

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

PRINTED: 02/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2021
NAME OF PROVIDER OR SUPPLIER JERSEY SHORE POST ACUTE REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET NEPTUNE, NJ 07753		
(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 Survey date: 1/7/2021 Census: 68 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not 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. Complaint # NJ 142169, NJ 142172 The facility is in substantial compliance with the requirements of 42 CFR part 483, subpart B, for long term care facilities based on this complaint visit.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880			1/26/21

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

TITLE

(X6) DATE

Electronically Signed

01/15/2021

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

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F 880	Continued From page 1 §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 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	F 880			

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F 880	<p>Continued From page 2 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, and review of other facility documentation, it was determined that the facility failed to utilize appropriate personal proactive equipment (PPE) to prevent the potential spread of infection in accordance with the facility policy and acceptable standards of practice.</p> <p>This deficient practice was identified for 1 staff member on 1 of 3 units reviewed for infection control practices and was evidenced by the following:</p> <p>During an interview with the surveyors on 01/07/2021 at 10:20 AM, the Administrator stated the PPE to be worn on the [REDACTED] [REDACTED] included a face shield, N95 respirator mask, and a gown and gloves when entering the resident's rooms.</p> <p>During a tour on the West Wing, the [REDACTED]</p>	F 880	<p>1.) The Infection Preventionist immediately completed individual counseling with the identified staff member regarding the use and application of an N95 mask to prevent the potential spread of infection. The administrator, Director of Nursing (DON) and Infection Preventionist immediately conducted walking rounds throughout the facility to ensure all staff members were wearing N95 masks in accordance with the facility policy and acceptable standards of practice.</p> <p>2.) All residents have the potential to be affected by this alleged deficient practice. The staff will use appropriate PPE to prevent the potential spread of COVID-19.</p> <p>3.) Nursing home staff will be in serviced by the Infection Preventionist regarding</p>		

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F 880	<p>Continued From page 3</p> <p>on 01/07/2021 at 11:10 AM, the surveyor observed a Licensed Practical Nurse (LPN) wearing a surgical mask with an N95 respirator over the surgical mask, and a surgical mask over the N95 respirator. At that time, the surveyor interviewed the LPN who stated she had been wearing her masks that way to preserve the integrity and the life of the of the N95 respirator. She stated she was educated on how to apply a N95 respirator and the proper use of the masks and would fix her masks.</p> <p>During an interview with the surveyor on 01/07/2021 at 2:15 PM, the Infection Control Preventionist stated the staff were educated on the proper use of the N95 respirator and wearing a surgical mask underneath the N95 would not create a correct seal to work properly.</p> <p>The facility was unable to provide the education for the LPN.</p> <p>Review of the facility's "Coronavirus (Covid-19) Policy" dated 3/4/20, with a last revision date of 12/16/20, revealed staff entering and caring for residents should follow Center for Disease Control (CDC) recommendations for PPE and current guidance is Standard and Transmission Based Precautions.</p> <p>Review of a facility document titled, "CDC Proper N95 Respirator Use for Respiratory Protection Preparedness" with a last updated date of 8/14/2020, revealed one of the three criteria required for a respirator to be effective the respirator must fit the user's face snugly to create a seal to minimize the numbers of particles that bypass the filter through gaps between the user's</p>	F 880	<p>use of the N95 mask in accordance with the facility policy and acceptable standards of practice. A root cause analysis (RCA) was conducted by the administrative staff to identify the cause of the event and to develop corrective actions. Module #1 was viewed by the top line staff. The regulation videos were viewed by all staff.</p> <p>4.) The Infection Preventionist and DON will conduct random audits of staff members daily on three shifts x 4 weeks, and then monthly x 2 to evaluate the staff use and application of N95 masks according to facility policy and acceptable standards of practice.</p> <p>Results of these audits will be reported to the monthly Quality Assurance and Performance Improvement Committee for review and to determine the need for further action.</p>		

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F 880	<p>Continued From page 4 skin and the respirator seal.</p> <p>According to the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes updated 4/30/20 included, "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown...All recommended COVID-19 PPE [personal protective equipment] should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE."</p> <p>NJAC 8:39-19.4(a)(2);27.1(c)</p>			F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315056	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/19/2021
NAME OF FACILITY JERSEY SHORE POST ACUTE REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT STREET NEPTUNE, NJ 07753	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/19/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON
1/7/2021

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO