate sign will be placed at the entrance/doorway of the resident's room. A sign will be used to alert staff of the implementation of Transmission-Based Precautions and to alert visitors to report to the nurse's station before entering the room, while respecting the resident's privacy.</p> <p>The surveyor also reviewed an undated facility policy titled, Quarantine, which read under the Policy Statement that, The facility will protect the health and well being of our residents and staff during infectious outbreaks. Quarantine is generally enacted by governmental authorities, and under Policy Interpretation and Implementation it read:</p> <ol style="list-style-type: none"> Should quarantine be declared, the Administrator, with the input of the Medical Director and Director of Nursing Services, will work with governmental authorities to implement quarantine practices appropriate for the specific threat and as directed by authorities, The requirements of the quarantine directive will determine who may enter or leave the facility; and, A quarantine directive will initiate the facility's Emergency Management System. <p>N.J.A.C. 8:39 - 19.4(a)</p>	F 880			