

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

PRINTED: 11/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315293</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/19/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT WHITING</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 HILLTOP ROAD WHITING, NJ 08759</b>			
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F 000	<p>INITIAL COMMENTS</p> <p>DATE: 03/19/2021</p> <p>CENSUS: 103</p> <p>SAMPLE: 26</p> <p>A COVID-19 Focused Infection Control Survey was conducted in conjunction with the recertification survey. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p> <p>A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.</p> <p>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.</p>			F 000			
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p>			F 880			5/30/21

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

TITLE

(X6) DATE

Electronically Signed

04/02/2021

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 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.</p> <p>§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:</p> <p>§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;</p> <p>§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,</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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> <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 observation, interview, review of medical records, and other pertinent facility documentation, it was determined two facility staff members failed to don (put on) appropriate Personal Protective Equipment (PPE) while in the room of a resident on Transmission-based precautions (TBP - standard, contact, droplet) for [REDACTED] of the [REDACTED] who resided on the non-ill unit. This deficient practice was identified for 2 of</p>	F 880	<p>Corrective Action There were two staff members who were identified, as entering a resident on contact precautions room, without proper ppe.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE Any resident who is on contact precautions</p>		

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F 880	<p>Continued From page 3</p> <p>2 staff members on 1 of 3 units, during a focused infection control survey for COVID-19, as evidenced by the following:</p> <p>1) On 3/17/21 at 8:23 AM, the surveyor observed Resident #43's room on the non-ill unit. Resident #43's room was observed to have a "STOP" see nurse standard and droplet precaution sign at the room entrance; a PPE bin in front of the door contained alcohol-based hand rub (ABHR), PPE gowns, gloves, and surgical masks. The surveyor observed Resident #43 sitting in a chair with an incontinent brief down around their lower legs. The surveyor observed a certified nursing assistant (CNA) wearing an N95 mask with a surgical mask over it and goggles. The surveyor observed the CNA walk into the room without a PPE gown. Resident #43 requested help with the incontinent brief and was helped to stand up by the CNA. The CNA pulled the incontinent brief up from behind the resident using direct resident contact, with no PPE gown. The CNA then removed the breakfast tray from Resident #43's overbed table and took it to the food cart just outside the resident's door. As CNA approached the resident door, the surveyor interviewed her.</p> <p>On 3/17/21 at 8:25 AM, the CNA stated she was an agency employee who had worked at the facility for [REDACTED] weeks and had been a CNA for [REDACTED] years. The CNA said Resident #43 was on special precautions and that she should have worn a PPE gown into the room to stop the spread of infection. The CNA stated she would be informed of isolation rooms and precautions by first being told during the change of shift report and observing the signs on the resident door and the bin of PPE. The CNA stated she had been trained on isolation and PPE from her agency and</p>	F 880	<p><b>SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR</b> staff will be reeducated on the need to Don proper ppe before entering a resident on transmission based precautions room.</p> <p><b>MONITORING OF CORRECTIVE ACTIONS</b> Infection Control Preventionist or designee will do weekly audits x3 months to ensure staff is compliant with donning and doffing properly, before entering resident on transmission based precautions room. Additionally Infection Control Preventionist or designee will do spot check competencies weekly x3 months on different staff members to ensure they are properly donning and doffing.</p> <p><b>MONITORING OF CORRECTIVE ACTIONS</b> Infection Control Preventionist or designee will do weekly audits x3 months to ensure staff is compliant with donning and doffing properly, before entering resident on transmission based precautions room. Additionally Infection Control Preventionist or designee will do spot check competencies weekly x3 months on different staff members to ensure they are properly donning and doffing.</p> <p>DPOC (Directed plan of Correction) was completed, which included</p>		

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F 880	<p>Continued From page 4</p> <p>the facility. The CNA said that since she had touched Resident #43, she should have had donned a PPE gown.</p> <p>A review of Resident #43's Admission Record revealed the resident was recently re-admitted to the facility with diagnoses that included but were not limited to [REDACTED] and need for assistance with personal care. Resident #43 had a physician's order dated [REDACTED], which revealed contact precautions [REDACTED] every shift for isolation precautions. Resident #43 had results from a [REDACTED] collected 3/4/21 that revealed Final Report: [REDACTED] is [REDACTED].</p> <p>Contact precautions indicated.</p> <p>Resident #43's Care Plan revealed an entry date initiated [REDACTED], which revealed the resident had [REDACTED] and an intervention of contact precautions.</p> <p>On 3/17/21 at 8:28 AM, the LPN unit manager (LPN/UM) on the non-ill unit approached and observed Resident #43's room. The LPN/UM stated Resident #43 was on contact isolation for [REDACTED]. The LPN/UM said staff should perform hand hygiene, wear a PPE gown and gloves into the room, doff (remove) the PPE gown and gloves and perform hand hygiene when exiting the room. The LPN/UM stated Resident #43 was on contact precautions for [REDACTED] and the PPE was to protect the staff and other residents from infection. The CNA left the resident room with the LPN/UM.</p> <p>On 3/17/21 at 8:47 AM, the Director of Nursing (DON) stated the staff was able to identify any</p>	F 880	<p>RCA which was completed.</p> <p>Reasons why</p> <ol style="list-style-type: none"> <li>1) Breach in staff donning appropriate PPE for contact transmission precautions</li> <li>2) Lack of compliance with PPE and hand Hygiene procedure with frontline staff despite constant education</li> <li>3) Lack of understanding of what can be contaminated in a resident room</li> <li>4) Breach in education on multi drug resistant organisms</li> </ol> <p>Education watched</p> <p>Module 1 Infection prevention and control program - Topline staff and infection preventionist</p> <p>Keep covid-19 out frontline staff</p> <p>Use PPE correctly for covid-19- frontline staff</p>		

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F 880	<p>Continued From page 5</p> <p>TBP rooms from the signs posted on the door and the carts outside of the rooms with PPE supplies. The DON stated staff should already be wearing an N95 mask, surgical mask, and goggles and should wear PPE gown and gloves according to the signs on the door. The DON stated agency staff was trained on PPE and isolation precautions as well as the facility staff. The DON said the staff also would receive a report at the change of shift to let them know of isolation precaution residents. The DON further stated the precautions would be indicated on the CNA assignment sheet.</p> <p>On 3/17/21 at 9:24 AM, the Registered Nurse Infection Preventionist (RN/IP) stated the staff would identify isolation rooms by the signs outside the room or if the room was on a specific isolation unit. The RN/IP said staff should be wearing an N95 mask, surgical mask, and goggles around the facility. The RN/IP stated if staff were assisting a resident with [REDACTED], the staff should also wear a PPE gown and gloves whether there was direct resident contact or environmental contact because [REDACTED] may be on surfaces in the room. The RN/IP stated that staff who would pull up an incontinent brief of a resident with [REDACTED] or remove the room's breakfast tray should have had a PPE gown and gloves on.</p> <p>On 3/17/21 at 10:15 AM, the surveyor was walking down the hall on the non-ill unit and observed Resident #43's room with signage for standard and droplet precaution and with a PPE bin that contained gloves gowns, and surgical masks. The surveyor observed a staff member in the room wearing an N95 mask with a surgical mask over it and goggles. The staff member was</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>picking up a food tray on Resident #43's dresser in front of the door. The staff member's body was near the dresser, and her bare hands came in contact with the dresser when picking up the food tray. The staff member turned to exit the room, and the surveyor went to interview the staff member. The staff member identified herself as an LPN. As the surveyor attempted to ask some questions, the LPN stated, you have to walk with me and began to walk away. The LPN walked past two resident doors towards the nursing station and placed the tray on the food cart. The LPN went to the nurse's station and did not enter any other resident rooms, and there were no residents in the food cart area.</p> <p>During an interview with the surveyor at that time, the LPN stated that she just saw the tray and figured she would "grab it." The LPN said she knew the room was an isolation room and, "I'm sorry, I should have worn a gown and gloves into the room." The LPN acknowledged she was in contact with Resident #43's dresser and environment and should have worn the PPE gown and gloves so she didn't spread any infection. The LPN further stated she had been in-serviced and educated on PPE and isolation.</p> <p>On 3/17/21 at 10:21 AM, the LPN/UM was with the LPN and stated the LPN should have worn a PPE gown and gloves into Resident #43's room because even the environment was considered contaminated.</p> <p>On 3/17/21 at 2:21 PM, the DON stated the facility did not have an [REDACTED] policy but provided the surveyor the facility, [REDACTED] " policy updated 01/2021, which included but was not limited to indicate implement</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>a multi-disciplinary process to monitor and improve staff adherence to recommended practices for standard and contact precautions. Enhanced Infection Control Precautions: Use of Contact Precaution 2. because environmental surfaces and medical equipment, especially those in close proximity to the resident, may be contaminated, don gowns and gloves before or upon entry to the resident's room.</p> <p>A review of the CNA's assignment sheet provided for [REDACTED] revealed that Resident #43 was noted to be on "Contact precautions."</p> <p>A review of the CNA's facility, "Agency Self-Study Orientation Packet," signed by the CNA on [REDACTED] revealed infection prevention and included but was not limited to transmission-based precautions, contact wear gloves when in a room, strict handwashing, and dedicated equipment.</p> <p>Review of the CNA's facility, "Record of Staff Education," dated [REDACTED], revealed in-serviced on PPE, COVID dirty PPE, PUI-donning, doffing, PPE; and a competency on how to don and doff PPE that the CNA was noted to have met the criteria.</p> <p>A review of the LPN's facility, "2021-2022 Annual Education Record", revealed the LPN had education on donning and doffing, use of PPE, transmission-based precautions. The LPN also had a competency on how to don and doff PPE, and the LPN was noted to have met the criteria, dated [REDACTED]</p> <p>Review of the facility policy titled, "Isolation-Categories of transmission-based Precautions," revised/reviewed 1/2021, included</p>	F 880			



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F 880	Continued From page 8  but was not limited to the following: transmission-based precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others; contact precautions- 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, wear gloves when entering the room, wear a disposable gown upon entering the contact precautions room.  N.J.A.C. 8:39-19.4 (a)(b)(c)(d); 27.1 (a)	F 880			