

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

PRINTED: 06/06/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN PARK RENAISSANCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>521 PINE BROOK ROAD LINCOLN PARK, NJ 07035</b>		
(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  Census: 177 Sample Size: 12  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 to prepare for COVID-19.  Survey date: 12/02/2022	F 000			
F 880 SS=E	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	F 880			2/4/23

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

TITLE

(X6) DATE

Electronically Signed

01/10/2023

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	<p>Continued From page 1 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed 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>	F 880			

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F 880	<p>Continued From page 2</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 observations, interviews, and review of the facility's policy, it was determined that the facility failed to ensure the signage on the door of five rooms indicated the type of isolation the resident was on and the type of personal protective equipment (PPE) to be worn before staff, other residents and/or visitors entered the residents' rooms. This affected 5 of 5 residents' rooms observed that were on isolation. The facility identified eight residents on isolation.</p> <p>Findings included:</p> <p>The facility's policy, titled "Isolation - Categories of Transmission-Based Precautions," revised April 2012, indicated, "Contact Precautions In addition to Standard Precautions, implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment." The policy further indicated, "Signs - The facility will implement a system to alert staff to the type of precaution resident requires (1) The facility utilizes the following system for identification of Contact Precautions for staff and visitors: Door Signs (Stop sign)."</p> <p>On 12/02/2022 at 12:30 PM, an observation on the 2A unit revealed an isolation cart outside of Room [REDACTED] and an isolation cart outside of Room [REDACTED]. The rooms were across the hallway from [REDACTED].</p>	F 880	<p>F880 Infection Prevention and Control CFR (s): 483.80 (a)(1)(2)(4)(e)(f)</p> <p>1. Corrective action accomplished for those residents found to have been affected by the deficient practice: Upon notification of the deficient practice those residents that were identified were distributed signage on their doors indicating the type of isolation/precautions the resident requires and the type of personal protective equipment (PPE) to be worn before staff, other residents and/or visitors enter the residents' room. Education was immediately initiated for all nurses and CNAs by the Director of Nursing and the Nurse Educator on Transmission Based Precaution Signage requirement. The facility's policy titled "Isolation-Categories of Transmission-Based Precautions" was reviewed and updated to include utilizing signage identifying the specific type of precaution the resident requires.</p> <p>2. All residents in the facility have the potential to be affected by the same deficient practice. No residents were harmed by this deficient practice.</p> <p>The following action was taken to identify</p>		

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F 880	<p>Continued From page 3</p> <p>each other. The doorway of each room had a red shaped stop sign that indicated, "stop - see the nurse for instructions." The doorways did not indicate if the residents in the rooms were on isolation, the type of isolation or the type of PPE that was required to be worn before a staff, other resident and/or visitor entered the room.</p> <p>On 12/02/2022 at 12:34 PM, Licensed Practical Nurse (LPN) #2 was interviewed. LPN #2 stated the residents in [NJ ex order 26.4b1] and [NJ ex order 26.4b1] were on contact isolation and if someone visiting either of the residents needed more information, the visitor would have to come ask the nurse.</p> <p>On 12/02/2022 at 12:50 PM, an observation on the 2A unit revealed an isolation cart outside of [NJ ex order 26.4b1] and an isolation cart outside of Room [NJ ex order 2]. The rooms were across the hallway from each other. The doorway of each room had a red shaped stop sign that indicated, "stop - see the nurse for instructions." The doorways did not indicate if the residents in the rooms were on isolation, the type of isolation or the type of PPE that was required to be worn before a staff, other resident and/or visitor enter the room.</p> <p>On 12/02/2022 at 12:52 PM, Certified Nursing Assistant (CNA) #5 was interviewed. CNA #5 stated she did not know what type of isolation the residents were on but thought maybe the residents were being observed for an exposure to the influenza (flu) virus. CNA #5 stated when she did not know what type of PPE to wear, she wore a gown, face shield, N95 mask, and gloves.</p> <p>During an observation on 12/02/2022 at 1:48 PM of the 3rd floor of The Villas building, a resident was observed walking in the hallway and returned</p>	F 880	<p>other residents having the potential to be affected by the same practice: Immediate audit was completed for all residents in the building on Transmission Based precautions by the Director of Nursing. All signage was updated to include a Stop sign, a sign indicating the specific type of precaution the resident requires and the PPE requirement to enter the residents' room. Education of staff on Proper precaution signage requirement</p> <p>3. The following measures were put into place to ensure that the deficient practice will not recur:</p> <p>Education of nursing staff on Proper precaution signage requirement. Audits on precaution signage on resident doors throughout the building by the Director of nursing, or designee to ensure appropriate signage is in place and in compliance.</p> <p>Root Cause Analysis was conducted</p> <p>The facility shall provide directed in-service training to appropriate staff, with staff competency validated by the Director of Nursing, Medical Director or Infection Preventionist, as follows:</p> <ul style="list-style-type: none"> <li>Nursing Home Infection Preventionist Training Course</li> </ul> <p>Module 1- Infection &amp; Control Program <a href="https://www.train.org/main/course/1081350/">https://www.train.org/main/course/1081350/</a> Provide the training to: Topline staff and infection preventionist</p>		

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F 880	<p>Continued From page 4</p> <p>to [redacted] NJ ex order 26.4b1. The surveyor observed that outside of [redacted] NJ ex order 26.4b1 was an isolation cart and on the door frame of the room was a red shaped stop sign that indicated, "stop - see nurse for instructions." CNA #9 was present and observed the resident in the hallway. When interviewed during the observation, CNA #9 revealed she did not know why there was an isolation cart outside of [redacted] NJ ex order 26.4b1. CNA #9 stated there was nothing posted on the doorway of [redacted] NJ ex order 26.4b1 to advise her what type of isolation the resident was on or what PPE should be worn. According to CNA #9, she had floated over to that unit after the shift had started and was not given a report about the residents. Per CNA #9, she was not told that the resident in [redacted] NJ ex order 26.4b1 was on any type of isolation.</p> <p>On 12/02/2022 at 1:50 PM, LPN #10 was interviewed. LPN #10 stated the resident in [redacted] NJ ex order 26.4b1 was on contact isolation and was supposed to remain in their room. LPN #10 stated if CNA #3 needed to know what type of isolation the resident was on, all the CNA had to do was ask a nurse. LPN #10 further stated, there should be a sign on the resident's room door that indicated the type of transmission-based precautions the resident was on and what PPE should be worn before anyone entered the resident's room.</p> <p>On 12/02/2022 at 2:13 PM, LPN #1 was interviewed on the 2A unit. LPN #1 confirmed Rooms [redacted] NJ ex order 26.4b1 did not have signage on the door that indicated what type of transmission-based precautions the residents were on. Per LPN #1, the facility would only place a sign on the resident's room door, if a resident was on droplet precautions, but she had not seen a sign when a resident was on contact</p>	F 880	<ul style="list-style-type: none"> <li>• CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Keep Covid-19 Out! <a href="https://youtube/7srwrF9MGdw">https://youtube/7srwrF9MGdw</a> Provide the training to: Frontline staff</li> <li>• CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Closely Monitor Residents <a href="https://youtu.be/1ZbT1Njv6xA">https://youtu.be/1ZbT1Njv6xA</a> Provide the training to: Frontline staff</li> <li>• Nursing Home Infection Preventionist Training Course Module 5- Outbreaks <a href="https://www.train.org/cdctrain/course/1081803/">https://www.train.org/cdctrain/course/1081803/</a> Provide the training to: Topline staff and infection preventionist</li> <li>• Nursing Home Infection Preventionist Training Course Module 4- Infection Surveillance <a href="https://www.train.org/cdctrain/course/1081802">https://www.train.org/cdctrain/course/1081802</a> Provide the training to: Topline staff and infection preventionist only</li> <li>• Nursing Home Infection Preventionist Training Course Module 6A- Principles of Standard Precautions <a href="https://www.train.org/main/course/1081804/">https://www.train.org/main/course/1081804/</a> Provide the training to: All staff including topline staff and infection preventionist.</li> </ul> <p>4. The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and not recur by: The Director of Nursing or designee will complete weekly audits on all residents on specific transmission-based precaution to</p>		

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F 880	<p>Continued From page 5 precautions.</p> <p>On 12/02/2022 at 2:25 PM, the Corporate Director of Nursing (CDON) was interviewed. The CDON stated it was her expectation that information about residents being on transmission-based precautions would be passed along during the shift change report. The CDON stated the facility was only using the sign that indicated, "stop - see nurse for instructions" for the residents that were on contact isolation. The CDON further stated that it was the responsibility of the nurses to check the rooms of all residents on transmission-based precautions to ensure the correct signage was in place.</p> <p>In a follow-up interview on 12/02/2022 at 7:01 PM, the CDON stated it was her expectation that all rooms with residents on transmission-based precautions should have a sign that indicated the type of precaution and a sign that indicated what PPE was expected to be worn before entering the room, along with instructions on how to wear the PPE.</p> <p>On 12/02/2022 at 7:14 PM, the Director of Nursing (DON) was interviewed. The DON stated she had been at the facility for only three weeks and part of the reason she was recruited to the facility was to help the facility develop a stronger infection control program. The DON confirmed there were eight residents on contact isolation. The DON indicated the current stop signs that were currently being used could be easily missed and there should be clear signs on the residents' room doors about contact isolation. The DON explained that if the facility posted signage with the correct type of precaution and the PPE required, then no one could make a mistake.</p>	F 880	<p>ensure all signage is in place and in compliance. This will be conducted weekly X 4, monthly X 3, quarterly X 3. All findings will be reported to the QAPI committee monthly.</p> <p>5. Completion date: February 4, 2023</p>		

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F 880	Continued From page 6  New Jersey Administrative Code § 8:39-19.4(a)1-6	F 880			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315042	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/4/2023
NAME OF FACILITY LINCOLN PARK RENAISSANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 PINE BROOK ROAD LINCOLN PARK, NJ 07035	

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	02/04/2023	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/2/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			