

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

PRINTED: 12/05/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW REHABILITATION AND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>130 TERHUNE DRIVE</b> <b>WAYNE, NJ 07470</b>
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(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
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F 000	INITIAL COMMENTS  Survey Date: 09/26/2023  Census: 90  Sample: 3  A 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 Carbapenem-resistant Acinetobacter baumannii and Candida Auris.	F 000		
F 880 SS=F	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	F 880		10/25/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/05/2023
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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>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:</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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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: Complaint NJ # 167624</p> <p>Based on observation, interview, and review of pertinent documentation, it was determined that the facility failed to follow Centers for Disease Control (CDC) guidance and implement infection control practices to mitigate the spread of ██████████ ██████████) during an outbreak which began on ██████████. The facility failed to: a) implement infection control surveillance per facility policy for ██████████ ██████████ resistant to nearly all ██████████ and difficult to control and irradiate from the environment), and ██████████ ██████████ that can be difficult to identify and treat), and b) staff donned (put on) the required personal protective equipment (PPE) prior to entry to a resident room who was on Transmission Based Precautions. This deficient practice was identified on 1 of 2 resident units, for 2 of 2 employees observed in TBP resident rooms and was evidenced by the following:</p> <p>Reference: ██████████ ██████████ ██████████</p>	F 880	<ol style="list-style-type: none"> <li>1. No residents were directly affected by this deficient practice. The identified RN and LPN were re-educated on isolation precautions, Personal Protective Equipment usage including a competency for donning/ doffing, proper disposal of soiled Personal Protective Equipment, and appropriate hand hygiene. The Infection Preventionist was re-educated on the requirement for proper tracking of infections in the center.</li> <li>2. All residents have the potential to be affected.</li> <li>3. Each department was re-educated by staff development/ designee on isolation precautions, Isolation signage, and the appropriate use of Personal Protective Equipment. Competencies for PPE donning/ doffing and proper disposal were also completed. The facility Infection Preventionist and Director of Nursing received education from the Regional Infection Preventionist on the policy for Surveillance of infections and management of ██████████ utilizing contact or enhanced barrier precautions. Directed Plan of Correction (DPOC) with Root cause analysis completed. Contributing factors identified for the deficient practice includes Staff members not</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>On 09/25/23 at 10:30 AM, two surveyors toured the [REDACTED] of the facility and observed a Registered Nurse (RN) wearing PPE in the hallway. The RN was observed standing in front of the medication cart, was wearing a surgical mask and a PPE gown which was unsecured at the neck with both shoulders exposed. The RN was observed walking from the medication cart and was carrying a medication cup in her left hand along with a bottle in her right hand wearing the same PPE gown. She continued walking past room # 40 and then entered room # 39. The surveyors observed the RN walked into the room, without first performing hand hygiene or donning gloves. The room sign had two red "STOP" signs and indicated Enhanced Barrier Precautions which was posted on room # 39's door. The posted signage which indicated Everyone must: clean their hands, including before entering and when leaving the room. It was also observed that there was a PPE bin directly outside of room # 39. Upon exiting the room, the RN removed her PPE gown and used alcohol-based hand rub.</p> <p>On 09/25/23 at 10:32 AM, during an interview with the surveyors at that time, the RN stated, "I don't have a reason" as to why she didn't tie the neck of the PPE gown. She also stated that she should not be in the hallway wearing PPE because of cross contamination. The RN stated, "I didn't tie the top of the PPE gown because I was just dropping off mouthwash." The RN stated that she had been educated on [REDACTED] how to wear proper PPE and was aware the room contained two residents infected with [REDACTED].</p> <p>On 09/25/23 at 11:34 AM, the surveyors conducted an interview with the Licensed Practical Nurse Infection Preventionist (LPN-IP)</p>	F 880	<p>understanding the importance of full compliance with ppe application to prevent cross contamination, Staff exhibiting PPE fatigue related to years of changing protocols, new nurse on first day of orientation new to protocols, Poor nursing workflow causing the nurses to place the med carts in the middle of the hall and walk with PPE to retrieve medications, Nursing Staff inconsistent with PPE use; not understanding the seriousness of potential cross contamination and spread of infections to at risk residents</p> <p>Lack of Communication/Understanding between Surveyor and Team to provide requested documents, Lack of email confirmation of all communications, Lack of continuity of delivered documents, Administrative Staff new to role, IP in building less than one month, Undocumented communication with Local and State Health Departments due to verbal communications, Miscommunication between team and surveyor causing delay in providing documents, Not utilizing line list to document colonized [REDACTED] and a separate line list for active infections. DPOC is attached.</p> <p>4. Director of Nursing/ Designee will audit 5 staff members entering and exiting resident rooms on requiring contact isolation and/or enhanced barrier precautions for appropriate donning/ doffing of PPE and Hand hygiene weekly x4 weeks then monthly x2 months.</p>		

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F 880	<p>Continued From page 4</p> <p>and the Director of Nursing (DON). The LPN-IP stated that the PPE gown needed to be tied at the top and the waist and be completely covering staff upon entering the room to prevent cross contamination. The DON stated that no PPE gown should be worn in the hallways and that it could cause cross contamination.</p> <p>On 09/25/23 at 11:45 AM, during an interview with the surveyors, the LPN-IP and the DON were made aware that the RN did not secure the PPE gown around the neck.</p> <p>On 09/25/23 at 12:40 PM, the surveyors observed an LPN inside of room # 62, and she was past the threshold of the door inside the room beginning to don a PPE gown. The surveyors observed an Enhanced Barrier Precaution sign affixed to the door of the room. The LPN stated that she had been oriented on PPE use and that the PPE should have been donned prior to entering the room. The LPN acknowledged the sign which indicated to don PPE before entering the room.</p> <p>On 09/25/23 at 12:42 PM, the DON was present in the hallway and stated that the PPE should be donned before entering the room to prevent cross contamination.</p> <p>On 09/25/23 at 1:43 PM, the LPN-IP provided a "Line List For CRAB" (a table that contains key surveillance information about each case of infectious disease during an outbreak) which the surveyors were informed the facility created the document for the surveyors and did not have one prior. The document included but was not limited to; [redacted] resident names, [redacted] of the [redacted] residents were indicated as having "date [redacted]" test</p>	F 880	<p>Director of Nursing/ Designee will review surveillance tracking (line lists) for completion and accuracy weekly x 4 weeks then monthly x2 months. Any identified concerns will be immediately addressed. Results of each audit will be reviewed monthly during QAPI meeting.</p> <p>Compliance date 10/20/23</p>		

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F 880	<p>Continued From page 5</p> <p>results on [REDACTED]. The facility also provided "Line List to [REDACTED]" which indicated [REDACTED] resident names.</p> <p>On 09/25/23 at 2:35 PM, the LPN-IP provided a corrected "Line List for [REDACTED] with the same 16 resident names, [REDACTED] of the [REDACTED] residents were now indicated as having "date [REDACTED]" test results of [REDACTED].</p> <p>On 09/26/23 at 8:34 AM, the LPN-IP provided a second corrected "Line List for [REDACTED] with [REDACTED] resident names, and [REDACTED] of the [REDACTED] residents were indicated with "date [REDACTED]" test results of [REDACTED]. The facility provided a corrected "Line List for [REDACTED]" with [REDACTED] resident names.</p> <p>On 09/26/23 at 10:52 AM, the LPN-IP stated the previous line lists were wrong because they were in a rush and did not maintain a surveillance listing for [REDACTED] and [REDACTED]. The LPN-IP acknowledged the test confirmation dates from the laboratory were [REDACTED].</p> <p>On 09/26/23 at 11:00 AM, the facility provided a third corrected "Line List for [REDACTED] with [REDACTED] resident names, and [REDACTED] of the [REDACTED] residents indicated with "date [REDACTED]" test results of [REDACTED].</p> <p>A review of the facility provided Infection Control Policy and Procedure Manual, Revised August 2020, revealed: Surveillance for Infections, the Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>preventative interventions.</p> <p>1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare -Associated Infections, to guide appropriate interventions, and to prevent future infections.</p> <p>3. Infections that will be included in routine surveillance include those with: a. Evidence of transmissibility in a healthcare environment, b. Available processes and procedures that prevent or reduce the spread of infection ... d. Pathogens associated with serious outbreaks ...</p> <p>A review of the facility Enhanced Barrier Precaution education included but was not limited to; A risk-based approach to PPE use designed to reduce the spread of [REDACTED]</p> <p>A review of the facility provided sequence for donning PPE education included but was not limited to; Gown fasten in the back of neck and waist. Use safe work practices to protect yourself and limit the spread of contamination such as perform hand hygiene and limit surfaces touched.</p> <p>A review of the facility provided CDC recommendations regarding contact precautions and or Enhanced Barrier Precautions included but was not limited to; Novel and targeted [REDACTED] may cause long lasting outbreaks in healthcare facilities and can live in the environment without proper cleaning and disinfection. Enhanced Barrier Precautions intended for nursing homes for use as part of a containment strategy for novel and targeted [REDACTED] Healthcare personnel interacting with patients on contact precautions, or their environment, are required to wear gowns</p>	F 880			

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F 880	<p>Continued From page 7 and gloves.</p> <p>A review of the facility provided, [REDACTED]</p> <p>An Urgent Public Health Threat Information of Facilities" undated, included but was not limited to; large outbreaks of [REDACTED] have been reported in US hospitals and nursing homes. [REDACTED] has the potential to spread rapidly and is frequently associated with outbreaks. [REDACTED] spreads through direct and indirect contact with patients infected or colonized with [REDACTED] or contaminated environmental surfaces and equipment. [REDACTED] can contaminate your hands and clothes while you care for a patient infected or colonized with [REDACTED] or work in their environment. This puts the patients who you care for afterward at risk of getting [REDACTED].</p> <p>A review of the facility provided, [REDACTED]" revised august 2019, included but was not limited to; administrative 5. Implement a multi-disciplinary process to monitor and improve staff adherence to recommended practices for Standard and Contact Precautions. Surveillance 2. Establish systems to ensure that clinical micro labs promptly notify infection control or a medical director/designee when a novel resistance pattern for that facility is detected.</p> <p>NJAC 8:39-19.4 (a)(b)(g), 27.1 (a)</p>	F 880			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315110	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/2/2023	Y3
NAME OF FACILITY LAKEVIEW REHABILITATION AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 TERHUNE DRIVE WAYNE, NJ 07470		

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 _____	10/25/2023	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/26/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO