STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315318	A. BUILDING _____ B. WING _____	01/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S HOME AL & NC, INC	**1-3 ST JOSEPH'S TERRACE WOODBRIDGE, NJ 07095**

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F 000	INITIAL COMMENTS	F 000		

Date of Survey: 1/19/22

Census: 40

Sample: 3 residents and 5 staff members

During a COVID-19 Focused Infection Control Survey conducted on 1/19/2022, it was determined that effective 1/18/2022, the Facility was found to have been in Immediate Jeopardy for F880.

The Department of Health sent a Notice of Determination of Immediate Jeopardy to the Facility Administrator on 1/19/2022, including the Immediate Jeopardy Template.

The Facility failed to:

- implement mitigation strategies to prevent the transmission of COVID-19 by not having placed a resident (Resident [redacted]), who was exposed to another resident that tested positive for COVID-19, on Transmission Based Precautions (TBP) and not having implemented source control measures.

On 1/19/2022, the Department of Health received an acceptable allegation for the Removal of Immediate Jeopardy.

On 1/21/2022, the Department of Health conducted an onsite survey and determined that the Immediacy of the Jeopardy could be removed effective 1/19/2022.

The Facility continues to remain out of

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

Electronically Signed | 02/07/2022

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F 000	Continued From page 1 compliance for F880, for no actual harm with the potential for more than minimal harm that is not immediate jeopardy.	F 000		
F 880 SS=K	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual 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	F 880		3/24/22

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F 880	Continued From page 2 communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review, and review of other facility documentation, the survey team determined that	F 880	1.Resident [redacted] exposed, was transferred to [redacted] room and placed on contact and droplet transmission-based	

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F 880	Continued From page 3 the facility failed to implement mitigation strategies to prevent the transmission of COVID-19 (an acute disease in humans caused by a coronavirus, which is characterized mainly by fever and cough and is capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions) by not having placed a resident (Resident [redacted] who was exposed to another resident that [redacted] on Transmission Based Precautions (TBP) and by not having implemented source control measures (use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing) which occurred on 1 of 2 units toured. This deficient practice placed [redacted] of [redacted] residents on the [redacted] unit at risk for COVID-19 infection during a COVID-19 Focused Infection Control survey on 1/19/22. The facility's failure to implement TBP and source control measures for Resident [redacted] to prevent the spread of Covid-19 posed the likelihood of serious and immediate threat to the safety and wellbeing of all non-ill residents (residents who were negative for Covid-19). This situation resulted in an Immediate Jeopardy (IJ) situation that began on 1/18/22 when the facility was notified of the confirmed Covid positive for Resident [redacted]. The facility Administration was notified of the IJ on 1/19/22 at 2:50 PM. The immediacy was removed on 1/19/22 at 9:35 PM, based on an acceptable Removal Plan implemented by the facility and verified by the surveyors during an onsite revisit survey	F 880	precautions. Resident [redacted] exposed, remained in place and placed on contact and droplet transmission-based precautions. All residents who were cared for by CNA #1 were then placed on contact and droplet transmission-based precautions. 2.All residents have the potential to be affected by way of not following our facility outbreak response plan for source control and cohorting consideration policy. 3.Measures implemented: a.All staff will be notified of the weekly and any intermittent testing results of residents, and the resident□s placement of contact and droplet transmission-based precautions. b.All staff will receive a daily written notification by departments of residents who are on contact and droplet transmission-based precautions prior to starting work assignments c.All staff were educated regarding contact and droplet transmission-based precaution, the use of proper protective equipment and donning and doffing practices and source control. d.The cohorting considerations policy was reviewed and updated with the administrative staff. e.All staff were educated on the updated cohorting consideration policy. f.The staff were educated on the difference between quarantine of the exposed residents who test negative and the isolation of the COVID-19 positive residents and proper use of personal	

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F 880	Continued From page 4 conducted on 1/21/22. The Facility continues to remain out of compliance for F880, for no actual harm with the potential for more than minimal harm that is not immediate jeopardy. The deficient practice is evidenced by the following: Reference: Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, with an updated date of 9/10/21, included the following: Source Control and Physical Distancing Measures; Refer to Interim Infection Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic for details regarding source control and physical distancing measures recommended for vaccinated and unvaccinated HCP and residents. Testing; Create a Plan for Testing Residents and HCP for SARS-CoV-2. Asymptomatic HCP with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5-7 days after the exposure. Criteria for use of post-exposure prophylaxis are described elsewhere: Manage Residents with Close Contact. Manage Residents who had Close	F 880	protective equipment. g.All staff were educated on the signage indicating person under investigation or COVID-19 positive residents and the proper personal protective equipment the staff would need to don prior to residents care and doff after care provided h.All staff was educated on the importance of source control 4.Monitoring system will be every shift time 3 weeks and ongoing, administrative staff and/or nurse on the shift will audit for proper use of PPE and appropriate placement of signage of TBP on residents door. Monitoring system will be every shift time 3 weeks and ongoing, administrative staff and/or nurse on the shift will audit by observing staff prior to entering a resident s room who is on transmission-based precautions and upon exiting to ensure staff compliance with proper PPE use and hand hygiene. Administrative staff and the infection preventionist will meet when positive test results are received to discuss the placement of the positive resident and the exposed roommate. Quality Assurance Performance Improvement has been developed with the goal of following cohorting consideration policy and outbreak response plan that will be reviewed by the administrator and administrative staff during quarterly meetings times 3 quarters. 5.Complication date: [redacted]	

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F 880	Continued From page 5 Contact with Someone with SARS-CoV-2 Infection. Fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing section. Fully vaccinated residents and residents with SARS-CoV-2 infection in the last 90 days do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority. Additional potential exceptions are described here [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic]; New Infection in Healthcare Personnel or Resident. When performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction's public health authority. Respond to a Newly Identified SARS-CoV-2-infected HCP or Resident. Because of the risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak. The approach to an outbreak investigation should take into consideration whether the facility has the experience and resources to perform individual contact tracing, the vaccination acceptance rates of staff and residents, whether the index case is a healthcare worker or resident,	F 880	For the Root Cause Analysis staff misunderstood with vaccinated and asymptomatic guidelines when on to isolate. Module 1 was viewed by Topline staff and the Infection Preventionist;Keep COVID-19 Out! viewed by Frontline staff; Sparkling Surfaces viewed by frontline staff;Clean Hands viewed by Frontline staff; Closely Monitor Residents viewed by Frontline staff; Use PPE Correctly for COVID-19 viewed by Frontline staff,Module 5 was viewed by Topline staff and Infection preventionist; Module 4 was viewed by Topline staff and infection preventionist,Module 7 was viewed by all staff including topline staff and infection preventionist; Module 6A was viewed by all staff including topline staff and infection preventionist; Module 6B was viewed by all staff including topline staff and infection preventionist; Module 11A was viewed by Topline staff and infection preventionist. CIC consultant was hired, approved by DOH on 3/16/2022. LTC Self Assessment was completed.	

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F 880	Continued From page 6 whether there are other individuals with suspected or confirmed SARS-CoV-2 infection identified at the same time as the index resident, and the extent of potential exposures identified during the evaluation of the index resident. If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility). Broader approaches might also be required if the facility is directed to do so by the jurisdiction's public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission. Fully vaccinated residents and HCP: In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of quarantine for fully vaccinated residents and work restriction of fully vaccinated HCP with higher-risk exposures. In addition, there might be other circumstances for which the jurisdiction's public authority recommends these and additional precautions. Definitions: Source Control: Use of well-fitting cloth masks, facemasks, or respirators to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Reference: CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, with an updated date of 9/10/21, included the following:	F 880		

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F 880	Continued From page 7 1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 Pandemic... Implement Source Control Measures. Source control refers to the use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Source control and physical distancing (when physical distancing is feasible and will not interfere with the provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have; Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); and for those moderate to severe immunocompromised. Reference: New Jersey Department of Health (NJDOH) Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities, with an updated date of 11/17/21, included the following: COVID-19 has had a major impact on healthcare facilities, especially in the post-acute care setting. COVID-19 has a broad clinical presentation, long incubation period, and is transmissible through asymptomatic or pre-symptomatic infected people, including patients/residents and	F 880		

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healthcare personnel (HCP). Therefore, cohorting using traditional symptom-based screening alone should be avoided. When necessary, cohorting should be done with caution, given the risk of asymptomatic or pre-symptomatic infection. Cohorting is most effective when resources permit rapid identification, isolation, and dedicated HCP and equipment per cohort. Please note that this document is intended to help guide decisions in consultation with the clinical team and facility-specific resources. However, fully vaccinated patients/residents identified as close contacts* should continue to follow the Centers for Disease Control and Prevention (CDC) infection prevention and control measures, including wearing well-fitting source control, getting tested as described above, and monitoring for symptoms for 14 days after exposure. Additionally, healthcare facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals when caring for fully vaccinated individuals with moderate to severe immunocompromise due to a medical condition or receiving immunosuppressive medications or treatments. This includes using transmission-based precautions for those who have had close contact with someone with SARS-CoV-2 infection. Do patients/residents who are fully vaccinated require quarantine? In general, the current updated CDC guidance does not require quarantine for asymptomatic fully-vaccinated individuals. However, there are circumstances when quarantine may be considered: Patient/resident is moderate to severely immunocompromised; If the previous diagnosis of SARS-CoV-2 infection might have

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been based on a false-positive test result; or In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to the use of quarantine for fully vaccinated patients/residents on affected units. Fully vaccinated asymptomatic close contacts should continue to follow CDC infection prevention and control measures, including wearing well-fitting source control, getting tested, and monitoring for COVID-19 symptoms.

Reference:
NJDOH Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings, with an updated date of 12/17/21, included the following:

Note: Public health authorities may recommend the use of full COVID-19 PPE, regardless of the presence of symptoms, when uncontrolled transmission is identified, with strong consideration for inclusion of fully vaccinated patients/residents. A facility-wide or group-level approach, including full COVID-19, recommended PPE, may be considered if all potential close contacts cannot be identified or managed with contact tracing or when contact tracing fails to halt transmission.

Note: Resident should continue to wear well-fitting source control, practice physical distancing, and monitor for symptoms for 14 days from the last exposure to the SARS-CoV-2 positive individual, even if they test negative.

Note: Source control and physical distancing (when physical distancing is feasible and will not

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interfere with the provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have: not been fully vaccinated; or suspected or confirmed SARS-CoV-2 infection or other respiratory infection; or had close contact (patients/residents and visitors) or a higher-risk exposure (staff) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission; or moderate to severe immunocompromise; or otherwise had source control and physical distancing recommended by public health authorities.

Reference: CDC's Strategies for Optimizing the Supply of N95 Respirators with an updated date of 9/16/21 included the following:

Conventional Capacity Strategies (should be incorporated into everyday practices).

Source Control; Everyone entering the healthcare facility should practice source control. Source control refers to the use of well-fitting cloth face coverings, facemasks, or respirators to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Additional information about source

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control is available in the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.

On 1/19/22 at 8:55 AM, the survey team entered the facility. Surveyor #1 observed a sign posted at the entrance doorway that read: "Residents 42. COVID 19."

At 9:20 AM, in the presence of the survey team, the Licensed Nursing Home Administrator (LNHA) stated that the facility was currently in a COVID-19 outbreak (an increase in cases of the virus in time or place that is greater than expected). She stated the facility census was [redacted] residents and that currently, [redacted] of the residents had COVID-19. She then noted that the facility had [redacted] residents in the hospital for COVID-19 related reasons and that the facility had one death from COVID-19 [during this outbreak].

At 9:40 AM, Surveyor #1 toured one wing of the [redacted] unit. Surveyor #1 observed [redacted] resident rooms (Room [redacted] Room [redacted]) on that wing of the [redacted] unit. Surveyor #1 observed one of the rooms (Room [redacted]) had a sign posted on the door, which indicated that the resident was a "PUI" (person under investigation) and what Personal Protective Equipment (PPE) was required to enter that room. Surveyor #1 also observed three rooms (Room [redacted] Room [redacted], and Room [redacted]) with a sign posted on each of those doors, which indicated that the residents in those rooms had "COVID" and what PPE was required to enter those room.

At 9:42 AM, Surveyor #1 interviewed the

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F 880	Continued From page 12 Licensed Practical Nurse (LPN) regarding the signage on some of the resident rooms. The LPN revealed to the surveyor that on 1/18/22, there were [redacted] residents in Room [redacted] (Resident [redacted] and Resident [redacted] and explained that Resident [redacted] Executive Order 26, 4.b. during the weekly PCR test (Polymerase Chain Reaction test that requires a lab to perform the test). The LPN added that the roommate (Resident [redacted] who Executive Order 26, 4.b. on the weekly PCR test, was moved to Room [redacted] with a resident (Resident [redacted]) that the LPN identified also [redacted] Executive Order 26, 4.b. on the weekly PCR test on 11/18/22. Surveyor #1 observed that Resident [redacted] room had a sign on the door which included the following: "ATTENTION: Staff must wear the following PPE BEFORE entering COVID-19 rooms: N95 Face shield/goggles Isolation gown Gloves." However, Surveyor #1 did not observe signage posted on Resident [redacted] and Resident [redacted] door to indicate that they were on TBP even though Resident [redacted] was exposed to Resident [redacted] Executive Order 26, 4.b. At 9:45 AM, Surveyor #1 observed (through the open door) a Certified Nursing Assistant (CNA) inside Resident [redacted] Resident [redacted] room. The CNA wore an N95 mask and a face shield. The CNA did not have a gown or gloves on. Surveyor #1 then asked the LPN, who was in the hallway outside of Resident [redacted]/Resident [redacted] room, if a gown or gloves were needed to enter Resident [redacted]/Resident [redacted] room. The LPN stated no gown or gloves were required. She added that gloves would be used for care. She further indicated that a gown and gloves were needed to enter rooms that were Executive Order 26, 4.b. or [redacted]	F 880		

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F 880	Continued From page 13 At approximately 9:45 AM, Surveyor #2 interviewed the LNHA and the Director of Nursing (DON) during the entrance conference. The LNHA stated that the current COVID-19 outbreak had started with a staff member that tested positive for COVID-19 on 12/24/21 and that the Executive resident had tested positive on Executive Order 26, 4. She then stated that the facility was still in an outbreak and that the latest date of a COVID-19 positive test result for a staff member and a resident was Executive Order 26, At 9:47 AM, Surveyor #1 interviewed the CNA. The CNA confirmed that she was not wearing a gown or gloves while in Resident Execu/Resident Execu s room. She stated that she did not have to put on anything additional to enter their room. She then added that she would put on a gown and gloves to go into a room that had someone who was positive for COVID-19 or was considered a PUI. The CNA also confirmed that Resident Execu was transferred from Resident Executive O room after Resident Execu tested positive for COVID-19. The CNA also confirmed and acknowledged that Resident Execu (exposed to covid positive roommate) was now in the same room as Resident Execu (who was not exposed to COVID-19). At 9:56 AM, Surveyor #1 observed the CNA exit another room that was not on TBP. The CNA performed hand hygiene with an alcohol-based hand rub. The CNA then donned (put on) a disposable gown and gloves and entered a PUI room. At 10:00 AM, Surveyor #1 interviewed the LPN to obtain more information regarding Resident Execu	F 880		

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and Resident [redacted]. The LPN stated that yesterday (1/18/22), the facility received Resident [redacted] PCR COVID-19 test result, which was positive; The test had been done as part of the weekly testing collected on 1/17/22. Surveyor #1 asked the LPN what had been done with Resident [redacted] roommate (Resident [redacted]). The LPN stated that Resident [redacted] was transferred into a room where Resident [redacted] resided. Surveyor #1 asked the LPN who made the decision to move Resident [redacted] into Resident [redacted] room. The LPN replied that "the sisters (nuns)" had made that decision. Surveyor #1 then asked the LPN why Resident [redacted] was not put on TBP after exposure to COVID-19. The LPN stated that the facility determines "isolation (TBP)" by testing for COVID-19. The LPN further stated that she did not know the reason why Resident [redacted] was not placed on TBP other than Resident [redacted]s Executive Order 26, 4.b. on [redacted] was [redacted]. Surveyor #1 then asked the LPN if Resident [redacted] was exposed to [redacted] since Resident [redacted] was the roommate of Resident [redacted] who tested positive for [redacted]. The LPN stated, "I think so." She added that Resident [redacted] was under observation and checked for signs and symptoms for COVID-19. She also said that she performed a rapid COVID-19 test (an antigen test that provides a result in 15 minutes) on Resident [redacted] earlier today to make sure Resident [redacted] was still negative for COVID-19. Surveyor #1 then asked the LPN what the process was for a resident exposed to COVID-19; The LPN stated that she would isolate them.

At 10:12 AM, Surveyor #2 interviewed the independent contracted Executive Order 26, 4.b. [redacted]. The [redacted] stated that if a resident tested positive for COVID-19 and had a roommate, the

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positive resident would be moved to the COVID-19 positive unit, and the exposed roommate would isolate in place and considered a PUI. She added that when a resident was a PUI, the facility would post signs to indicate what PPE was necessary, and an isolation cart with the required PPE would be placed outside the room. Surveyor #2 then asked if a resident exposed to COVID-19 should be transferred into a room with a non-exposed resident. The [redacted] stated that if a resident was exposed to a COVID-19 positive resident, that the exposed resident should not come in contact with a "well, non COVID-19 resident" because of potential transmission of the virus. She added that an exposed resident should not be transferred to a "well room" and that the exposed resident should isolate in place.

At approximately 10:15 AM, Surveyor #1, in the presence of Surveyor #2, interviewed the ICIP and asked what the facility process was if a resident becomes positive for COVID-19 and another resident resided in the same room. The ICIP stated that a resident that tested positive for COVID-19 would be moved to the COVID unit and that the roommate would be left in the original room and would become a PUI. She then stated that when COVID-19 started on the [redacted] unit, the first resident that had tested positive for COVID-19 was moved to the [redacted] unit. She said that, unfortunately, [redacted] through the [redacted] unit about a [redacted].

At 10:28 AM, Surveyor #1 interviewed the DON regarding what was done after the facility received Resident [redacted] test

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F 880	Continued From page 16 result. The DON stated that on Executive Order 26, 4.b. in the late afternoon, the facility received the weekly PCR COVID-19 test result for Resident [redacted], which was [redacted]. She further stated that Resident [redacted] was Executive Order 26, 4.b. (did not have any signs or symptoms). She then said that Resident [redacted] (Resident [redacted] roommate) weekly PCR COVID-19 test result was [redacted]. The DON stated that the facility then performed a rapid COVID-19 antigen test on Resident [redacted] and Resident [redacted]. She then stated that the rapid COVID-19 antigen test result for Resident [redacted], and the result for Resident [redacted] The DON stated that it was decided to leave Resident [redacted] in their room and not move them to the [redacted] unit on the [redacted] floor because the resident did not want to move. The DON stated that she, the LNHA, the ICIP, and two other staff members discussed and decided where to transfer Resident [redacted]. She added that changes for the residents were hard on the residents. The DON stated that they chose to transfer Resident [redacted] into Resident [redacted] room because there was an open bed in that room, and that room was spacious, with more than six feet between the beds. Surveyor #2 then asked the DON what the facility policy was regarding a resident that is exposed to their COVID-19 positive roommate. The DON stated that when a resident tested positive for COVID-19, their roommate was now considered a PUI and put on isolation. She added that basically everyone is on isolation, are fully vaccinated, being monitored and observed. The DON then pointed to a resident seated in a wheelchair and indicated that the resident was Resident [redacted]. Surveyor #1 observed that the resident was seated in a wheelchair next to the nurse's station and had a	F 880		

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F 880	Continued From page 17 blue surgical mask positioned under the resident's chin and not covering the resident's mouth or nose. Any staff or visitors entering the building would pass Resident [redacted] to the elevator to access the [redacted] Surveyor #1 did not observe any staff member encouraging Resident [redacted] to wear the surgical mask correctly over their mouth and nose. At 10:40 AM, Surveyor #1 confirmed with the DON that the resident in the hallway near the nurse's station and not wearing a surgical mask correctly was Resident [redacted] Surveyor #1 asked the DON why the resident was in the hallway. The DON stated that Resident [redacted] was at risk for [redacted] At 11:05 AM, Surveyor #1 observed Resident [redacted], whose eyes were closed, seated in a wheelchair next to the nurse's station. Surveyor #1 observed that Resident [redacted] had a blue surgical mask on that was positioned under the resident's chin and not covering the resident's mouth or nose. Surveyor #1 did not observe any staff member encouraging Resident [redacted] to wear the surgical mask over their mouth and nose. At 11:14 AM, Surveyor #1, in the presence of the survey team, interviewed the facility Infection Preventionist (IP) regarding what the facility policy was if a resident became positive with COVID-19. The IP stated that an asymptomatic resident that tested positive for COVID-19 would isolate in their room. She then said that asymptomatic (to have signs or symptoms) resident that tested positive for COVID-19 would be moved upstairs. Surveyor #1 then asked the IP if an asymptomatic person could transmit	F 880		

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COVID-19 to another person. The IP stated that if a person tests positive, they could transmit COVID-19 to another person. Surveyor #1 then asked the IP what would be done for a COVID-19 positive resident's roommate. The IP stated that if the roommate is exposed, the roommate should then be tested. If the result is positive, the resident should be moved [redacted], and if negative, they should be tested again. The IP stated that Resident [redacted] should have been transferred to the [redacted] floor but that Resident [redacted] did not want to be transferred. She added that the facility moved Resident [redacted] to another room last night after the resident was tested for COVID-19, and the test result was negative. The IP confirmed that a resident exposed to COVID-19 should be moved to a private room and placed on TBP to prevent spreading the virus. She added that an exposed resident should be considered a PUI, and TBP should be implemented. Surveyor #1 then asked the IP why Resident [redacted] was transferred into a room with a resident that was well and not exposed to COVID-19 (Resident [redacted] room). The IP stated that she did not know why the facility transferred Resident [redacted] into Resident [redacted] room. She then stated that it should not have happened. She added that staff members could get the virus and transmit it. Surveyor #1 then asked the IP if she had been made aware of the transfer. The IP stated that she was not notified last night and added that the LNHA and the DON had made that decision. Surveyor #1 then asked the IP if a resident exposed to COVID-19 should be outside their room. The IP stated that we could not keep a resident in their room. Surveyor #1 then asked the IP why Resident [redacted] who was exposed to COVID-19, was in the hallway with their mask on

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but positioned under their chin. The IP stated that they cannot keep the resident in their room because they would climb out of bed and need to be monitored. The IP added that the resident had a diagnosis of [redacted] (Executive Order 26, 4.b. [redacted]

At 11:29 AM, Surveyor #1, in the presence of the survey team, interviewed the DON regarding the decision to transfer Resident [redacted]. The DON stated that Resident [redacted] was transferred so that Resident [redacted] would not have any additional exposure to COVID-19 from Resident [redacted], who was Executive Order 26, 4.b. . She then added that CDC guidance said that if residents were vaccinated and boosted, they did not have to be placed on TBP. She admitted that the facility did not look at the situation closely and should have transferred Resident [redacted] into a private room. She then stated that the facility would now place the residents on the [redacted] floor on [redacted]. Surveyor #1 then asked the DON why Resident [redacted] was outside their room and wore a surgical mask positioned under their chin. Surveyor #1 then asked the DON what the facility's Outbreak Response Plan included for a resident exposed to COVID-19. The IP stated that the resident, exposed to COVID-19, should be a PUI and then admitted that Resident [redacted] was transferred into the wrong room.

At 11:46 AM, Surveyor #1, in the presence of the survey team, interviewed the LNHA regarding what happened after the facility was made aware that Resident [redacted] tested positive for COVID-19. The LNHA stated that they would meet and "brainstorm" where to move the covid positive

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resident and notify the family. She then stated that they had moved the positive residents upstairs and placed them on TBP. She further added that when all the rooms became occupied on the [redacted] floor, they started cohorting the Covid-19 positive residents in one area of the [redacted] floor. She then confirmed they would have placed exposed roommates of a COVID-19 positive resident with another resident exposed to COVID-19 and placed them both on TBP. The LNHA then admitted that Resident [redacted] was exposed to their roommate that [redacted] and that Resident [redacted] should have been placed on [redacted]. Surveyor #1 then asked the LNHA if a resident exposed to COVID-19 should be in the hallway with their mask positioned under their chin, not properly over their mouth and nose. The LNHA stated that Resident [redacted] should not be in the hallway with the mask positioned under their chin.

At 12:09 PM, Surveyor #1 further observed Resident [redacted], whose eyes were closed, seated in a wheelchair next to the nurse's station. Surveyor #1 observed that Resident [redacted] had a blue surgical mask on that was positioned under the resident's chin and not covering the resident's mouth or nose. Surveyor #1 did not observe any staff member encouraging Resident [redacted] to wear the surgical mask over their mouth and nose.

At 12:40 PM, Surveyor #1 observed Resident [redacted] seated in a wheelchair next to the nurse's station. Surveyor #1 observed Resident [redacted] eat lunch while wearing the surgical mask positioned under their chin. Surveyor #1 observed another resident seated in a wheelchair approximately ten feet away from Resident [redacted] in the hallway. The other

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resident was not wearing a surgical mask.

At 12:41 PM, Surveyor #1 interviewed the CNA regarding how to know whether or not a resident was on TBP. The CNA stated that she would get the report in the morning and be told if a resident was COVID-19 positive or PUI and if she needed to put on a gown and gloves to go in the room. She also stated that signs would be posted on the resident's door if the staff needed to put on any PPE before entering the room. Surveyor #1 then asked the CNA what the process was if a resident became positive for COVID-19. The CNA stated that the facility usually separated the resident that tested positive and the roommate and that they both were placed on TBP. Surveyor #1 then asked the CNA why Resident [redacted] was not on TBP. The CNA replied that Resident [redacted] Executive Order 26, 4.b. , so she did not have to wear a gown or gloves.

At 12:54 PM, Surveyor #1 observed the CNA, who wore an N95 mask and face shield, take off the clothing protector that Resident [redacted] wore while the resident ate their lunch. Resident [redacted] was seated in a wheelchair in the hallway near the nurse's station and still wore the surgical mask positioned under their chin. The CNA then took the meal tray from Resident [redacted] to the meal cart. Surveyor #1 did not observe the CNA encourage Resident [redacted] to wear the surgical mask over the resident's mouth and nose.

A review of the facility provided line listing for the current COVID -19 outbreak listed a total of 19 staff members and [redacted] residents that tested Executive Order 26, 4.b. and included the following: On 12/24/21: one (1)staff member (date tested

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F 880	Continued From page 22 COVID-19 positive or symptom onset prior to testing date) On 12/26/21: two (2) staff members On 12/27/21: one (1) staff member On Executive Order 26, 4.b. On 12/30/21: two (2) staff members On Executive Order 26, 4.b. and one (1) staff member On Executive Order 26, 4.b. On Executive Order 26, 4.b. On Executive Order 26, 4.b. On Executive Order 26, 4.b. and two (2) staff members On 1/6/21: two (2) staff members On Executive Order 26, 4.b. On Executive Order 26, 4.b. and six (6) staff members On Executive Order 26, 4.b. and one (1) staff member Date unavailable: one (1) staff member A review of the facility provided document titled "Completed Immunizations" included the following regarding the Executive Order 26, 4 resident's COVID-19 vaccination status: Execut of Execut residents had both doses of a two-dose COVID-19 vaccination. Execut of Execut residents had an additional booster dose of COVID-19 vaccination. Surveyor #1 reviewed the medical record for Resident Execut The Admission Record face sheet (an admission summary) indicated that Resident Execut had been admitted to the facility with diagnoses that included but were not limited to; Executive Order 26, 4.b. indicated that Resident Execut tested	F 880		

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Executive Order 26, 4.b. The Interdisciplinary Progress Notes dated Executive Order 26 Executive Order 26, 4 included the following: Lab report received with Executive Order 26, 4.b. result; "Executive Order 26, 4.b.. His/her roommate lab test is negative. Roommate was transferred to negative room. Resident Execut will stay in his/her room on isolation."

Surveyor #1 reviewed the medical record for Resident Execut. The Admission Record face sheet indicated that Resident Execut had been admitted to the facility with the diagnoses that included but were not limited to; Executive Order 26, 4.b. [redacted] A Clinical Report dated Executive Order 26 indicated that Resident Executive Order 26, 4.b. for Executive Order 26, 4.b. The Interdisciplinary Progress Notes dated Executive Order 26, which did not show a time, included the following; "Resident's lab test for COVID-19 received with negative result. Resident's roommate tested positive. Rapid COVID-19 test done to double-check result, and it is also negative. Resident doesn't have symptoms of COVID-19 at present time. Resident was moved from Rm Execut to Rm Executive Executive Order 26, 4.b.

Surveyor #1 reviewed the medical record for Resident Execut. The Admission Record face sheet indicated that Resident Execut had been admitted to the facility with the diagnoses that included but were not limited to; Executive Order 26, 4.b.

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F 880	Continued From page 24 Executive Order 26, 4.b. . A Clinical Report dated Executive Order 26, indicated that Resident Executive Order 26, 4.b [redacted] A review of the facility provided document titled, "Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings" included the following: The facility filled in the date of 4/1/2020 for "Date instituted" and the date 12/29/2021 and added ongoing for "Date reinforced" and left blank "Date suspended" for the section "Implement standard and transmission-based precautions (TBP) including use of a NIOSH-approved N95 respirator or higher (or well-fitting FDA approved facemask if unavailable), gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) for unvaccinated* new and readmissions, confirmed and suspected COVID-19 case(s), and unvaccinated* close contacts to a confirmed COVID-19 case. Refer to NJDOH Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities at: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml for information on PPE use in each cohort or circumstance" which included the following underneath it, "Note: Public health authorities may recommend the use of full COVID-19 PPE, regardless of the presence of symptoms, when uncontrolled transmission is identified, with strong consideration for inclusion of fully vaccinated patients/residents. A facility-wide or group-level approach, including full COVID-19 recommended PPE, may be considered if all potential close contacts cannot be identified or managed with contact tracing or	F 880		

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	315318	A. BUILDING _____ B. WING _____	01/21/2022

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F 880	Continued From page 25 when contact tracing fails to halt transmission". The facility left blank "Date instituted," "Date reinforced," and "Date suspended" for the section "Provide and encourage use of well-fitting source control for all patients/residents, as appropriate." Which included the following underneath it, "Note: Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have: not been fully vaccinated; or suspected or confirmed SARS-CoV-2 infection or other respiratory infection; or had close contact (patients/residents and visitors) or a higher-risk exposure (staff) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission; or moderate to severe immunocompromise; or otherwise had source control and physical distancing recommended by public health authorities." At 2:10 PM, Surveyor #1 again observed Resident [redacted] seated in a wheelchair next to the nurse's station. Surveyor #1 observed that Resident [redacted] had a blue surgical mask on that was positioned under the resident's chin and not covering the resident's mouth or nose. Surveyor #1 did not observe any staff member encouraging Resident [redacted] to wear the surgical mask over their mouth and nose.	F 880		

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F 880	Continued From page 26	F 880		

The IJ was identified on 1/19/22, and the LNHA, DON, IP, and ICIP were notified of the IJ at 2:50 PM. A removal plan was accepted on 1/19/2022 at 9:35 PM.

On 1/20/22 at 9:18 AM, Surveyor #1, via a telephone call, interviewed the Local Health Department's Nursing Supervisor (LHDNS) regarding her communication with the facility. The LHDNS stated that the facility emailed her the line listing of residents and staff that tested positive for COVID-19. She added that on 1/10/22 at 11 AM, there was a virtual meeting with the LNHA, DON, and IP from the facility. She stated that [redacted] Executive Order 26, 4.b. #1 and the Nurse Consultant (NC) from Communicable Disease Services (CDS) were also on the call. The LHDNS indicated that they went through everything the facility was doing, including how they were cohorting and what the facility had told us they were doing, were all correct. She added that she could not say exactly what the facility said. Surveyor #1 asked the LHDNS if the facility notified her of the latest positive for COVID-19 on 1/18/22. The LHDNS stated that the facility emailed her every day but did not look at it yet. Surveyor #1 asked the LHDNS about residents that received COVID-19 vaccinations. The LHDNS stated that COVID-19 vaccinations did not prevent someone from getting COVID-19 but that COVID-19 vaccinations prevented someone from getting seriously ill. Surveyor #1 asked the LHDNS if the facility had called her to ask if they should have placed vaccinated residents on TBP after exposure to COVID-19. The LHDNS stated that the facility did not call. Surveyor #1 then asked the LHDNS about the CDC guidance and "strong consideration to place vaccinated

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F 880	Continued From page 27 residents on TBP for ongoing transmission of COVID-19." The LHDNS stated that she would have suggested that the facility place vaccinated residents exposed to COVID-19 on TBP if they were to call her. She added that they had not called. Surveyor #1 then asked the LHDNS if the facility should have used source control for COVID-19 vaccinated residents exposed to COVID-19. The LHDNS stated that the facility should be using source control for COVID-19 vaccinated residents exposed. At 10:16 AM, Surveyor #1 called Communicable Disease Services (CDS) and asked to speak with Executive Order 26, 4.b. #1 and the NC. The receptionist stated that she would give them Surveyor #1's message, and someone should return the call. On 1/21/22, the survey team reviewed the Removal plan onsite and verified the implementation of the facility's removal plan. On 1/21/22, at approximately 9:30 AM, the surveyors toured the Executive -floor and Executive Order 2 -floor units. They verified through observations, interviews with facility staff and residents, review of in-service education, and revised facility documents that the facility had implemented the Removal Plan. At 10:45 AM, Surveyor #1, in the presence of the survey team, asked the LNHA if she received any guidance from the LHD. The LNHA stated that the facility emailed the LHD a list of the COVID-19 positives. She then noted that the facility had a conference call with the LHD, Executive Order 26, 4.b. #1, and CDS NC. She added that they asked how we were doing, and we told them	F 880		

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F 880	Continued From page 28	F 880		

where we had placed residents and cleaned rooms, and they told us it was probably visitation and residents going out. They asked if we were using PPE with the positive residents, which we told them we were. Surveyor #1 then asked the LNHA what the facility put in place after the first staff and the first resident tested positive for COVID-19 during the current outbreak. The LNHA stated that an employee was the first to test positive for COVID-19 and that she was the receptionist and was sent home. The LNHA stated that the first resident who tested positive for COVID-19 shared a room with three other residents. She stated that the facility moved the COVID-19 positive resident into a separate room, placed the resident on TBP, and tested the three residents, who were the COVID-19 positive resident's roommates, with a rapid COVID-19 test. The three other residents were negative for COVID-19. She added that a few days later, the three roommates were tested using a PCR COVID-19 test, and the results were positive for COVID-19. She stated that the roommates were initially exposed but tested negative and that later they became positive for COVID-19.

At that same date and time, Surveyor #1 then asked the LNHA if she would consider this outbreak was an "ongoing transmission." The LNHA stated that they were trying to control the situation. Surveyor #1 then asked the LNHA to define "ongoing transmission." The LNHA stated that ongoing transmission meant that new positive COVID-19 cases were occurring. Surveyor #1 then asked the LNHA about the facility policy for cohorting during ongoing transmission and vaccinated residents. The LNHA stated that if a resident is vaccinated, the

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F 880	Continued From page 29 facility would try to quarantine them. She added that with the new COVID-19 positive resident, the facility did not have enough room to do that. She stated that usually, the facility would move the COVID-19 positive resident and then place the exposed to COVID-19 resident with another exposed to COVID-19 resident. She added that they did not do that and were not thinking clearly at that time. She stated that they moved Resident [redacted] at [redacted], and the move was wrong. Surveyor #1 then asked if Resident [redacted] had been exposed to a COVID-19 positive resident. The LNHA stated, "no." On 1/25/22 at 1:44 PM, Surveyor #1 received an email from the NC from CDS which included that she provided guidance on placing residents exposed to COVID-19 on transmission-based precautions during a continued transmission outbreak. The email also included that she had recommended source control measures based on CDC recommendations and best practices to the facility. A review of the facility provided policy titled "Outbreak Response Plan," with a revised date of 5/4/2021, included the following: Policy: To effectively manage and contain an outbreak when identified in this Center. To promote 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. To facilitate outbreak investigation organized by the Infection Control Nurse (Infection Preventionist) or designee when an outbreak is suspected. To facilitate daily meetings by the team listed below	F 880		

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F 880	Continued From page 30	F 880		

to monitor the outbreak and initiate any needed changes. To facilitate local and state department of health notification as required. Section A ...10. Immediate steps will be taken to the best of the center's ability to isolate individuals as per the department of health and local department's guidance under the Center's cohort plan. Section D. Transmission-base Precautions and Cohorting. 1. Implement control measures based on signs, symptoms, diagnosis, mode of transmission, and location in the Center. Measures may include a. Transmission-based precautions ...3. Monitor for effectiveness of investigation and control measures until cases cease to occur or return to normal level. 4. Compare group of uninfected Residents with infected Residents. 5. Conduct care practice observation IF cause implies a breakdown in resident care practices.

A review of the facility provided policy titled "Cohorting Consideration," with a revised date of November 22, 2021, including the following:

Policy: Cohorting of residents by COVID-19 classification is necessary to minimize non-infected residents interacting with infected or colonized resident and limit exposure to staff. Part of an active surveillance program in conjunction with Standard and Transmission-Based Precautions is to control the spread of disease with interventions for an outbreak, resistant pathogen, or highly transmissible disease. Cohorting is only one element of infection prevention and control measures used for outbreak control. Cohorting is most effective when resources permit for rapid identification and isolation and when there are

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F 880	Continued From page 31 dedicated Health Care Personnel (HCP) and equipment per cohort. Centers should cohort residents by COVID-19 classification as follows: 1) COVID-19 Positive; 2) COVID-19 Negative, exposed; 3) COVID-19 Negative, Not exposed; and 4) New and Re-Admissions. And the unvaccinated patient/resident newly admitted or readmitted to the center. Full Transmission-Based Precautions and all recommended COVID-19 PPE will be used for all patients/residents who are: 1) COVID-19 positive; suspected of having COVID-19; exposed to any COVID-19 positive person (e.g., HCP, visitor, roommate); and on a wing/unit (or facility-wide), regardless of presence of symptoms, when transmission is suspected or identified ...Cohort 2-COVID-19 Negative, Exposed: Regardless of Vaccination Status. a. This cohort consists of symptomatic and asymptomatic patients/residents who test negative for COVID-19 with an identified exposure to someone who was positive. b. The center should ideally place these residents into private rooms. e. Roommates of a laboratory-confirmed COVID-19 positive case should be considered exposed, but they may be kept isolated in their room after the COVID-19 positive resident is transitioned to the COVID-19 Positive area (cohort 1). When movement of the exposed roommate would otherwise introduce COVID-19 to another occupied wing/unit, do not relocate the exposed roommate. Staff should care for the exposed roommate using all COVID-19 recommended PPE. Staff should monitor the exposed roommate for 14 days from last exposure to the known COVID-19 case for the development of symptoms. f. Residents identified as close contact to be quarantined 14	F 880		

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days and initially tested. If negative, retest 5-7 days after exposure. If remains negative, the resident will complete remaining quarantine total of 14 days. May test again at the end of quarantine for increased certainty. Roommates of patient/resident who are symptomatic or COVID-19 positive: a. Roommates may already be exposed ....Fully Vaccinated patient/residents: a. The current CDC guidance does not require quarantine for asymptomatic, fully vaccinated patient/residents. However, there are circumstances when quarantine may be considered: b. Moderately to severely immunocompromised; d. In the event of ongoing transmission within the facility that is not controlled with initial interventions, strong consideration to be given to the use of quarantine for fully vaccinated residents on the affected unit(s).

A review of the facility provided policy titled "Contact Tracing" with an effective date of 4/2021 included the following:

Definition: Contact tracing is an essential part of reducing transmission COVID-19 infections. Prompt isolation of staff/residents diagnosed with COVID-19 and identify and quarantine of close contacts by interviewing staff of those who may have been in close contact with residents or other staff. Close Contact: Any individual within six (6) feet of an infected person for a total of 15 minutes or more of Lab ID confirmed or probable COVID-19 resident. Guideline: Residents in our center, regardless of vaccination status, will be quarantined following prolonged close contact with an individual with SARS-CoV-2 infection unless previously SARS-CoV-2 positive within

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F 880	Continued From page 33 the past ninety (90) days. A review of the facility provided document titled "Outbreak Management Checklist for COVID-19 in Nursing Homes an other Post-Acute Care Settings" included the following: The facility filled in the date of 4/1/2020 for "Date instituted" and the date 12/29/2021 and added ongoing for "Date reinforced" and left blank "Date suspended" for the section "Implement standard and transmission-based precautions (TBP) including use of a NIOSH-approved N95 respirator or higher (or well-fitting FDA approved facemask if unavailable), gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) for unvaccinated* new and readmissions, confirmed and suspected COVID-19 case(s), and unvaccinated* close contacts to a confirmed COVID-19 case. Refer to NJDOH Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities at: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml for information on PPE use in each cohort or circumstance" which included the following underneath it, "Note: Public health authorities may recommend the use of full COVID-19 PPE, regardless of the presence of symptoms, when uncontrolled transmission is identified, with strong consideration for inclusion of fully vaccinated patients/residents. A facility-wide or group-level approach, including full COVID-19 recommended PPE, may be considered if all potential close contacts cannot be identified or managed with contact tracing or when contact tracing fails to halt transmission". The facility left blank "Date instituted," "Date	F 880		

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F 880	Continued From page 34 reinforced" and "Date suspended" for the section "Provide and encourage use of well-fitting source control for all patients/residents, as appropriate." Which included the following underneath it, "Note: Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have: not been fully vaccinated; or suspected or confirmed SARS-CoV-2 infection or other respiratory infection; or had close contact (patients/residents and visitors) or a higher-risk exposure (staff) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission; or moderate to severe immunocompromise; or otherwise had source control and physical distancing recommended by public health authorities". N.J.A.C. 8:39-19.4 (a)	F 880		

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F 000	INITIAL COMMENTS Survey date: 04/20/22 Census: 41 Sample: 2 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		

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

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.