STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. BUILDING _____ B. WING _____	01/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOCTORS SUBACUTE HEALTHCARE, LLC	59 BIRCH STREET PATERSON, NJ 07522

(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: 1/22/21 Census: 45 Sample: 5 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=D	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		1/26/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/26/2021

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F 880	Continued From page 1 accepted national standards; §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, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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, and review of records, it was determined that the facility failed to disinfect and sanitize the equipment used in the COVID-19 screening process in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19. This deficient practice was evidenced by the following: A review of the U.S. CDC's Cleaning and Disinfecting Your Facility updated on 7/28/2020, 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 updated on 11/20/2020, indicated, "Environmental Cleaning and Disinfection: develop a schedule for regular cleaning and disinfection of shared	F 880	F880 Infection Control Survey Compliance Date: 1/26/20201 How will the corrective action be accomplished for those residents found to be affected by this practice? ¿Immediate in-service and competency were conducted with the receptionist regarding disinfecting and sanitizing the equipment used in the COVID-19 screening process in accordance with the centers of Disease Control and Prevention guidelines for Infection control to mitigate the spread of COVID-19. ¿The kiosk and pen was cleaned immediately. How will the Facility identify other residents having the potential to be affected by the same deficient practice? ¿All residents have the ability to be affected by not meeting the requirements to provide sanitation and disinfection of the equipment used during the screening process to enter the facility. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? ¿Administrator/designee will conduct an audit for the screening process when entering the building including the	

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F 880	Continued From page 3 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." On 1/22/21 at 8:30 AM, the surveyors entered the facility and observed that there were no disinfecting wipes in the reception area. There was only one pen that was chained in a binder. On that same date and time, the receptionist took two visitors' temperatures and was asked to log the temperatures in the paper located in a binder. The receptionist instructed the two visitors to use the kiosk to answer the screening COVID-19 questions. The receptionist did not disinfect the kiosk or the pen that was used for the screening process after each visitor's use. At that time, during the interview in the presence of the Licensed Nursing Home Administrator (LNHA), the receptionist stated that she should have disinfected the kiosk after each visitor's use. She further stated that she should have disinfecting wipes available. The receptionist had no answer why she did not disinfect the pen after each visitor's use. At 8:45 AM, the LNHA informed the surveyors that the kiosk and pen should have been sanitized after each visitors use. He acknowledged that there were no disinfecting wipes available in the reception area at the time two surveyors were screened. At 9:10 AM, the Director of Nursing (DON) informed the surveyors that she was also the	F 880	procedure of disinfecting and cleaning multi-use equipment (touch pad screen, pens) weekly for 1 month, monthly for 3 months, then quarterly thereafter. ¿All receptionist staff are receiving ongoing in-service education on the procedure of screening process when entering the facility. ¿Signage is posted at the reception desk notifying all individuals who enter the facility to disinfect the equipment after use. Receptionist/ designee will also be responsible for sanitation of all sign-in equipment, including kiosk and pen. ¿IP staff will maintain monitoring, log and documentation of the compliance of disinfecting equipment and will intervene accordingly in adherence to this plan of correction. How the Facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place? ¿The DON/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits.	

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F 880	Continued From page 4 Infection Preventionist Nurse (IPN) of the facility. At 11:00 AM, the DON informed the surveyors that the receptionist was educated on the proper way of screening the visitors. The DON stated that the receptionist should have disinfecting wipes available in the reception area and that the receptionist should have instructed the visitors to disinfect the kiosk and the pen after use. She indicated that if the visitors were unable to disinfect the kiosk and the pen, the receptionist should have disinfected them. The surveyor requested the facility's policy and procedure on the screening process. A review of the facility COVID 19 Management Plan-Visitor Screening Policy and Procedure provided by the DON with a revised date of 12/2020 included "When any visitor/vendor/physician arrives at facility, they will also be required to complete a COVID-19 questionnaire, as well as asked to use hand sanitizer before being admitted further into the building. They will be asked to sanitize (with hand sanitizer or alcohol swabs) any pens, or electronic screens they touched during their sign-in/screening process." At 1:50 PM, the surveyors met with the LNHA, DON, and there was no additional information provided by the facility. NJAC 8:39-19.4 (a) (2)	F 880		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315096 (Y1)	A. Building B. Wing (Y2)	7/26/2021 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
DOCTORS SUBACUTE HEALTHCARE, LLC	59 BIRCH STREET PATERSON, NJ 07522

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 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 01/26/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
1/22/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO