

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

PRINTED: 06/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT FAIR LAWN EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514
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F 000	INITIAL COMMENTS 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 and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 6/5/2020	F 000		
F 880 SS=C	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		6/15/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/15/2020
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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>§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> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other pertinent facility documents, it was determined that the facility failed to follow appropriate infection control practices for educating housekeeping staff for Environmental Protection Agency approved disinfecting products contact times during a COVID-19 Focused Survey.</p> <p>This deficient practice was identified for 4 of 4 housekeeping staff, and was evidenced by the following:</p> <p>On 6/5/2020 at 09:30 AM, the surveyor conducted an entrance conference with the facility's Administrator and Director of Nursing (DON). The DON indicated that the facility had 30 residents that were COVID-19 positive (C19+), ten C19+ residents in the hospital and currently there were no staff out due to C19+. The DON informed the surveyor that the C19+ residents were located on the [REDACTED] floor on the [REDACTED] and [REDACTED] units and the resident under investigation for C19+ (PUI) was on the [REDACTED] unit. The DON also said there have been 29 total C19+ resident deaths, in the facility and that went to the hospital.</p> <p>At 11:22 AM, the surveyor interviewed Housekeeper #1, located on the [REDACTED] floor. The housekeeper revealed she worked at the facility in housekeeping for years. Housekeeper #1 showed the surveyor the citrus disinfectant used for surfaces and a multipurpose cleaner used on facility items such as hand rails and light fixtures. Housekeeper#1 was unsure of what the dwell time was for the cleaning products were and offered to find out for the surveyor. Housekeeper #1 returned and said the dwell time was, "Three</p>	F 880	<p>I. Corrective Action for Those Affected: All areas in need of disinfecting have been cleaned with a disinfectant product and have been used with proper contact time as recommended by the manufacturer.</p> <p>II. Identify Others with The Potential to Be Affected: The whole facility could have potentially been affected.</p> <p>III. Systemic Changes: A new disinfectant product that has a 2-minute contact time, as recommended by the manufacturer was purchased and put into use immediately to ensure the facility is in compliance with all Department of Health infection control regulations. All cleaning spray bottles have been labeled with proper contact time instructions. Director of Housekeeping has inserviced all housekeeping personnel on proper usage and contact time of all disinfectant products, personnel have demonstrated usage of products and are knowledgeable of correct usage.</p>		

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F 880	<p>Continued From page 3 minutes."</p> <p>At 11:40 AM, the surveyor interviewed Housekeeper #2 by the elevator. Housekeeper #2 said that although the facility provided housekeeping with education, he was not sure what dwell time or contact time was. Housekeeper #2 returned to the surveyor after approximately 40 minutes, and said a disinfectant's dwell time was, "20 seconds."</p> <p>At 12:33 PM, the surveyor interviewed Housekeeper #3 on the C19+ unit. Housekeeper #3 showed the surveyor 3 cleaners. She indicated the peroxide cleaner was used for tables, the green cleaner was used for bathroom toilets and the citrus disinfectant was used on surfaces. Housekeeper #3 said contact times were rapid, "30 seconds."</p> <p>At 12:40 PM, the Infection Preventionist Nurse (IP) said all staff were educated on how C19+ spreads. The IP further revealed that the Director of Housekeeping provided education to the housekeeping staff on disinfectant products, the products meet the EPA standards and required dwell time.</p> <p>At 12:55, the Director of Housekeeping (HD) indicated she educated the housekeeping staff on contact times for cleaning products about three months ago. The DOH said the contact time for surface disinfectants were, "Three to five minutes and 10 minutes for mopping." The HD also revealed Housekeeper #3 recently returned to work after testing positive for C19+ in April.</p> <p>At 1:04 PM, the surveyor re-interviewed Housekeeper #2 in the presence of the IP and HD. Housekeeper #2 said he worked as a</p>	F 880	<p>IV. Monitoring:</p> <p>Director of Housekeeping or her designee will do random daily checks for 4 weeks to ensure proper usage and contact times of disinfectant products. Findings will be reported to Quality Assurance monthly meetings. Administrator will monitor.</p>		

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F 880	<p>Continued From page 4</p> <p>housekeeper at the facility for 13 years. The surveyor read the list of products observed by the surveyor, located on the housekeepers cleaning carts of Housekeeper #1 and #3. Housekeeper #2 said the dwell time for all of the cleaning products the surveyor observed on the carts was 20 seconds.</p> <p>At 2:52 PM, the DON indicated the HD should be more specific when educating the staff about contact times. The DON revealed the HD should have kept the education basic so the housekeeping staff understood what contact time was and how to do the procedure.</p> <p>At 2:58 PM, the Administrator indicated that housekeeping staff should have demonstrated a proper understanding of contact times after being educated by the HD to ensure competency of contact times. The Administrator provided information sheets about which revealed the disinfectant's contact time was 10 minutes. The Administrator said he will work with the distributor of the disinfectants and find products with shorter contact times for facility use.</p> <p>The Surveyor reviewed an in-service provided to the housekeeping staff on 2/28/2020. The contents listed revealed education content to include following contact times on chemicals when cleaning surface/rooms. The chemicals and contact times were not listed on the education.</p> <p>The surveyor reviewed an in-service provided for a wipeable disinfecting cloth. This education listed contact times for the product. The education was provided to nurses but not housekeeping staff.</p> <p>The surveyor reviewed the undated and unsigned</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Housekeeping Policy with a subject title, "Daily and Terminal Cleaning of Isolation Unit." The Policy did not address contact times.</p> <p>The surveyor reviewed the undated and unsigned Housekeeping Policy with a subject title, "Patient and Non-Patient Units." The Policy did not address contact times.</p> <p>The surveyor reviewed the undated and unsigned Housekeeping Policy with a subject title, "Cleaning Lavatories." The Policy did not address contact times.</p> <p>The surveyor reviewed the undated and unsigned Housekeeping Policy with a subject title, "Cleaning of Shower Rooms." The Policy did not address contact times.</p> <p>The surveyor reviewed the undated and unsigned Housekeeping Policy with a subject title, "Bed Washing." The Policy did not address contact times.</p> <p>The surveyor reviewed the undated and unsigned Housekeeping Policy with a subject title, "Room Cleaning." The Policy did not address contact times.</p> <p>NJAC 8:39-19.4 (l)</p>	F 880			