

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: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT SOMERSET VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805		
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F 000	INITIAL COMMENTS Survey Date: 11/20/20 Census: 35 Sample: 5 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.	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	F 880		1/8/21	

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

TITLE

(X6) DATE

Electronically Signed

12/02/2020

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>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. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 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, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure appropriate infection control practices and monitoring of a visitor to an end of life resident were followed to prevent the spread of infection. This deficient practice was identified on 1 of 1 units and was evidenced by the following:</p> <p>On 11/20/2020 at 9:12 AM, the Director of Nursing (DON) stated that the facility had one unit that consisted of two zones of cohort (grouping of residents). The [redacted] consisted of residents that were identified as persons under investigation/observation (PUI) and were under quarantine for 14 days for monitoring for possible exposure to Covid-19. The Green Zone consisted [redacted] Executive Order 26, 4.b.</p> <p>[redacted]. She stated that those that had been confirmed with COVID-19 had been transferred to a COVID dedicated sister facility once the positive test result was reported.</p> <p>At 11:00 AM, the surveyor reviewed the facility form titled, Daily Assignments which revealed a</p>	F 880	<p>Care One at Somerset Valley</p> <p>Provider# 315002</p> <p>ID Prefix Tag:</p> <p>F880</p> <p>1. What Corrective action(s) will be accomplished for those residents affected by the deficient practice?</p> <p>A. Resident# [redacted] were negatively affected.</p> <p>Residents from the attached Assisted Living Residence who are visiting a resident on the [redacted] will be screened for signs and symptoms of the COVID-19 virus and PPE use prior to entrance to the unit.</p> <p>B. No residents were affected by staff walking from the [redacted] zone nor by staff disposing of gowns in hallway trashcans.</p> <p>2. How will you identify those 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>CNA had Rooms [redacted] and the LPN had rooms [redacted]. The rooms consisted of residents that were in the [redacted], as well as residents in the [redacted].</p> <p>On the same day at 11:35 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who also confirmed that there was a current outbreak in the facility of short-term residents. The LNHA added that they had to recently extend the [redacted] to incorporate residents exposed to a staff member that was confirmed to be [redacted], and that the [redacted] was at the end of the hallway after the [redacted]. She added that the floor plan had been finalized on [redacted].</p> <p>At 12:45 PM, the surveyor interviewed the Unit Manager (UM) who confirmed the rooms that residents housed in the [redacted], as well as the rooms that housed residents in the [redacted]. The rooms were as previously mentioned during the interview above with the DON. The UM confirmed that there was no other way to get to the [redacted] without walking down the hallway of the [redacted]. She added that the hallway of the units were considered clean areas.</p> <p>Beginning at 12:55 PM, the surveyor toured the resident unit. Upon entry to the unit, the hallway split into a "V" shape. The hallway to the left was identified as the [redacted] and the right side of the hallway the [redacted] began at Room [redacted] and went down to Room [redacted]. These rooms were also identified as housing residents that were PUI. There were yellow signs on each door that revealed the type of precautions staff were to take upon entry and required Personal Protective Equipment (PPE).</p>	F 880	<p>A. Residents with a spouse or significant other in the attached Assisted Living Residence have the potential to be affected.</p> <p>Visitors from the Assisted Living Residence will perform the same screening process that outside visitors complete.</p> <p>B. All residents have the potential to be affected by staff walking from the yellow to the green zone and by staff disposing of gowns in the hallway trashcans.</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>A. The Facility policy titled "Coronavirus Disease (COVID-19) - "visitors" will include visitors visiting from the Assisted Living Residence and staff will be inserviced regarding the same.</p> <p>Administrator or designee will notify Assisted Living Residents on the screening procedure and PPE use.</p> <p>B. Rearrangement of yellow and green zones will be made so that staff will not walk from the yellow to green zone.</p> <p>Individual trash cans have been purchased for every room requiring isolation precautions. All soiled gowns and gloves will be removed and discarded</p>	

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F 880	<p>Continued From page 4</p> <p>The surveyor observed a Certified Nursing Assistant (CNA #1) wearing scrubs, hair cover and an N95 mask covered by a surgical mask, push the closed metal meal cart from the hallway by Room [REDACTED] and left it in the hallway by Room [REDACTED]. CNA #1 then walked down the hallway, donned a yellow gown in the hallway and entered Room [REDACTED]. He was then observed exiting Room [REDACTED] with a completed food tray. In the doorway of Room [REDACTED], he removed the gown, folded it and placed it in an unmarked foot pedal operated metal bin located in the hallway outside of Room [REDACTED]. The metal bin was located directly next to a plastic three drawer bin that contained clean PPE. CNA #1 then placed the meal tray on the tray cart and preformed hand hygiene with Alcohol Based Hand Rub (ABHR).</p> <p>At 1:00 PM, the surveyor observed a Licensed Practical Nurse (LPN) exit Room [REDACTED] holding a folded yellow gown in her hands and placed it in the bin labeled Gowns Only that was in the hallway outside Room [REDACTED]. This bin was also immediately next to a bin that contained clean PPE. The LPN then used ABHR that was on the top of the clean PPE bin.</p> <p>At 1:03 PM, the surveyor observed a staff member exit a room in the middle of the hallway holding a gown folded in her hands, she walked down the hallway and discarded the gown in the bin by Room [REDACTED]. She then used ABHR that was on the clean PPE bin.</p> <p>During this time period, the surveyor observed that the doors to the Rooms [REDACTED] were closed. The doors to Rooms [REDACTED] were opened to the hallway. There was a sign and [REDACTED] square for</p>	F 880	<p>prior to entering the hallway.</p> <p>Staff will be inserviced to remove gowns and gloves before entering the hallway and on the new location of [REDACTED] Executive Order 26, 4.b.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur? (i.e., what quality assurance program will be put into place?)</p> <p>A. Administrator or designee will audit the visitor log weekly for four weeks and monthly for two months to ensure screening is completed prior to entrance to the SNF unit.</p> <p>B. Adiministrator or designee will surveille yellow and green zones and complete PPE audit daily for two weeks, weekly for two weeks, and monthly for two months. Findings will be reported to the Quality Assurance Performance Improvement Committee quarterly for one year.</p> <p>TIME FRAME: 1/8/2020</p>		

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F 880	<p>Continued From page 5</p> <p>the rooms identified in the [redacted] and there was a [redacted] square near the rooms in the [redacted]. The surveyor also observed a portable, flexible, retractable screen that was in the hallway between Room [redacted] and Room [redacted]. There was space below and above the screen and it did not extend the entire width of the hallway which allowed for an unobstructed access from the [redacted] to the [redacted] and back again.</p> <p>At 1:05 PM the surveyor observed CNA #1 enter and exit Room [redacted], then Room [redacted], then Room [redacted] and back to Room [redacted] of the Green Zone.</p> <p>At that same time, the surveyor observed a Regional Staff Member wearing an N95 covered by a surgical mask, goggles and street clothes walk down the hallway of the [redacted] and into the [redacted] hallway without having to move any barrier that separated the two zones. She then turned around and went back down the hallway into the [redacted]. She did not enter any resident rooms.</p> <p>At 1:10 PM, the surveyor observed a staff member who identified themselves as an Occupational Therapist (OT) exit Room [redacted], with a [redacted] gown folded in her hands and discarded the gown in the bin outside Room [redacted]. At this time, the surveyor interviewed the OT who stated that the gloves were discarded in the garbage can in the resident room prior to exit and that the gown used in the resident room was removed and folded "in on itself" and placed in the bin in the hallway. She added that the hallway was considered a clean area.</p> <p>At 1:25 PM, the surveyor observed on the [redacted]</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>Executive Order 26, 4.b. hallway that led to the Executive Order 26, 4.b.. The surveyor observed five bins spread throughout the hallway that contained clean PPE, and there were two bins on the hallway, one by Room 501 and one by Room 502 that were labeled "Gowns Only." There was a sixth bin of clean PPE and a third Gown Only bin outside of Room 5. There were no bins of PPE observed in the Executive Order 26, 4.b..</p> <p>At 1:35 PM, the surveyor observed a staff member exit Room 501 with a yellow gown in one hand and a face shield in the other hand. After walking in the hallway, she placed the gown in the bin by Room 501 and placed the face shield down on the top of the clean PPE bin while she removed a bleach wipe from the container. The staff member identified themselves as a Physical Therapy Assistant (PTA) to the surveyor. The surveyor observed the PTA while she cleaned the face shield with a bleach wipe, discarded the wipe, and then conducted hand hygiene with ABHR. The PTA stated that PPE was removed prior to leaving the residents room and that the gown was placed in a bin in the hallway.</p> <p>At 1:42 PM, the surveyor knocked and entered Room 501 in the Executive Order 26, 4.b. Zone after someone stated, "Come in." The door to the room was open to the hallway. Resident #1 was in the bed with their eyes closed and there was a person sitting in a motorized wheelchair next to the right side of the bed wearing a surgical mask that was folded under their chin thus exposing their nose and mouth. Resident #1 was not wearing a facial covering. The person in the motorized wheelchair identified themselves as the Executive Order 26, 4.b. of Resident #1 and that they Executive Order 26, 4.b.</p> <p>Executive Order 26, 4.b. The Executive Order 26, 4.b. stated that they come, "Two</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>to three times a day" to sit with their [redacted] and confirmed that they entered the unit from the hallway that separated the [redacted] and [redacted] Unit and that they traveled down the hallway through the [redacted] to Resident #1's room in the [redacted]. They added that they were not told that they were not allowed to visit their [redacted]. They added that the staff would remind them to conduct hand hygiene and to cover their mouth and nose with the mask when in the hallway. This resident then stated that they had not been informed of the current outbreak of [redacted] in the facility.</p> <p>At 1:50 PM, the surveyor observed the same CNA don a yellow gown prior to entry into Room [redacted] and then observed that same staff member exit Room [redacted] and while in the door frame, removed his gown and folded it up and placed it in the bin outside the room and conducted hand hygiene with ABHR.</p> <p>At that time, the surveyor interviewed the CNA who stated that his assignment consisted of Rooms [redacted] to Room [redacted] and added that rooms [redacted] were in the [redacted] and Rooms [redacted] were in the [redacted]. The CNA confirmed that PPE was removed prior to leaving the resident room and that the [redacted] of the resident in Room [redacted] "visits regularly" and that they resided in the ALR. [redacted] added that the [redacted] traveled down to the [redacted] through the [redacted] in their motorized wheelchair (WC).</p> <p>At 2:18 PM, the surveyor interviewed the Local Health Department point of contact (LHD), who confirmed that the facility had reported the current outbreak and that there was also a current outbreak at the attached ALR. She added that</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>there was a potential for cross contamination when staff were shared between the [redacted] and [redacted] and potential of cross contamination when a visitor from the ALR traveled to the [redacted] through the [redacted]</p> <p>At 2:53 PM, the surveyor reviewed the Admission Record of Resident #1 which revealed their most [redacted] to the [redacted] was in [redacted] and their most recent [redacted] result received on [redacted] was [redacted]. There was also a Physician Order dated [redacted] to [redacted].</p> <p>At 2:58 PM, the surveyor interviewed the Executive Director (ED) of the ALR, who confirmed that they had a current outbreak of [redacted] in their building. He added that he was not aware that an ALR resident was traveling to the [redacted] on the other side of the building. He added that the residents in the ALR were screened every shift for signs and symptoms related to [redacted] and were also tested weekly because of the current outbreak.</p> <p>At 3:18 PM, the ED of the ALR provided a [redacted] of Resident #1 [redacted] received on [redacted] which revealed that the [redacted]</p> <p>At 3:30 PM, the surveyor interviewed the DON who confirmed that the facility started using re-usable gowns in August of 2020. She added that there were bins with clean PPE and bins for soiled gowns throughout the hallway of the [redacted]</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Zone. Also, that full PPE (N95, face shield or goggles, gloves and re-usable gowns) were required to care for residents in the [redacted] Zone and that the gloves were discarded in the resident room, while the re-usable gown was removed in the resident room, folded and carried out of the resident room to the Gown Only bins in the clean hallway. She added that the gloves were discarded in the resident room because they were "dirty" and that she was not sure that anyone would walk down the hallway carrying a gown once they exited a resident room. The DON added that the re-usable gowns would be picked up by the laundry service to be washed and sanitized for re-use. She added that the "projector screen" was placed between Room [redacted] & Room [redacted] to differentiate the [redacted] from the [redacted]. The DON confirmed that the hallway separating the two zones was not completely sealed off because you needed to get to the rooms in the [redacted] from the [redacted] and to prevent cross contamination.</p> <p>The DON confirmed that she was made aware that the [redacted] Resident #1 had [redacted].</p> <p>The DON stated that she had spoken to Resident #1 [redacted] on 11/17/2020 and made them aware that there was a current outbreak and that they would have to hold off on visiting. She added that there was not an outbreak at the ALR and that she had not documented the conversation with Resident #1 [redacted]. The DON also stated that she was not aware that Resident #1 [redacted] continued to visit and that she had not informed her staff that she had spoken to them about not visiting during an active outbreak. The DON also confirmed that</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>the facility does not have a [redacted] (Executive Order 26, 4.b) at this time and that there were no [redacted] (Executive Order 26, 4.b) residents in the building.</p> <p>The DON added that all staff and residents in the building were tested weekly because, "Anyone could become positive."</p> <p>The surveyor then reviewed the facility cohort plan that read under General Cohorting Guidelines:</p> <ul style="list-style-type: none"> *Separate COVID + from all other cohort groups; COVID + may room with COVID +. *Staff work with single cohort - consider all depts, all shifts and establish plan. <p>The [redacted] (Executive Order 26, 4.b) Zone identified the Patient Type as potentially incubating (the period of time between infection with germs and the appearance of symptoms of illness) which consisted of Admits & readmits without history of COVID-19, or recovered greater than 6 months, asymptomatic (without symptoms) with known or potential facility exposure and symptomatic PUI not yet confirmed. Under activity and movement, it read: Use face mask if transport thru [redacted] (Executive Order 26, 4.b) zone medically necessary.</p> <p>The [redacted] (Executive Order 26, 4.b) Zone identified patient type as [redacted] (Executive Order 26, 4.b) or [redacted] (Executive Order 26, 4.b), no known [redacted] (Executive Order 26, 4.b) or [redacted] (Executive Order 26, 4.b) greater than [redacted] (Executive Order 26, 4.b) and [redacted] (Executive Order 26, 4.b) recovered [redacted] (Executive Order 26, 4.b) since symptoms onset. Under activity and transport it read: Do not travel thru yellow or red zone.</p> <p>The surveyor then reviewed the sign that had been placed on each resident room in the [redacted] (Executive Order 26, 4.b) which read:</p>	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT SOMERSET VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805		
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F 880	<p>Continued From page 11</p> <p>Stop: Quarantine; Droplet/Contact Precautions; In addition to standard precautions Only essential personnel should enter this room. If you have questions, ask nursing staff. Everyone Must: including visitors, doctors, and staff.</p> <p>The surveyor then reviewed Centers for Disease Control (CDC) guidance provided by the facility on;</p> <p>How to safely remove PPE example 1 read:</p> <p>There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucus membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn.</p> <p>Under number 3: Gown read:</p> <ul style="list-style-type: none"> *Gown front and sleeves as contaminated! *If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer. *Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties. *Pull gown away from neck and shoulders, touching inside of gown only. *Turn gown inside out. *Fold or roll into a bundle and discard in waste container. <p>How to safely remove PPE example 2 read under number 1:</p> <p>Gown and Gloves:</p> <ul style="list-style-type: none"> *Gown front and sleeves and the outside of the gloves are considered contaminated! 	F 880			

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F 880	<p>Continued From page 12</p> <p>*If your hands get contaminated during gown or gloves removal, immediately wash your hands or use an alcohol-based hand sanitizer.</p> <p>*Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloves hands.</p> <p>*While removing the gown, fold or roll the gown inside-out into a bundle.</p> <p>*As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container.</p> <p>On 11/23/2020 at 12:39 PM, the surveyor reviewed the facility form titled: Visitation Informed Consent that had been signed by the Executive Order 26, 4.b. Resident #1 on Executive Order 26, 4.b. and read:</p> <p>To reduce the risk of transmitting the infection we require that all visitors:</p> <p>*Complete the screening questionnaire and have your temperature taken.</p> <p>*Wash your hands often or use an alcohol-based hand sanitizer, and avoid touching your eyes, nose, and mouth with unwashed hands.</p> <p>*Avoid close contact with others by staying 6 feet apart from other people - especially other residents and caregivers.</p> <p>*Cover your mouth and nose with a mask or face cover at all times.</p> <p>*Cover your coughs and sneezes and wash your hands immediately after handling tissues.</p> <p>*Report any symptoms, including fever, cough, shortness of breath or taste/smell.</p> <p>At 2:39 PM, the surveyor reviewed the facility Policy and Procedure titled, Personal Protective Equipment - Contingency and Crisis Use of</p>	F 880			

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F 880	<p>Continued From page 13 Isolation Gowns (COVID-19 Outbreak), dated April 2020 it read:</p> <p>General Procedure for Donning and Doffing Gowns</p> <ol style="list-style-type: none"> 1. To put on gown: <ol style="list-style-type: none"> a. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. b. Fasten in back of neck and waist. 2. To remove gown: <ol style="list-style-type: none"> a. Gown front and sleeves are contaminated. If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer. b. Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties. c. Pull gown away from neck and shoulders, touching inside of gown only. d. Turn gown inside out. e. Fold or roll into a bundle and discard in a waste container. f. Perform hand hygiene immediately. <p>The surveyor then reviewed the facility Policy and Procedure titled, Coronavirus Disease (COVID-19 - Visitors, revised July 2020 read:</p> <p>Policy Statement For the safety of residents and staff, visitation policies are in compliance with current recommendations from the Centers for Disease Control and Preventions and The Centers for Medicare and Medicaid Services.</p> <p>Under policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. During a coronavirus outbreak, visitors are limited to certain compassionate care situations, such as end of life. These situations are determined at the discretion of the facility and on 	F 880			

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F 880	<p>Continued From page 14 a case-by-case basis.</p> <p>2. The Infection Preventionist maintains a list of individuals who have permission to enter the facility as a visitor. This list is updated and made accessible on a daily basis.</p> <p>3. Notices of visitation restrictions are posted outside the facility entrance.</p> <p>4. Visitor entrances are staffed by personnel who have been trained on the current visitation policies and are qualified to conduct visitor screening.</p> <p>5. Health screens are conducted on any potential visitor prior to being allowed in the building. Anyone showing signs or symptoms of respiratory infection or other signs/symptoms of possible COVID-19 infection or exposure are not allowed to enter the facility, regardless of the compassionate care situation.</p> <p>6. If visitation is permitted, strict adherence to infection precautions are required. Any visitors permitted in the facility are required to:</p> <ul style="list-style-type: none"> a. Wear a facemask; b. Adhere to all infection precautions; c. Restrict their visit to a designated area of the facility; and d. Inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. <p>The facility did not provide evidence that they had screened Resident #1 [redacted] upon arrival to the [redacted] Unit, nor did the facility provide documentation that they reviewed the ALR screen completed on Resident #1 [redacted] on the day of the observation on [redacted].</p> <p>N.J.A.C. 8:39 19.4</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315002	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/22/2020	Y3
NAME OF FACILITY CARE ONE AT SOMERSET VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 1621 ROUTE 22 WEST BOUND BROOK, NJ 08805		

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 _____	12/22/2020	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 11/20/2020	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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