

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:  <b>315282</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE BROOK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 PENSION ROAD ENGLISHTOWN, NJ 07726</b>		
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F 000	INITIAL COMMENTS  Survey Date:11/4/20  Census: 62  Sample: 0  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 882 SS=F	Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c)  §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:  §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;  §483.80(b)(2) Be qualified by education, training, experience or certification;  §483.80(b)(3) Work at least part-time at the facility; and  §483.80(b)(4) Have completed specialized training in infection prevention and control.  §483.80 (c) IP participation on quality	F 882		12/15/20	

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

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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 882	<p>Continued From page 1</p> <p>assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of pertinent facility documentation, it was identified that the facility failed to have a designated Infection Preventionist who had completed specialized training in infection control and prevention.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 11/04/20 at from 8:56 AM to 9:30 AM, the surveyors conducted an entrance conference with the facilities Administrator and Director of Nursing (DON). At the start of the entrance conference the DON identified herself as the DON, Infection Preventionist (IP), and Minimum Data Set Coordinator (MDS/Coordinator).</p> <p>At 9:30 AM, the surveyors requested the Administrator provide documentation that indicated the DON had completed the mandatory infection prevention and control training required by the Center for Medicare Services. The Administrator stated that he had completed the Center for Disease Control and Prevention (CDC) Nursing Home Infection Prevention Training Course on 8/13/20 which was web-based, but the DON had not taken the mandatory infection control education and was responsible for the infection control program at</p>	F 882	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>" A contract for infection control services pursuant to the requirements of E.D. 20-026<sub>i</sub> has been put into place effective 11/09/2020.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>" All residents who reside at Pine Brook Care Center have the ability to be affected by this deficient practice.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>" The Director of Nursing and/or designee will ascertain that infection prevention measures are being met utilizing the Infection Control Assessment Tool for Long Term Care issued from the CDC. This includes but is not limited to: Proper Hand Hygiene, PPE usage, Antibiotic Stewardship, Signs and</p>		

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F 882	<p>Continued From page 2 the facility.</p> <p>At 11:43 AM, the surveyor conducted a follow up interview with the Administrator who stated that the facility was utilizing a part-time IP who completed module one, module two, and module three of the CDC Nursing Home Infection Prevention Training Course, but had not yet completed all of the modules. The Administrator further stated that moving forward this nurse was going to be the IP for the facility.</p> <p>At 11:58 AM, the surveyor interviewed the Licensed Practical Nurse/Infection Preventionist (LPN/IP) who stated that she worked at the facility as a Minimum Data Set (MDS) nurse. The LPN/IP stated that last month she took on the position as the part-time LPN/IP for the facility and was still in the process of completing the training for the IP role. The LPN/IP further stated she finished module's one through three of the CDC Nursing Home Infection Prevention Training Course and had about 20 more modules to complete before she finished the course. The surveyor asked the LPN/IP what involvement she had at the facility as the LPN/IP. The LPN/IP stated that she had been preparing the in-service forms for the staff, but the DON along with nursing supervisors had been providing the nursing staff with the education.</p> <p>At 12:03 PM, the surveyor conducted an interview with the DON who stated that she started the position as DON on September 1, 2020. The DON stated that the facility assigned her the role of IP when she became the DON. The DON stated that part of her job consisted of providing in-services to staff and educating them</p>	F 882	<p>Surveillance.</p> <p>" The Director of Nursing and/or designee will do ongoing audits to ensure compliance. Corrective action will be taken to maintain compliance with standards as needed based on the results of the audit.</p> <p>" In addition to the contracted infection services, the Director of Nursing and/or designee will continue to educate and monitor personnel to ensure infection prevention standards are being met on all shifts. This will be done through in-services, webinars, and other methods.</p> <p>" Infection control meetings will monitor and look for trends, culture reports and other areas of concerns that will direct the facility into a proactive approach to make the necessary corrections.</p> <p>" The Director of Nursing and/or designee performs competencies on handwashing, proper donning of PPE, proper cleaning of glucometers, blood pressure apparatus, and other instruments.</p> <p>" A Nurse will be completing the required infection control training by 12/15/2020 to provide on-site management of the Infection Prevention and Control (IPC) program.</p> <p>How the facility plans to monitor its performance to make sure that solutions</p>		

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F 882	<p>Continued From page 3 regarding infection control policies and procedures. The surveyor asked the DON what training she had related to the IP position. The DON stated, "I haven't had any training yet."</p> <p>At 12:22 PM, the surveyor conducted a follow up interview with the LPN/IP who stated that she started training as the IP on 10/18/20. The LPN/IP further stated that she had not yet participated in the Quality Assurance (QAA) process at the facility related to infection control and the training she was required to take would guide her in that process.</p> <p>At 12:53 PM, the surveyors interviewed the Administrator concerning his educational background. He stated that although he took the CDC Nursing Home Infection Prevention Training Course he did not have any education or training in nursing, medical technology, microbiology, epidemiology or another related field as required by the regulation. The Administrator stated that his educational background was in business.</p> <p>At 1:53 PM, the surveyors conducted a follow up interview with the LPN/IP who stated that her prior nursing experience was as a long-term care staff nurse. The LNP/IP stated that during her career as a nurse she had received in-services and training on infection control from other nurses in supervisory positions. She has had no experience in a supervisory position or as an Infection Control or Prevention nurse.</p> <p>At 1:57 PM, the surveyors conducted a follow up interview with the DON who stated that prior to taking the position as the DON she worked at the facility as the MDS/Coordinator for four years.</p>	F 882	<p>are sustained?</p> <p>" Administrator and/or designee will review the audits that are being carried using the Infection Control Assessment Tool for Long Term Care issued from the CDC.</p> <p>" Administrator and/or designee will do random infection control inspections to ensure all procedures are being followed.</p> <p>" The audits will take place weekly x 4 weeks and then bi-weekly x 8. DON and/or designee will report the findings to the QAPI committee. Based on these findings, further audits may be requested.</p> <p>" Results of the audits, patterns and trends will be reported and reviewed at the facility QAPI quarterly meeting.</p>		

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F 882	<p>Continued From page 4</p> <p>The DON stated that prior to working at the facility she was an Assistant Director of Nursing and had a history as a Nursing Supervisor in another facility for ten years. The DON stated that she did not do any hands on infection control training or practices but received in-services from the previous DON about things such as handwashing.</p> <p>The surveyor reviewed Certificate of Training dated 10/19/20 indicated that LPN/IP had successfully completed module 1 of the CDC Nursing Home Infection Prevention Training Course.</p> <p>A review of the Certificate of Training dated 10/22/20 indicated that LPN/IP had successfully completed module 2 of the CDC Nursing Home Infection Prevention Training Course.</p> <p>A review of the Certificate of Training dated 10/22/20 indicated that LPN/IP had successfully completed module 3 of the CDC Nursing Home Infection Prevention Training Course.</p> <p>A review of the facility's Infection Control Nurse Job Description dated 10/9/20 noted, "Qualifications: Holds a current state license as an LPN, RN or medical technologist or has equivalent health care experience. Ability to develop policies and procedures. Ability to teach and evaluate clinical performance. Has 5 or more years infection control experience."</p> <p>A review of the facility's Infection Prevention and Control Plan Policy and Procedure with a revision date of 2020 noted, "The facility administrator designates at least one individual as the infection</p>	F 882		

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F 882	Continued From page 5 Preventionist (IP) who is responsible for the IPCP. The IP must: 1. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; 2. Be qualified by education, training, experience, or certification; 3. Work at least part-time at the facility; and 4. Have completed specialized training in infection control and prevention.	F 882			

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S1305	<p>8:39-19.1(b) Mandatory Infection Control and Sanitation</p> <p>(b) Responsibility for the infection prevention and control program shall be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or services shall be provided by contract. If the services are provided by contract, the facility shall designate an on-site employee to implement, coordinate, and ensure compliance with infection control policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documentation, it was identified that the facility failed to adhere to the Executive Directive No. 20-026 issued by the New Jersey Commissioner in response to the COVID-19 Pandemic by failing to hire a qualified Infection Control Preventionist for the facility.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 11/04/20 at from 8:56 AM to 9:30 AM, the surveyors conducted an entrance conference with the facilities Administrator and Director of Nursing (DON). At the start of the entrance conference the DON identified herself as the DON, Infection Preventionist (IP), and Minimum Data Set Coordinator (MDS/Coordinator).</p>	S1305	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>" A contract for infection control services pursuant to the requirements of E.D. 20-026, has been put into place effective 11/09/2020.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>" All residents who reside at Pine Brook Care Center have the ability to be affected by this deficient practice.</p> <p>What measures will be put into place or</p>	12/15/20

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S1305	<p>Continued From page 1</p> <p>At 9:30 AM, the surveyors requested the Administrator provide the surveyors with documentation that indicated the DON had completed the mandatory infection prevention and control training required by the Center for Medicare Services. The Administrator stated that he had completed the Center for Disease Control and Prevention (CDC) Nursing Home Infection Prevention Training Course on 8/13/20 which was web-based, but the DON had not taken the mandatory infection control education and the DON was responsible for the infection control program at the facility.</p> <p>At 11:43 AM, the surveyor conducted a follow up interview with the Administrator who stated that the facility was utilizing a part-time IP who completed modules one, two, and three of the CDC Nursing Home Infection Prevention Training Course, but had not yet completed all of the modules. The Administrator further stated that moving forward this nurse was going to be the IP for the facility.</p> <p>At 11:58 AM, the surveyor interviewed the Licensed Practical Nurse/Infection Preventionist (LPN/IP) who stated that she worked at the facility as a Minimum Data Set (MDS) nurse. The LPN/IP stated that last month she took on the position as the part-time LPN/IP for the facility and was still in the process of completing the training for the IP role. The LPN/IP further stated she successfully completed modules one through three of the CDC Nursing Home Infection Prevention Training Course and had about 20 more modules to complete before she finished the course. The surveyor asked the LPN/IP what involvement she had at the facility as the LPN/IP. The LPN/IP stated that she had been preparing</p>	S1305	<p>systemic changes made to ensure that the deficient practice will not recur?</p> <p>" The Director of Nursing and/or designee will ascertain that infection prevention measures are being met utilizing the Infection Control Assessment Tool for Long Term Care issued from the CDC. This includes but is not limited to: Proper Hand Hygiene, PPE usage, Antibiotic Stewardship, Signs and Surveillance.</p> <p>" The Director of Nursing and/or designee will do ongoing audits to ensure compliance. Corrective action will be taken to maintain compliance with standards as needed based on the results of the audit.</p> <p>" In addition to the contracted infection services, the Director of Nursing and/or designee will continue to educate and monitor personnel to ensure infection prevention standards are being met on all shifts. This will be done through in-services, webinars, and other methods.</p> <p>" Infection control meetings will monitor and look for trends, culture reports and other areas of concerns that will direct the facility into a proactive approach to make the necessary corrections.</p> <p>" The Director of Nursing and/or designee performs competencies on handwashing, proper donning of PPE, proper cleaning of glucometers, blood pressure apparatus, and other</p>	
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S1305	<p>Continued From page 2</p> <p>the in-service forms for the staff, but the DON along with nursing supervisors had been providing the nursing staff with the education.</p> <p>At 12:03 PM, the surveyor conducted an interview with the DON who stated that she started the position as DON on September 1, 2020. The DON stated that the facility assigned her the role of IP when she became the DON. The DON stated that part of her job consisted of providing in-services to staff and educating them regarding infection control policies and procedures. The surveyor asked the DON what training she had related to the IP position. The DON stated, "I haven't had any training yet."</p> <p>At 12:22 PM, the surveyor conducted a following up interview with the LPN/IP who stated that she started training as the IP on 10/18/20. The LPN/IP further stated that she had not yet participated in the Quality Assurance (QAA) process at the facility related to infection control and the training she was required to take would guide her in that process.</p> <p>At 12:53 PM, the surveyors interviewed the Administrator concerning his education background. He stated although he completed the CDC Nursing Home Infection Prevention Training Course he did not have experience or training in nursing, medical technology, microbiology, epidemiology or another related field as required. The Administrator stated that his educational background was in business.</p> <p>At 1:12 PM, the surveyors interviewed the Administrator who stated that when the Executive Directive No.20-026 came out, the facility added the part-time LPN/IP as the IP and she was</p>	S1305	<p>instruments.</p> <p>" A Nurse will be completing the required infection control training by 12/15/2020 to provide on-site management of the Infection Prevention and Control (IPC) program.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained?</p> <p>" Administrator and/or designee will review the audits that are being carried using the Infection Control Assessment Tool for Long Term Care issued from the CDC.</p> <p>" Administrator and/or designee will do random infection control inspections to ensure all procedures are being followed.</p> <p>" The audits will take place weekly x 4 weeks and then bi-weekly x 8. DON and/or designee will report the findings to the QAPI committee. Based on these findings, further audits may be requested.</p> <p>" Results of the audits, patterns and trends will be reported and reviewed at the facility QAPI quarterly meeting.</p>	

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S1305	<p>Continued From page 3</p> <p>currently working on finishing up with her training.</p> <p>At 1:30 PM, the surveyor conducted a follow-up interview with the Administrator who stated that the facility's corporate lawyer reached out to the New Jersey Department of Health (NJDOH) for clarification on the Executive Directive No. 20-026. The Administrator further stated that because the facility had hired a part-time IP, the facility did not have to enter a contract with infection control services. The surveyors asked the Administrator if the facility's corporate lawyer was aware that the LPN/IP had not completed the required training for infection control. The Administrator stated that he did not know if the corporate lawyer was aware of the LPN/IP's training. The Administrator further stated that the LPN/IP had five plus years of experience as a licensed nurse, but not specifically related to infection control duties.</p> <p>At 1:53 PM, the surveyors conducted a follow up interview with the LPN/IP who stated that her prior nursing experience was as a long-term care staff nurse. The LNP/IP stated that during her career as a nurse she had received in-services and training on infection control from other nurses in supervisory positions. She has had no experience in a supervisory position or as an Infection Control or Prevention nurse.</p> <p>At 1:57 PM, the surveyors conducted a follow up interview with the DON who stated that prior to taking the position as the DON she worked at the facility as the MDS/Coordinator for four years. The DON stated that prior to working at the facility she was an Assistant Director of Nursing and had a history as a nursing supervisor in another facility for ten years. The DON stated</p>	S1305		
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S1305	<p>Continued From page 4</p> <p>that she did not provide in-services or training to staff related to infection control and received all her education from the previous DON.</p> <p>A review of Certificate of Training dated 10/19/20 indicated that LPN/IP had successfully completed module 1 of the CDC Nursing Home Infection Prevention Training Course.</p> <p>A review of the Certificate of Training dated 10/22/20 indicated that LPN/IP had successfully completed module 2 of the CDC Nursing Home Infection Prevention Training Course.</p> <p>A review of the Certificate of Training dated 10/22/20 indicated that LPN/IP had successfully completed module 3 of the CDC Nursing Home Infection Prevention Training Course.</p> <p>A review of electronic mail (e-mail) documentation provided by the Administrator indicated that the facility's corporate lawyer reached out to a representative from the NJDOH on 10/9/20 at 5:09 PM and asked if under Executive Directive No. 20-026 it was sufficient by 10/20/20 to have a part-time employed IC nurse at the facility which had more than 100 beds and no dialysis. A representative from the NJDOH replied to the facility's corporate lawyer on 10/13/20 at 10:33 AM asking if the facility had ventilators (a machine that enables a person to breathe) beds. The facility's corporate lawyer replied to the representative from the NJDOH at 10/13/20 at 10:36 AM that the facility did not have ventilator beds. A review of further e-mail communication indicated that on 10/14/20 at 9:31 AM the representative from the NJDOH informed the corporate lawyer that the facility would meet the Executive Directive No. 20-026 requirement if</p>	S1305		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/04/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINE BROOK CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 PENSION ROAD ENGLISHTOWN, NJ 07726</b>
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(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) COMPLETE DATE
S1305	<p>Continued From page 5</p> <p>the facility had a part-time Infection Control nurse who was in good standing with the state of New Jersey and had five or more years of infection control experience.</p> <p>A review of the facility's Infection Control Nurse Job Description dated 10/9/20 noted, "Qualifications: Holds a current state license as an LPN, RN or medical technologist or has equivalent health care experience. Ability to develop policies and procedures. Ability to teach and evaluate clinical performance. Has 5 or more years infection control experience."</p> <p>A review of the facility's Infection Prevention and Control Plan Policy and Procedure with a revision date of 2020 indicated, "The facility administrator designates at least one individual as the infection Preventionist (IP) who is responsible for the IPCP. The IP must: 1. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; 2. Be qualified by education, training, experience, or certification; 3. Work at least part-time at the facility; and 4. Have completed specialized training in infection control and prevention.</p>	S1305		