

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

PRINTED: 06/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD REHABILITATION & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MORRIS TURNPIKE NEWTON, NJ 07860
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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: 6/8/2020 Census: 73	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 accepted national standards;	F 880		6/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/12/2020
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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 pertinent facility documents, it was determined that the facility failed to ensure: a.) hand hygiene was performed after doffing personal protective equipment in accordance with nationally accepted guidelines for infection prevention and control for COVID-19, and b.) residents were provided a means to perform hand hygiene prior to a lunch meal. This deficient practice was identified on 1 of 3 nursing units (█████ Floor), and was evidenced by the following:</p> <p>1. On 6/8/2020 at 10:02 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON) and Assistant Director of Nursing/Infection Preventionist (ADON/IP). The ADON/IP informed the surveyor that the █████ Floor was the designated unit for Person's Under Investigation (PUI) for COVID-19. The ADON/IP stated that all of the residents were PUI due to being new admissions from the hospital and were considered potentially "exposed to the virus" but had all tested negative for COVID-19 upon admission to the facility. The ADON/IP added that the residents on the █████ Floor were on droplet precautions (an intervention to prevent the spread of infection in which specific personal protective equipment (PPE) is worn, including a gown, gloves, a mask, and eye protection).</p> <p>At 12:37 PM, during tour of the █████ Floor (PUI unit), the surveyor observed a Certified Nursing Aide (CNA #1) wearing a mask, remove a new set of PPE from a red over-the-door storage compartment. The surveyor observed CNA #1 don the PPE, including a gown and gloves outside a resident room. The surveyor observed</p>	F 880	<p>Specific Corrective Action CNA #1 and CNA #2 were re-educated regarding Handwashing Policy & Hand Hygiene before/after meals. Both staff were observed for handwashing competency.</p> <p>Hand sanitizing wipes were provided to units.</p> <p>Identification All residents have the potential to be affected by the deficient practice.</p> <p>Systemic Changes ADON/Designee will in-service staff and new hires on Handwashing Policy /Hand Hygiene before meals.</p> <p>Monitoring ADON/Designee will perform random audit of handwashing weekly X4 monthly X3 and reports will be submitted to monthly QAPI meeting.</p> <p>ADON/Designee will perform random audit of meal pass to ensure proper hand hygiene before meals weekly X4 monthly X3 and reports will be submitted to monthly QAPI meeting.</p>		

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F 880	<p>Continued From page 3</p> <p>the resident in his/her room. The CNA #1 entered the room and dropped off linens for the resident and placed them next to the resident. CNA #1 was observed to be in direct contact with the resident's bedside table. CNA #1 then doffed her PPE at the doorway exit, discarded it in the trash can, and immediately walked down the hallway without performing hand hygiene. The surveyor then observed her pick up with her bare hands a new stock of individual disposable gowns and loose surgical masks from the new PPE inventory. She then went to four resident rooms to restock the PPE inventory bins hanging on each individual door, restocking the loose surgical masks and packaged gowns without performing hand hygiene.</p> <p>At 12:43 PM, the surveyor stopped CNA #1 and interviewed her regarding infection control strategies related to preventing the spread of COVID-19 in nursing homes. The CNA #1 stated that hand hygiene was a method to prevent the spread of infection. The surveyor asked when hand hygiene would be performed and she indicated that she would perform hand hygiene after resident contact and after removing PPE. The surveyor asked about the method of hand hygiene she used, and she stated that she washes her hands using soap and water at the sink. The surveyor inquired about the observation of doffing the PPE without performing hand hygiene and then restocking new PPE in the bins. CNA #1 acknowledged that she forgot to perform hand hygiene adding, "I normally wash my hands after taking off my PPE." CNA #1 then walked over to the sink by the nurses station and performed hand hygiene in the presence of the surveyor.</p> <p>At 1:14 PM, the surveyor interviewed the</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>Licensed Practical Nursing (LPN) on the Fourth Floor who stated that hand hygiene should be performed immediately after doffing PPE to control possible spread of infection.</p> <p>At 2:45 PM, the surveyor interviewed the ADON/IP who acknowledged hand hygiene should be performed after doffing PPE in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines for infection prevention and control, as well as the facility's Infection Control policy.</p> <p>A review of the facility's undated Coronavirus Disease (COVID-19) policy included "Staff should perform hand hygiene using [alcohol based hand gel] before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds."</p> <p>A review of the U.S. CDC guidelines, Hand Hygiene Recommendations Guidance for Healthcare Providers about Hand Hygiene and COVID-19 updated 5/17/2020 included when to perform hand hygiene: "After touching a patient or the patient ' s immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal."</p> <p>2. On 6/8/2020 at 12:58 PM, the surveyor observed the resident lunch trays delivered to the [REDACTED] Floor (PUI unit). The surveyor observed the contents on the lunch trays, and there was no evidence of a hand hygiene wipe on the trays. The surveyor then observed CNA #1 perform hand hygiene using an alcohol-based hand gel</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>(ABHG) located on top of the meal truck, and she donned PPE. CNA #1 then entered the room of the resident on droplet precautions and dropped off the tray in the resident's room. She assisted the resident in opening the items on tray, but did not offer the resident hand hygiene prior to being served the lunch meal.</p> <p>At 1:00 PM, the surveyor observed CNA #1 doff her PPE and perform hand hygiene using the ABHG.</p> <p>At 1:03 PM, the surveyor observed a second CNA (CNA #2) don PPE and enter another resident room to deliver a lunch tray. CNA #2 assisted the resident to sit up and he set up the resident's lunch tray. CNA #2 did not offer hand hygiene for the resident prior to the lunch meal. CNA #2 then removed and discarded his PPE. At that time, the surveyor asked CNA #2 about providing the resident hand hygiene prior to the lunch meal, and CNA #2 stated that he did not offer or perform hand hygiene on the resident prior to lunch because he believed there was a individually packaged wipe on the tray that the resident could do independently. The surveyor asked CNA #2 to show the surveyor what the hand wipe package looked like on a different tray, and CNA #2 acknowledged there were no wipes provided on the tray.</p> <p>At that time in the presence of the surveyor, CNA #2 then went to the Licensed Practical Nurse (LPN) and asked her if there were hand sanitizer wipes in a container with a blue lid on the unit, and the LPN stated that "We don't have hand sanitizer wipes for residents" on this unit. There was no attempt to obtain wipes for the residents for the meals.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>At 1:06 PM, CNA #2 then stated to the surveyor that he had assisted that resident to the bathroom approximately 30 minutes ago and the resident washed his/her hands at that time so that should be okay. He acknowledged he did not offer or perform hand hygiene at the time of meal service and confirmed he didn't know what the resident had touched in the room since he assisted him/her to the bathroom a half hour earlier.</p> <p>At 1:14 PM, the surveyor interviewed the LPN who stated that the CNA's are supposed to bring the residents to the bathroom to wash their hands prior to lunch. The LPN stated that the lunch arrived late today and that may be why hand hygiene wasn't offered, but confirmed that hand hygiene for residents should be performed "at the point of [meal] service." She confirmed that if hand hygiene was done 20 to 30 minutes prior to the meal was not considered "at the point of service."</p> <p>At 2:00 PM, the surveyor interviewed the ADON/IP who stated that the CNA's are expected to perform hand hygiene prior to each meal using soap and water at the sink or they should be dispersing the hand sanitizer wipes from the "blue top."</p> <p>At 2:05 PM, the ADON/IP and LNHA showed the surveyor the facility's PPE supply which included three containers of hand sanitizer wipes. The ADON/IP confirmed the wipes were available and intended for resident use.</p> <p>At 2:10 PM, the LNHA showed the surveyor that the hand sanitizer wipes were available on the [REDACTED] Floor for resident use with meals, and he acknowledged that the facility had adequate</p>	F 880			

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F 880	Continued From page 7 supply of ABHG and sanitizer wipes. At approximately 2:45 PM, the LNHA, DON, and ADON/IP confirmed that all staff had been trained on infection control strategies related to COVID-19 that included hand hygiene for residents and staff. A review of the facility's Handwashing policy dated 11/1/19, included that hand hygiene must be performed "before and after eating." NJAC 8:39-19.4 (a), (m)	F 880			