

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

PRINTED: 05/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2020
NAME OF PROVIDER OR SUPPLIER PINE ACRES CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 51 MADISON AVE MADISON, NJ 07940		
(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: 11/20/20 Census: 83 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.	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 accepted national standards;	F 880			12/4/20

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

TITLE

(X6) DATE

Electronically Signed

12/03/2020

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	<p>Continued From page 1</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:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to: a) provide disinfectant wipes and sanitize the equipment used by staff in the COVID-19 screening process; b) ensure proper use of personal protective equipment (PPE) for 1 of 2 staff; and, c.) properly dispose of used COVID-19 testing swab and kit in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the U.S. CDC's Cleaning and Disinfecting Your Facility, updated on 7/28/20, included, "Practice routine cleaning of frequently touched surfaces. High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. Disinfect with a List N: disinfectants for use against SARs-CoV, the virus that causes COVID 19. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATMs, consider putting a wipeable cover on electronics. Follow the manufacturer's instructions for cleaning and disinfecting. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly and wear appropriate PPE when cleaning or disinfecting frequently touched surfaces and electronics." The U.S. CDC's Preparing for COVID-19 in Nursing Homes</p>	F 880	<p>Pine Acres Convalescent Center</p> <p>PLAN OF CORRECTION</p> <hr/> <p>The facility is submitting this Plan of Correction in compliance with the law. Nothing in this Plan of Correction constitutes or shall be construed as an admission that the facility has failed to comply with any statutory or regulatory standard.</p> <p>F 880</p> <p>1. What corrective actions(s) will be accomplished for those residents affected by the deficient practice</p> <p>Staff member immediately donned required PPE for PUI resident. Policy was developed and implemented to discard testing swabs in designated waste without unnecessary exposure. Proper sanitizing supplies were provided for cleaning screening thermometer and computer.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p>		

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F 880	<p>Continued From page 3</p> <p>updated on 11/20/20, indicated, "Environmental Cleaning and Disinfection: develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Ensure HCP are appropriately trained on its use."</p> <p>According to the U.S. CDC guidelines Responding to Coronavirus (COVID-19) in Nursing Homes, Considerations for the Public Health Response to 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. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes the 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."</p> <p>According to the U.S. CDC's "Interim Infection Prevention and Control Recommendations for HCP During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated 11/4/20 included guidelines to "Collection of Diagnostic Respiratory Specimens" It specified that, "Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection controlEnsure that environmental cleaning and disinfection procedures are followed consistently</p>	F 880	<p>All residents have the potential to be affected by insufficient control and prevention of an infectious disease. All staff were immediately inserviced on the proper procedures for control and prevention of an infectious disease, including proper PPE for PUI, disposal of covid swabs, and disinfecting high touch surfaces.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur:</p> <p>Staff will be inserviced monthly by ADON or designee for three months, and thereafter at intervals deemed necessary on infection prevention and control, including proper PPE for PUI, disposal of covid swabs, and disinfecting high touch surfaces. All new hires will be inserviced upon hire on proper control and prevention of infectious diseases including proper PPE for PUI, disposal of covid swabs, and disinfecting high touch surfaces. Entrance will be monitored by supervisor or designee 2 hours a week for 3 months, to ensure all staff are properly screening, all equipment is functioning, and all high touch surfaces are sanitized.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</p>		

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F 880	<p>Continued From page 4 and correctly."</p> <p>1. On 11/20/20 at 8:55 AM, the surveyors, observed the Employee entrance with hand sanitizer noted upon entry, a table with a computer, telephone, thermo scan (a thermometer for scanning body temperature), and signage with instruction on, "How to take your own temperature." The thermo scan was directly touching the top of the table with no barrier or a liner. The signage did not indicate cleaning or disinfecting the thermo scan in between use. There were no disinfectant wipes available to clean the thermo scan and the computer screen. There were no staff monitoring the Employee's entrance.</p> <p>Afterward, the receptionist instructed the surveyors to go around the front entrance lobby to be screened before entering the facility.</p> <p>At 9:00 AM, the surveyors entered the front lobby and performed hand hygiene using hand sanitizer, and were asked by the receptionist to answer the screening questions for COVID-19 on the computer. At that time, the receptionist used a thermo scan to check the surveyor's temperature. The receptionist had to check both the surveyor's temperatures twice. The receptionist did not clean or disinfect the computer screen in between surveyor's use. There were no disinfecting wipes available at that time.</p> <p>On that same date and time, the receptionist stated that the thermo scan "sometimes doesn't work right." She further noted that the employee entrance where staff perform self-screening for Covid-19 was not monitored by staff because,</p>	F 880	<p>program will be put into place:</p> <p>DON or designee will perform surveillance of 10 staff members every month for proper infection prevention and control for 3 months, including proper PPE for PUI, disposal of covid swabs, disinfecting high touch surfaces, proper screening, and all screening equipment is functioning properly.</p> <p>All results will be brought to QA meeting every 3 months for one year for review and decision on continued interventions.</p> <p>Date of Compliance: 12/04/2020</p>		

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F 880	<p>Continued From page 5</p> <p>"staff was in-serviced about self-screening," If there was a problem, staff could use the phone to call for assistance.</p> <p>At 9:23 AM, the surveyors met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and the Assistant Director of Nursing (ADON). The LNHA and the DON both informed the surveyors that one resident and two staff tested positive for COVID-19 in the facility. The DON stated that the positive resident and staff were from the 3rd-floor unit.</p> <p>On that same date and time, the DON described the facility staff's self-screening process upon entering the facility. The DON did not state that the staff should be disinfecting the thermo scan and the computer screen in between use.</p> <p>At that time, the LNHA stated that the 2nd floor low-side was the PUI (person under investigation) unit where the new admissions stay for SAR (subacute rehab). The DON further stated that staff were mandated to wear full PPE that includes a gown, N95 mask, face shield, and gloves when inside resident rooms.</p> <p>At 10:52 AM, during an interview, the Certified Nursing Aide (CNA) informed the surveyor that she routinely goes to the back of the building by the employee entrance to do the self-screen for COVID-19 where she sanitized her hands then self-checked her temperature with the thermo scan. The CNA further stated that she would enter her temperature into the computer and answer the screening COVID-19 questions, time-in and then proceed to her unit. The CNA said that no one monitors the employee entrance or the screening process, and said there were no</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>wipes to clean the computer screen. She further stated, "sometimes I put hand sanitizer in my hands and use my hands to wipe the computer screen to clean it."</p> <p>On that same date and time, the CNA mentioned that "the thermo scan acts funny sometimes, so I put the temperature that I remembered from yesterday or a day before" to complete the screening process. The surveyor asked the CNA why she did not call for help when there was a problem with the thermo scan. The CNA further stated that the thermo scan was put back on top of the table and that there was no clean barrier or liner in between the table and the thermo scan.</p> <p>At 12:45 PM, the surveyors discussed the above concerns with the LNHA, DON, and ADON. The DON stated that there was no need to clean the computer screen and the thermo scan because the staff sanitized their hands before and after the COVID-19 screening process. The DON and the ADON both acknowledged that the thermo scan should not be placed directly on top of the table, and there should be a barrier between the thermo scan and the table. The DON further stated that the receptionist should have sanitized the computer screen in between visitor's use.</p> <p>2. On 11/20/20 at 9:23 AM, the LNHA stated that the 2nd floor low-side was the PUI (person under investigation) unit where the new admission resident's stay for SAR (subacute rehab). The DON further stated that staff was mandated to wear a full PPE that includes a gown, N95 mask, face shield, and gloves when inside resident rooms.</p> <p>At 10:18 AM, the surveyor observed the</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>Occupational Therapist Assistant (COTA) inside a PUI room on the 2nd-floor low side unit, assisting the resident with upper extremity exercises. The COTA was wearing PPE (N95 mask, face shield and gloves) but was not wearing an isolation gown while performing direct care to a PUI resident.</p> <p>At 10:22 AM, during the interview, the COTA informed the surveyor that the PUI resident was a new admission and was on the PUI unit for a 14-day observation period and had not been exposed. The COTA stated that staff should wear an N95 mask, gloves, face shield, and a gown when inside the PUI rooms. She further said that she forgot to wear the isolation gown when she was inside the PUI room.</p> <p>3. On 11/20/20 at 10:20 AM, the surveyor observed the Director of Nursing, who was also the Infection Preventionist Nurse (IPN) perform a nasopharyngeal (back of the nose and throat) swab collection in the day room of the subacute unit. The IPN did not disinfect the table used for specimen collection. After the IPN obtained the specimen, she opened the media vial, inserted the swabbed end, swirled the swab around into the media for 10 seconds, removed the swab, and then went into a resident's room and discarded the contaminated nasal swab into the resident's trash can. The surveyor asked the ICP if it was her routine practice to discard contaminated swabs in the residents' personal trash receptacles. The IPN stated that she usually swabbed in rooms that had trash cans, didn't want to throw it in the public trash in the day room and that the housekeeping department would be picking up the trash from the resident's room sometime that morning, so she didn't feel it was</p>	F 880			

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F 880	<p>Continued From page 8 an issue.</p> <p>On that same day, at that same time, the ICP went back into the resident's room, removed the trash bag that contained the contaminated swab, and proceeded to discard it in the main garbage located in the housekeeping closet. The surveyor asked if it should have been discarded in a biohazard bag. The IPN replied, "I'm not sure." The surveyor asked if the facility had a policy for the disposal of Covid-19 swabs. The IPN replied, "let me find out."</p> <p>On that same day, at 11:00 AM, the surveyor again asked the IPN if the facility had a policy for the disposal of infectious materials. The DON did not respond. At 12:45 PM, the surveyors discussed the above concerns with the LNHA, DON, ADON. The ADON stated that the COTA should have worn full PPE when she provided treatment to the PUI resident and that included a gown. No further information was provided by the facility.</p> <p>NJAC 8:39-19.4 (a) NJAC 8:39-27.1</p>			F 880			