

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

PRINTED: 04/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/17/2020
NAME OF PROVIDER OR SUPPLIER LINCOLN PARK RENAISSANCE REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 521 PINE BROOK ROAD LINCOLN PARK, NJ 07035		
(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	F 000			
F 837 SS=D	<p>COMPLAINT#: NJ 141060</p> <p>CENSUS: 121</p> <p>SAMPLE SIZE: 3</p> <p>Governing Body</p> <p>CFR(s): 483.70(d)(1)(2)</p> <p>§483.70(d) Governing body.</p> <p>§483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and</p> <p>§483.70(d)(2) The governing body appoints the administrator who is-</p> <p>(i) Licensed by the State, where licensing is required;</p> <p>(ii) Responsible for management of the facility; and</p> <p>(iii) Reports to and is accountable to the governing body.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>C #: NJ 141060</p> <p>Based on observations, interviews, and record review, as well as review of pertinent facility documents on 11/17/20 it was determined that the facility Administration failed to ensure that an indoor visitation for the residents were canceled during a Covid-19 outbreak and to comply with the Executive Directive No. 20-026 revised on 10/20/20 to prevent the spread of infection related to Covid-19. The deficient practice was evidenced by the following:</p>	F 837	<p>Lincoln Park Renaissance Rehab & Nursing</p> <p>Plan of Correction for Event ID#043C11</p> <p>Survey Date: 11/17/20</p> <p>Completion Date: 11/17/20</p> <p>F837</p> <p>Element One</p> <p>Indoor visitation was immediately terminated on 11/17/20 when deficient practice was identified by state surveyor.</p>	11/17/20	

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

TITLE

(X6) DATE

Electronically Signed

12/24/2020

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 837	<p>Continued From page 1</p> <p>Reference: According to the New Jersey Department of Health Communicable Disease Services (CDS) COVID-19, Investigation Guidance for New Jersey Local Health Deaprtments, dated September 7, 2020, under "LTCF [Long-term care facility]/LTACH [Long-term acute care hospital] OUTBREAK DEFINITION...Equal or more than 2 laboratory-confirmed COVID-19 cases among HCP [Health Care Personnel] within a 14-day period..."</p> <p>According to the facility's "LTC [Long Term Care] Respiratory Surveillance List" showed the following; Employee (E#1) was identified positive for Covid-19 on 11/3/20 and Employee (E#2) was identified positive for Covid-19 on 11/10/20, which was within a 14-day period between HCP confirmed cases for COVID-19.</p> <p>The Molecular Testing Labs (MTL) form showed the following: E#1 had a sample collected for SARS-Cov-2 (Covid-19) on 11/3/20 and the result was "Detected". E#2 had a sample collected for Covid-19 collected on 11/10/20 and the result was "Detected". The MLT form showed "A Detected result is considered a positive result for COVID-19. This indicates...the patient is considered infected with the virus and presumed to be contagious..."</p> <p>The facility's visitor log from 11/13/20 to 11/17/20 showed that the facility had a total of [REDACTED] indoor visitation for residents.</p> <p>On 11/17/20 at 10:43 am, the surveyor conducted an interview with the Assistant Director of Nursing</p>	F 837	<p>The administrative staff will meet daily each time a positive case is identified to carefully review the ED, and communicate with the local BOH and the DOH to ensure that all directives are being followed.</p> <p>Element Two All residents in the facility are at risk to be affected by this deficient practice.</p> <p>The system for determining protocol for visitation to ensure no impact on residents will be altered. The administrative team will review all sources when determining appropriate steps in regards to visitation including: ED20-026, Communication from the NJDOH and the local Board of Health.</p> <p>Element Three The administrative team will meet daily to discuss results of all COVID-19 results for staff and residents and discuss visitation if any positive cases are identified.</p> <p>The administrative staff will follow ED20-026 and discuss all cases with the Local Board of Health and NJ Department of Health to determine that all appropriate actions are taken in regards to visitation.</p> <p>The Administrator/DON/ADON/IC Nurse will meet with corporate compliance and Quality Assurance team each time a positive case of COVID-19 is identified to ensure the ED20-026 is being followed properly. Meeting minutes and signatures</p>		

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F 837	<p>Continued From page 2</p> <p>(ADON), who was in-charge of the Infection Control. The ADON that stated that the facility had 2 employees tested positive for Covid-19. She stated that the facility was back to Phase 0 (zero). However, the facility had been scheduling indoor family visitation for residents since September 2020 except in [REDACTED] unit. She explained that indoor visitation was cancelled for the [REDACTED] unit as of 11/13/2020 because residents were exposed from an employee who tested positive for COVID 19. The ADON further revealed that the facility had initiated the following infection control measures but were not limited to the following: testing all staff and residents weekly, residents on the [REDACTED] not allowed to leave the unit and dedicated staff were assigned to work on [REDACTED] unit.</p> <p>During the tour on 11/17/20 at 11:52 am, the surveyor observed one (1) family member visiting a resident (from [REDACTED] unit) inside the building at the main lobby. Both the resident and the visitor were sitting at the table with face masks on and 6 feet apart.</p> <p>The surveyor conducted an interview with the Administrator on 11/17/20 at 12:15 p.m. He confirmed that indoor family visitation had been scheduled (except for [REDACTED] unit) even after E #1 and E#2 were identified positive with Covid-19 on 11/3/20 and 11/10/20. He explained that when E #1 was identified positive with Covid-19 on the 11/3/20, the Local Health Department (LDH) directed them to continue the indoor visitation because it was just one case of Covid-19 in the facility. However, when E #2 tested positive for Covid-19 on 11/10/20, (this time 2 confirmed cases for Covid-19) the facility took it upon themselves to continue scheduling family indoor visitation without waiting to hear from the LDH.</p>	F 837	<p>will be recorded and this process will continue each time a case is identified for four weeks. The Corporate Compliance team and Quality Assurance will communicate with the NJDOH and Local Board of Health for guidance as needed. The Quality Assurance and Corporate Compliance team will conduct random weekly audits for two months on visitation protocols to ensure that visitation regulations are being followed as directed by ED20-0026.</p> <p>Element Four Results of these audits will be recorded and reported by the Director of Nursing to the Quality Assurance Committee and Administration quarterly. Actions will be implemented as appropriate. Results will be utilized for training purposes and systemic changes.</p>		

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F 837	<p>Continued From page 3</p> <p>According to EXECUTIVE DIRECTIVE NO. 20-026 (ED) issued on 8/10/20, under "II Required Core Practices for Infection Prevention and Control...5. A facility with a COVID-19 outbreak will remain in Phase 0 (maximum restriction)...i. A facility may allow indoor visitation if no new facility-onset of COVID-19 cases in the last 14 days have been detected, in accordance with CDC guidance:...ii. The detection of a NEW COVID-19 outbreak returns the facility to Phase 0, including restricting indoor visitation, regardless of the facility's current Phase..."</p> <p>A review of the facility policy, titled "Outbreak of Communicable Diseases- COVID-19" revised on 6/1/20, under "Policy Statement Outbreaks of COVID-19 within the facility will be promptly identified and appropriately handled ..."</p> <p>According to the job description for Administrations showed under "Position Summary Administers, directs and coordinates all operations of the facility in accordance with Federal and State regulations..." under "PERFORMANCE 1. Oversee day to day operations of the facility..."</p> <p>According to the job description for the Director of Nursing under "POSITION SUMMARY: Performs nursing services based on the facility's policies and procedure as regulated by the State and Federal law."</p> <p>NJAC 8:39-19.4 (b)</p>	F 837			