STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315091	A. BUILDING _____ B. WING _____	C 08/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	**205 BIRCHWOOD AVE CRANFORD, NJ 07016**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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 Complaint #: NJ145079, NJ144758, NJ143533, NJ143556 Census: 185 Sample Size: 12 The facility is not in compliance with the requirements of 42 CFR Part 483 B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, it was determined that the facility failed to ensure the call light system was within a resident's reach. Specifically, this included a resident needing Ex.Order 26.4(b)(1) and affected 1 resident (Resident #8) of 4 residents reviewed for call light system. Findings included: 1. Resident #8 was admitted to the facility on Ex.Order 26.4(b)(1) and had diagnoses that included EX Order 26 § 4b1 [redacted] The admission Minimum Data Set, dated 06/04/2021, revealed the Staff Assessment for Mental Status to be Ex.Order 26.4(b)(1)	F 558	483.10 Resident Rights F558 □ Reasonable Accommodations of Needs/Preferences Resident #8 □s call light was immediately placed within reach. Resident # 8 was provided with AM care and assisted out of bed to his chair. All residents have the potential to be effected by this deficient practice. All resident call lights where checked to make sure they where within reach of the resident and functioning properly. CNA #13 was re-educated immediately to	10/5/21

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/23/2021

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F 558	Continued From page 1 Ex.Order 26.4(b)(1) with daily decision making. Ex.Order 26.4(b)(1) The resident's care plan revealed the "...Resident has had a Ex.Order 26.4(b)(1) ..." with an initiation date of 05/27/2021. Interventions included to Ex.Order 26.4(b)(1) . On 08/12/2021 at 8:46 AM, Resident #8 was lying in bed with the bed in low position. The resident was visible from the resident's open door. The resident yelled out, "Yeah!" to this surveyor and motioned for the surveyor to enter. The resident pointed to the resident's legs and then to the high-back wheelchair sitting next to the bed. The surveyor asked the resident if they wanted to get up, and the resident stated, "Yeah." The resident was asked if the resident was able to use the call light, and the resident pointed with the left hand to the wall where the call light was located. The call light cord was wrapped around the box that it was plugged into and was not within reach of the resident. At this time, there were no staff on the hall. The resident raised the head of the bed and adjusted self to the edge of the bed, with Ex.Order 26.4(b)(1 Once the resident sat up, the resident started to lean forward as if to try to transfer self. Certified Nursing Assistant (CNA) #13 was walking down the hall, and this surveyor called out to her for assistance before the resident attempted to transfer. She stated that the resident was Ex.Order 26.4(b)(1) She stated that the resident can understand what you	F 558	ensure that call lights are in place for all assigned residents. Current residents have their call lights within reach when in their rooms. Current staff will be re-educated to check that all residents have their call lights within reach when in their rooms. Weekly random audits will be conducted x 1 month, then monthly x 2 months by the Nursing Home Administrator or designee to ensure that current residents have their call lights within reach when in their rooms. Results of these audits will be presented at monthly QAPI meetings for review and improvement if needed.	

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F 558	Continued From page 2 are saying and when asked if the resident could reach the call light that was wrapped around the box, she stated, "I don't know." On 08/14/2021 at 9:13 AM, the Director of Nursing stated that call lights should be, "Right by the side. It should be tied or clipped and within reach. It's not okay for it to be wrapped around. It has to be in reach." There was no call light policy.	F 558		
F 624 SS=D	New Jersey Administrative Code §8:39-4.1(a)12 Preparation for Safe/Orderly Transfer/Dschrg CFR(s): 483.15(c)(7) §483.15(c)(7) Orientation for transfer or discharge. A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ145079 Based on observations, record reviews, and interviews, it was determined that the facility failed to provide resident and/or resident representative education before being discharged back into the community. Specifically, this included a resident that was discharged with a Ex.Order 26.4(b)(1) for 1 resident (Resident #2) of 3 residents reviewed for discharge.	F 624	Resident #2 was discharged on Ex.Order 26.4(b)(1) All residents have the potential to be effected by this deficient practice. All the discharged resident charts where audited for completion of education ang teaching. Current residents with Ex.Order 26.4(b)(1) will be reviewed prior to planned discharge to ensure that all resident and/or resident representative education is provided before being discharged back into the	10/5/21

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F 624	Continued From page 3 Findings included: 1. Resident #2 was admitted to the facility on Ex.Order 26.4(b)(1) and was discharged back to the community on Ex.Order 26.4(b)(1). The resident had diagnoses that included EX Order 26 § 4b1 [redacted] The admission Minimum Data Set, dated 04/06/2021, revealed the Brief Interview for Mental Status to be a [redacted] out of 15, which indicated the resident was Ex.Order 26.4(b)(1). The resident had a EX Order 26 § 4b [redacted]. The resident's care plan included the resident required EX Order 26 § 4b1 [redacted] On 04/21/2021 at 2:56 PM, a progress note from EX Order 26 § 4b1 #3 revealed the resident was to be discharged home on EX Order 26 § 4b1 and had referred the resident to receive assistance at home for the EX Order 26 § 4b1 and EX Order 26 § 4b1. The resident's family member was made aware of the referral. On 04/21/2021 at 2:33 PM, a progress note from Licensed Practical Nurse (LPN) #6 revealed that "all instructions given and understood by resident." On 08/14/2021 at 8:14 AM, LPN #6 stated that the family was not allowed to come into the building to be provided teaching because of the	F 624	community. Current licensed staff will be educated to evaluate residents with EX Order 26 § 4b1 who have a planned discharge and provide resident and/or resident representative education before being discharged back into the community. Weekly random audits will be performed by the Director of Nursing or designee x 1 month, then monthly x 2 months to ensure that current residents with EX Order 26 § 4b1 will be reviewed prior to planned discharge and that all resident and/or resident representative education is provided before being discharged back into the community. Results of these audits will be presented at monthly QAPI meetings for review and improvement if needed.	

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F 624	Continued From page 4 COVID-19 pandemic. She stated that the resident was very nervous about the [redacted] tube, and the LPN had to provide teaching to the resident for four days before being discharged. LPN #6 also taught the family, through the window, how to provide care and feedings regarding the [redacted] tube. The LPN said that she did not show the family how to provide care to the [redacted] because the resident was able to provide care and suction by themselves. The LPN stated she did not provide teaching on how to clean or change the [redacted] and she was not sure if the resident knew how to clean or change the [redacted]. The LPN stated the resident knew how to [redacted] and adjust the flow rate and did return demonstrations. On 08/14/2021 at 9:13 AM, the Director of Nursing stated that the facility provides [redacted] with the family if it is new to the resident and/or family. The nurse did the teaching through the window. She stated that [redacted] education should include how to [redacted] The facility's "Transfer and Discharge" policy and procedure, with a revision date of 05/01/2021, revealed, "XV. Documentation and education provided to a resident or his/her personal representative in preparation for transfer/discharge will be provided in a language that he/she understands."	F 624		
F 677 SS=E	New Jersey Administrative Code § 8:39-5.4 (b) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)	F 677		10/5/21

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F 677	Continued From page 5 §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint Intake NJ143533 Based on observations, record reviews, and interviews, it was determined that the facility failed to ensure that activities of daily living (ADLs) were completed for residents dependent on staff for assistance. Specifically, this included residents not receiving Ex.Order 26.4(b)(1) in a timely manner for 3 residents (Residents #5, #6, and #7) of 4 residents reviewed for ADL care. Findings included: 1. Resident #5 was admitted to the facility on EX Order 26 § 4b1 and had diagnoses that included EX Order 26 § 4b1 The quarterly Minimum Data Set, dated 06/09/2021, revealed the Brief Interview for Mental Status to be a EX O out of 15, which indicated the resident was EX Order 26 § 4b1 . The resident was totally dependent on one person for toilet use. The resident was always incontinent of EX Order 26 § 4b1 and was at risk for EX Order 26 § 4b1 . Resident #5's care plan revealed the resident had 1. "EX Order 26 § 4b1 EX Order 26 § 4b1 " related to a EX Order 26 § 4b1 to the EX Order 26 § 4b1	F 677	Residents # 5, 6, & 7 were immediately provided with timely Ex.Order 26.4(b)(1) CNA #12 & #13 have been educated on the importance of providing residents who are Ex.Order 26.4(b)(1) in a timely and proper manner, including not applying double Ex.Order 26 to a resident. Current residents who are Ex.Order 26.4(b)(1) will be identified and will have Ex.Order 26.4(b)(1) provided in a proper and timely manner. Current nursing staff will be educated on the importance of providing residents who are Ex.Order 26.4(b)(1) with care in a timely manner. Included in the in-service training was the adverse effects of applying double Ex.Order 26.4(Weekly random audits of current residents who are Ex.Order 26.4(b)(1) will be conducted by the Director of Nursing or designee x 1 month, then monthly x 2 months to ensure they are receiving care in a timely manner. Results of these audits will be presented at monthly QAPI meetings for review and improvement if needed.	

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F 677	Continued From page 6	F 677		

EX Order 26 § 4b1 .

On 08/12/2021 at 12:29 PM, Resident #5 stated that staff use " ...two or more Ex.Order 26.4(b) because I don't want to Ex.Order 26.4(b)(1) The evening aides don't clean me all of the way. They don't check on me and I have to call them. They say they're short staffed."

On 08/13/2021 at 8:26 AM, Resident #5 stated being last changed at 5:00 AM that morning. At 10:58 AM, CNA #13 and CNA #12 provided Ex.Order 26.4(b)(1) to resident. During this surveyor's observation of the Ex.Order 26.4(b)(1), the CNAs removed EX Order 26 § 4b1 . After care was provided, the CNAs placed two EX Order 26 on the resident, in addition to a large EX Order 26 § 4b1 . CNA #13 was asked how long the resident is left Ex Order and she didn't respond. She was asked why the resident had EX Order 26 § 4b1 and a EX Order 26 § 4b1 and she said, "EX Order 26 § 4b1 Per the resident, this was the first time the resident had been EX Order 26 § 4b1 during the day shift.

2. Resident #7 was originally admitted to the facility on Ex.Order 26.4(b)(1) and had diagnoses that included EX Order 26 § 4b1 . The quarterly Minimum Data Set, dated 04/20/2021, revealed the Brief Interview for Mental Status to be a EX Or out of 15, which indicated the resident was EX Order 26 § 4b1 . Extensive physical assistance of two or more persons was needed for Ex.Order 26.4(b)(1) The resident was always Ex.Order 26.4(b)(1) of EX Order 26 and EX Order 26 and was at risk for EX Order 26 § 4b1 and had moisture associated EX Order 26 § 4b1 .

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F 677	Continued From page 7	F 677		

Resident #7's care plan revealed the resident had a "EX Order 26 § 4b1 " related to Ex.Order 26.4(b)(1) and a history of EX Order 26 § and had an "EX Order 26 § 4b1 [redacted]"

On 08/12/2021 at 9:12 AM, Resident #7 stated that staff put two EX Order 26 on the resident, and they change the EX Order 26 every four to six hours, typically every six hours. Resident #7 stated, "EX Order 26 § 4b1 [redacted] . EX Order 26 § 4b1 [redacted] They think it's caused by the EX Order 26 § 4b1 . At first it EX Order 26 § 4b1] was really uncomfortable, and now I'm just used to it. I don't like it when it EX Order 26 § [redacted]. It rubs my skin. The Ex.Order 26.4(b)(1) came in and he gave them medication to put on it and told me I need to get up three or four times a day. They don't have enough people to do that even twice a day, in the morning and evening. Once you're in bed, you have to stay there because there just isn't enough people."

3. Resident #6 was admitted to the facility on Ex.Order 26.4(b)(1) and had diagnoses that included EX Order 26 § 4b1 [redacted] The quarterly Minimum Data Set, dated 07/12/2021, revealed the Brief Interview for Mental Status to be a [redacted] out of 15, which indicated the resident was EX Order 26 § 4b1 [redacted]. Extensive physical assistance of one person was needed for Ex.Order 26 use. The resident was always EX Order 26 § 4b1 .

Resident #6's care plan revealed the resident had

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F 677		F 677		

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a "EX Order 26 § 4b1 " related to EX Order 26 § 4b1

On 08/12/2021 at 9:05 AM, Resident #6 stated that staff put two EX Order 26 on the resident and stated, "I don't know why. EX Order 26 § 4b1 ."

On 08/13/2021 at 9:13 AM, the Director of Nursing (DON) stated residents should only have one EX Order 2 applied and staff should check the resident's Ex.Order 26 " ...In the morning and then before and after lunch and before the end of their shift, when they do rounds. They should not be left in a EX Order 26 § 4b1 for four to six hours." When asked about lacking care due to staffing, she stated, "No, we have all hands on deck ..." and that the Assistant Director of Nursing (ADON) assists on the floor. Regarding staffing, she stated, "We've been having some challenges recently. We have agency. When we have a call out, it's difficult to get someone in. If they call out [within] two to three hours, we have the agency to cover or we ask the staff to stay and give a bonus. The administrator is aware of the staffing shortage." Regarding monitoring residents for possible neglect, she stated, "I check the schedule, make rounds, and after morning meeting, I do rounds again. No one ever told me they've been neglected."

The facility's "ADL, Supporting" policy and procedure, with a revision date of March 2018 indicated, "Residents will [be] provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living ...," which include

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F 677	Continued From page 9 assistance with hygiene and elimination (toileting). New Jersey Administrative Code § 8:39 - 27.2 (h)	F 677		
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced	F 726		10/5/21

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F 726	Continued From page 10 by: Complaint Intake NJ143533 Based on observations, record reviews, interviews, and facility policy review, it was determined that the facility failed to provide thorough and complete Ex.Order 26.4(b)(1) for residents dependent on staff for assistance. This affected 1 resident (Resident #7) of 4 residents reviewed for EX Order 26 § 4b1. Findings included: 1. Resident #7 was originally admitted to the facility on EX Order 26 § 4b1 and had diagnoses that included EX Order 26 § 4b1 [redacted]. The quarterly Minimum Data Set, dated 04/20/2021, revealed the Brief Interview for Mental Status to be a EX Or [redacted] out of 15, which indicated the resident was EX Order 26 § 4b1. Extensive physical assistance of two or more persons was needed for Ex.Order 26.4(b)(1). The resident was always EX Order 26 § 4b1 of EX Order 26 and EX Order 26 § and was at EX Order 26 § 4b1 [redacted] Resident #7's care plan revealed the resident had a "EX Order 26 § 4b1 [redacted]" related to EX Order 26 § 4b1 and a EX Order 26 § 4b1 and had an "EX Order 26 § 4b1 , EX Order 26 § 4b1 [redacted] " On 08/13/2021 at 11:36 AM, Certified Nursing Assistant (CNA) #1 provided Ex.Order 26.4(b)(1) to Resident #7. The resident cleaned the EX Order 26 § 4b1 [redacted] The	F 726	Resident #7 was immediately provided with thorough and complete EX Order 26 § 4b1 [redacted]. CNA #1 has been educated on the correct procedure for providing Ex.Order 26.4(b)(1) [redacted] incontinent care including Ex.Order 26.4(b)(1) for female residents. Current residents who are Ex.Order 26.4(b)(1) and dependent on staff for assistance where identified and will have thorough and complete Ex.Order 26.4(b)(1) provided. Current nursing staff will be educated on the correct procedure for providing thorough and complete Ex.Order 26.4(b)(1) for residents who are Ex.Order 26.4(b)(1) and dependent on staff for assistance. Weekly random audits will be conducted x 1 month, then monthly x 2 months by the Director of Nursing or designee for residents who are Ex.Order 26.4(b)(1) and dependent on staff for assistance to ensure that they are receiving thorough and complete Ex.Order 26.4(b)(1). Results of these audits will be presented at monthly QAPI meetings for review and improvement if needed.	

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F 726	Continued From page 11	F 726		

resident then lay down on their back. The resident's Ex.Order 26.4(b)(1), and the EX Order 26 § 4b1 could be seen through the EX Order. The resident had EX Order 26 § 4b1 in between the EX Order 26 § 4b1. CNA #1 washed between the resident's EX Order 26 § 4b1, using a washcloth. She then cleaned the resident's legs and feet. She dried the resident and changed the water in the basin. She then washed the left and right side of the outer EX Order 26 § 4b1 and did not spread the EX Order 2 to clean down the middle. The area was dried, and the resident was rolled to the left side, exposing a EX Order 26 § 4b1 to the EX Order 26 § 4b1. She removed the EX Order 26 § 4b1, removed the top layer of gloves (wearing double layer), and cleaned the EX Order 26 § 4b1. EX Order 26 § 4b1 was then applied to the EX Order 26 § area and over the EX Order 26 § 4. She did not lift the resident's EX Order and clean the skin in between the EX Order, near the area of the EX Order 26 § 4.

On 08/14/2021 at 3:32 PM, when questioned about her EX Order 26 § 4b1 care training, CNA #1 stated that she was trained a long time ago and "when you go to school, they train you. You know what to do before you start working. They show you."

On 08/14/2021 at 3:42 PM, Consultant #1 stated that during EX Order 26 § 4b1 care, "EX Order 26 § 4b1. Not doing so could lead to a host of things, EX Order 26 § 4b1

The facility's "Perineal Care" policy and procedure, with a revision date of February 2018 indicated, "The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent EX Order 26 § 4b1, and to

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	315091	A. BUILDING _____ B. WING _____	C 08/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	205 BIRCHWOOD AVE CRANFORD, NJ 07016

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F 726	Continued From page 12 observe the resident's skin condition." During care, " ...separate labia and wash area downward from front to back ... Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks ..."	F 726		
F 761 SS=D	New Jersey Administrative Code § 8:39- 5.1 (a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility	F 761	No residents were affected due to	10/5/21

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F 761	Continued From page 13 policy review, it was determined that the facility failed to ensure that treatment carts were kept locked when unattended to prevent residents and/or staff access to the contents of 2 of 2 observed treatment carts. Findings included: 1. On 08/12/2021 at 8:37 AM, an unlocked treatment cart on 200 Hall was located between Rooms 211 and 213. The top drawer contained scissors, gauze, and Santyl (wound ointment). At 8:37 AM, Licensed Practical Nurse (LPN) #14 walked by the cart, locked it, and kept walking down the hall. At 12:41 PM, the same treatment cart on 200 Hall was unlocked. Consultant #3 walked by and locked it. When asked if it should be locked, she stated that there probably wasn't anything in the cart. She was advised that there were treatment supplies in the cart and she stated, "Oh." On 08/12/2021 at 8:45 AM, a treatment cart on 100 Hall was unlocked, sitting directly outside Room 110. The drawers were able to be opened, and the cart contained treatment supplies for residents. At 8:57 AM, the treatment cart was still unlocked. At 12:28 PM, the treatment cart was still unlocked. At 12:39 PM, LPN #13 was asked to come over to the unlocked treatment cart on 100 Hall and was asked why the treatment cart was unlocked, and she stated, "We have a problem with it. The key is broken. It's supposed to be unlocked." LPN #13 walked back to the nurse's desk, turned around, walked back to the treatment cart, and locked it. On 08/14/2021 at 9:13 AM, the Director of Nursing stated, "No cart should be left unlocked."	F 761	treatment carts being unlocked in 100 & 200 halls. Treatment carts in 100 & 200 halls were immediately locked. All residents have the potential to be effected by this deficient practice. All medication and treatment carts where checked to ensure they where locked while unattended. On going in-service training will be provided by the pharmacy consultant and staff educator on proper drug and biologicals storage. LPN #13 & LPN #14 have been educated on the importance of keeping treatment carts locked when not in use. All treatment carts will be kept locked when not in use. Current Licensed staff will be educated on the importance of keeping treatment carts locked when not in use. Weekly random audits x 1 month, then monthly x 2 months will be conducted by the Director of Nursing or designee to ensure treatment carts are locked when not in use. Results of these audits will be presented at monthly QAPI meetings for review and improvement if needed.	

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F 761	Continued From page 14 The facility's "Storage of Medications" policy and procedure, with a revision date of April 2019, revealed, "8. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use ..." New Jersey Administrative Code § 8:39- 29.4 (h)	F 761		
F 880 SS=E	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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880		10/5/21

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F 880	Continued From page 15 (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. §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:	F 880		

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F 880	Continued From page 16 Based on observations, interviews, facility policy review, New Jersey Department of Health (NJDOH) issued Executive Directive No. 20-026-1, last updated 10/20/2020, and Centers for Disease Control publication, it was determined that the facility failed to ensure staff wore face masks and eye protection throughout the facility when staff were within 6 feet or less of the resident and failed to ensure resident food was handled in a sanitary manner during the observation of 1 of 1 lunch meal observed. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents. Findings included: Reference: NJDOH issued Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following: 3. Cohorting, PPE and Training Requirements in Every Phase: i. Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE ... All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas. iii. Facilities shall implement universal eye protection, in additional to source control and other infection prevention and control measures, for all staff and for compassionate care or essential caregiver visitors unable to maintain social distancing when the NJDOH CALI Level is Very High/High or Moderate.	F 880	Residents #8, # 10, #11, & #12 were affected due to staff not wearing face masks and eye protection within 6 feet or less of the residents. The Maintenance Director, LPN #1, #9, #10, #14, CNA #1 & #13 have been educated on the current CDC guidance and importance of wearing the appropriate Personal Protective Equipment in all areas of the facility to prevent the spread of COVID-19. Resident # 10 had no adverse effects related to CNA picking up her hamburger and hotdog with her bare hands. CNA # 1 has been educated on the importance of applying clean single use gloves or using utensils when handling food for resident consumption. The IP, topline staff, and all frontline staff were educated with the following CDC infection prevention trainings which include: Module 1A " Infection Prevention & Control Program for all top line staff and IP Module 6A "principles of standard precautions" 6B "principles of transmission based precaution. Included in the training were all videos regarding "CDC COVID-19 Prevention Messages For frontline Long Term Care Staff : Keep COVID-19 out and use PPE correctly for COVID-19." In-service and video training were provided by ADON Damilola Adedeji RN BSN. Root Cause Analysis completed. All in-service training are ongoing.	

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F 880	Continued From page 17 Reference: NJDOH COVID-19 Activity Level Report for the week ending 08/14/2021, indicated Union County of New Jersey was in high community transmission. Reference: Centers for Disease Control (CDC) publication, " Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," last updated 02/23/2021, indicated; HCP [healthcare personnel] working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. - Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions. Reference: Centers for Disease Control (CDC) publication, "Strategies for Optimizing the Supply of Facemasks," last updated 11/23/2020, indicated: In healthcare settings, facemasks are used by HCP for 2 general purposes: 1. As PPE to protect their nose and mouth from exposure to splashes, sprays, splatter, and respiratory secretions (e.g. for patients on Droplet Precautions) ... 2. When recommended for source control while they are in the healthcare facility, to cover one's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing ... -HCP should leave the patient care area if they need to remove the facemask.	F 880	All current staff will be educated on the current CDC guidance and importance of wearing the appropriate Personal Protective Equipment in all areas of the facility to prevent the spread of COVID-19 and on the policy for handling food that is to be consumed by residents. Daily audits x 4 weeks, then weekly random audits x 2 months will be conducted by the Nursing Home Administrator or Designee to ensure all current staff are wearing the appropriate Person Protective Equipment in all areas of the facility and that they are wearing clean, single use gloves or using utensils when handling resident food items. Results of these audits will be presented at monthly QAPI meetings for review and improvement if needed.	

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F 880	Continued From page 18	F 880		

1. On 08/12/2021 at 8:34 AM, Licensed Practical Nurse (LPN) #14 was passing medication on 200 Hall. She was wearing a face mask but no face shield or goggles. At 12:50 PM, LPN #14 stated she only had to wear a mask.

On 08/12/2021 at 8:46 AM, Certified Nursing Assistant (CNA) #13 walked into Resident #8's bedroom to assist with Ex.Order 26.4(b)(1) CNA #13 was wearing a mask and no face shield or goggles. While the CNA was washing her hands, two staff members entered the room, both wearing face shields and masks. One staff had a face shield in her hand and called out to the CNA by name. The CNA replied, "In a minute!" and the two staff members left the room. The CNA then began to provide care.

On 08/13/2021 at 1:52 PM, the Maintenance Director was standing at the nurse's desk near 300 Hall, talking to LPN #1. Approximately two to three feet away, three residents were sitting at a table, finishing eating lunch. LPN #1 had her mask below her chin and the Maintenance Director had his goggles on top of his head and his mask below his chin. On 08/14/2021 at 9:25 AM, the Maintenance Director asked this surveyor if he was supposed to wear his goggles at all times. He was referred to the facility policy.

On 08/12/2021 at 12:53 PM, an observation was made of Licensed Practical Nurse (LPN #9) passing lunch trays and setting trays up without wearing eye protection and going from room to room.

During an interview on 08/13/2021 at 2:53 PM, LPN #9 indicated that she forgot to put on her

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F 880	Continued From page 19	F 880		

shield.

On 08/12/2021 at 12:55 PM, an observation was made of LPN #10 feeding Resident #11 lunch without wearing eye protection.

During an interview on 08/14/2021 at 12:08 PM, LPN #10 indicated that she had a headache from the shield with the elastic band and chose not to wear it.

On 08/12/2021 at 1:07 PM, an observation was made of LPN #10 cueing Resident #12 during lunch without wearing eye protection.

During an interview on 08/14/2021 at 12:08 PM, LPN #10 indicated that she had a headache from the shield with the elastic band and chose not to wear it.

On 08/12/2021 at 1:40 PM, an observation was made of CNA #1 feeding Resident #10 without wearing eye protection.

During an interview on 08/13/2021 at 3:00 PM, CNA #1 indicated that she forgot to put on her shield.

On 08/12/2021 at 1:30 PM, an observation was made of Certified Nursing Assistant (CNA) #1 passing lunch trays and setting trays up without wearing eye protection and going from room to room.

During an interview on 08/13/2021 at 3:00 PM, CNA #1 indicated that she forgot to put on her shield.

During an interview on 08/14/2021 at 9:13 AM,

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F 880	Continued From page 20	F 880		

the Director of Nursing (DON) indicated that staff should wear eye protection when 6 feet distance cannot be maintained. The DON stated that all staff should be wearing a face shield and a mask during the COVID-19 pandemic.

The facility's policy, "Strategies for Optimizing the Supply of Face Masks," with a revision date of March 2021, indicated, "Facilities have provided HCP [healthcare professional] with required education and training, including having them demonstrate competency with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care ...HCP should leave patient care area if they need to remove the mask ..." and face masks should be worn, " ...during activities where prolonged face to face or close contact with a potentially infection patient is unavoidable ..."

Reference: 2017 Food Code by the U.S. Food and Drug Administration, page 69, revealed food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.

Reference: New Jersey Sanitary Code 8:24, indicated,
8:24-3.3 (a) Requirements for preventing contamination from hands include the following:
2. Food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment, except when washing fruits and vegetables ...

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F 880	Continued From page 21	F 880		

2. On 08/12/2021 at 1:40 PM, an observation was made of CNA #1 picking up Resident #10's hamburger and hot dog with her bare hands.

During an interview on 08/13/2021 at 3:00 PM, CNA #1 indicated that she washed her hands and thought it was okay to pick up the food with her bare hands.

During an interview on 08/14/2021 at 9:13 AM, the Director of Nursing (DON) indicated that it is her expectation that staff use a fork, knife, or napkin when picking up residents' ready-to-eat food.

A review of the facility policy, dated July 2017, titled "Assistance with Meals" All residents: "3. All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling."

New Jersey Administrative Code § 8:39-5.1(a)
New Jersey Administrative Code § 8:39-17.2(g)

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
315091 Y1	A. Building B. Wing Y2	10/5/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	205 BIRCHWOOD AVE CRANFORD, NJ 07016

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 F0558	Correction	ID Prefix F0624	Correction	ID Prefix F0677	Correction
Reg. # 483.10(e)(3)	Completed	Reg. # 483.15(c)(7)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	10/05/2021	LSC	10/05/2021	LSC	10/05/2021
ID Prefix F0726	Correction	ID Prefix F0761	Correction	ID Prefix F0880	Correction
Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	10/05/2021	LSC	10/05/2021	LSC	10/05/2021
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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
8/14/2021	☐ YES ☐ NO