STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. BUILDING _____ B. WING _____	04/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY MANOR CENTER	84 COLD HILL ROAD MENDHAM, NJ 07945

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F 000	INITIAL COMMENTS 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 and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey Date: 4/27/20 Census: 79	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: §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;	F 880		5/22/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/18/2020

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

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F 880	Continued From page 1 §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 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.	F 880		

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F 880	Continued From page 2 §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 record review, it was determined that the facility failed to a.) follow acceptable standards of practice to minimize the risk of the spread of infection for 5 of 9 facility staff reviewed for following transmission-based precautions, and b.) failed to follow acceptable standards of practice for disinfecting multiuse equipment for 1 of 1 nurses reviewed for adherence to Infection Control standards of practice. This deficient practice was evidenced by the following: 1. On 4/28/19 at 10:40 AM, the surveyor observed the Certified Nursing Assistant (CNA #1) on the [redacted] Unit. The CNA was in a room that had a bin of personal protective equipment (PPE) just outside the door and a "Stop Report to Nurse Before Entering" sign above the PPE bin. The CNA told the surveyor that the resident was on isolation precautions for the COVID-19 virus and then removed her gown and placed the soiled gown into a receptacle in the hallway. On that same day, at that same time during an interview, CNA #1 stated that after she provided care to residents who had the Covid-19 virus, she removed her gown and placed it in the receptacles in the hallways. The surveyor asked the CNA why she brought the contaminated gown out of the room. The CNA did not respond. On 4/28/20 at 10:55 AM, the surveyor observed	F 880	F880 SS=D How the corrective action will be accomplished for those residents found to have been affected by the practice: Residents affected by the deficient practice had no negative impact on their status The blood pressure machine, thermometer and pulse oximeter were immediately cleaned and disinfected by the LPN How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents had the potential to be affected by the deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur: the LPN who was observed not disinfecting the Vital Spot Monitor between use for residents in the room was provided with clinical practice and education on 4/27/2020 on infection control cleaning and disinfecting policy	

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F 880	Continued From page 3 the Speech Therapist (ST) enter a room on the [redacted] Unit wearing an isolation gown and mask. The room had a PPE bin outside the door and a "Stop Report to Nurse Before Entering" sign above the PPE bin. The ST stated that the resident was "COVID-positive", and when she completed the therapy, she removed her gown and placed it in the receptacle in the hallway. On 4/28/20 at 11:03 AM, the surveyor interviewed the Director of Recreation (DOR), who stated that she assisted residents with weekly zoom calls. The surveyor asked the DOR what the procedure was for doffing [taking off] PPE when leaving a resident's room who was on isolation precautions related to the Covid-19 virus. The DOR replied that she removed her gloves, washed her hands for 20 seconds, then removed her gown, and placed it in the receptacle in the hallway. On that same day at 11:16 AM, the surveyor interviewed the Director of Nursing (DON) who stated that all gowns that were worn in rooms of residents who tested positive for the Covid-19 virus should be doffed and placed in the receptacles located inside the rooms. The DON further stated that all staff had been educated on the procedure mentioned above and would be educated again "immediately." On that same day at 11:45 AM, the surveyor observed the Physician Assistant (PA) on the [redacted] unit, exit a room which had a PPE bin and a "Stop Report to Nurse Before Entering" sign. The PA removed her gown and placed it in the receptacle bin in the hallway. The PA told the surveyor she had just examined her last "COVID positive" resident. The surveyor asked the PA	F 880	and procedure for non specific resident equipment. On 4/27/2020 staff were re-inserviced on infection control practices, donning and doffing of PPE, resident isolation guidelines, and proper disinfection practices for non-resident specific equipment. The IP designee conducted competency evaluations on staff regarding hand washing, donning and doffing of PPE, and disinfecting procedures for non specific resident equipment How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, i.e. what quality assurance program will be put into place: The Infection Preventionist or designee will do Covid19 Infection control rounding and audits daily on all 3 shifts to ensure staff compliance with infection control guidelines. QAPI Covid19 Infection Control Committee will be meeting bi-weekly to review the findings of the Infection Control Audits, and ensure additional education and/or corrective action is being given as needed The IP or designee will audit 3 nurses doing vital signs 2 times a week for 1 month, then 1 nurse weekly for 3 months to ensure compliance with disinfecting non specific resident equipment	

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F 880	Continued From page 4 why she didn't leave the contaminated gown in the room. The PA replied that she didn't see a receptacle in the room but that it would have been better practice to leave it in the room. On that same day at 12:00 PM, the surveyor interviewed CNA # 2, who stated that after she provided care to residents who have the COVID virus, she removed her gown and placed it in the receptacle in the hallway. The surveyor asked CNA #2 why she brought contaminated gowns out of the resident rooms. CNA #2 did not respond. 2. On 4/27/20 at 12:15 PM, the surveyor observed the Licensed Practical Nurse (LPN) on the [redacted] Unit. The LPN brought the [redacted], washed his hands, took the resident's vital signs, washed his hands, and left the room. The LPN, without disinfecting the equipment, went directly into room [redacted] and proceeded to take the vital signs. The LPN left the room and plugged in the equipment in the hallway without disinfecting it. The surveyor asked the LPN why he didn't clean the equipment between residents. The LPN replied that he only disinfected the equipment if the resident had the Covid-19 virus. The surveyor asked the LPN if he thought that was acceptable standards of practice. The LPN replied, "I'll go ahead and clean it now." A review of the facility's undated policy titled "Universal Use, Reuse and Extended Use of Personal Protective Equipment (PPE)" revealed the following: When caring for people with the same infectious process (e.g., Covid-19, C.diff, MRSA with	F 880	immediately after it is used on a resident. The IP or designee will conduct audits of 3 employees donning and doffing gowns per week for 1 month, and then 1 employee donning and doffing gowns per week for 3 months to ensure proper infection control practices are used. The results of these audits will be presented to the QAPI committee on a monthly basis. The Administrator will take corrective action as needed to ensure on-going compliance	

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F 880	Continued From page 5 MRSA-colonized or infected): 1. Caregiver may wear the same gown between patients. 2. Gown must be removed in the room and discarded unless going directly to the room of another patient with the same infectious process. 3. Remove gown before exiting room-don new gown in hallway. A review of the facility's policy titled "Cleaning and Disinfecting" dated 9/1/04; revised 7/24/18 revealed the following: Non-critical items are objects that do not come into contact with mucus membranes, but do come into contact with intact skin (e.g., blood pressure cuff, glucose meters, stethoscope). These items require cleaning between patient use. On 4/27/20 at 6:50 PM, the surveyor discussed the above concerns with the DON and Administrator. No further information was provided. NJAC 8:39-19.4 (a)	F 880		