STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315122	A. BUILDING _____ B. WING _____	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WESTFIELD, LLC	1515 LAMBERTS MILL ROAD WESTFIELD, NJ 07090

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F 000	INITIAL COMMENTS C #: Covid-19 Infection Control Survey Sample: 5 Census; 179 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 not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare 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	F 880		5/17/22

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

Electronically Signed | 05/04/2022

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F 880	Continued From page 1	F 880		

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:
(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

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F 880	Continued From page 2 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: Covid-19 Infection Control Based on observation, interviews, and record review on 4/22/22, it was determined that the facility failed to ensure handwashing was performed according to their policy and acceptable standards of infection control practice according to the Centers for Disease Control and Prevention (CDC). This deficient practice was identified for 1 of 2 Employees (Certified Nursing Assistant #1), observed for Handwashing technique. This deficient practice was evidenced by the following: Reference: Centers for Disease Control and Prevention (CDC) Hand Hygiene in Healthcare Settings, last reviewed 1/8/2021, Healthcare Providers, When and How to Perform Hand Hygiene, Techniques for Washing Hands with Soap and Water, recommends: "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry...Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds..."	F 880	How the corrective actions will be accomplished for those residents found to be affected by the practice: No residents were found to be affected by the deficient practice. CNA #1 was immediately reeducated on Facility Policy and return demonstration was completed. CNA #1 washed her hands for 20 seconds prior to treating and or assisting any other patients. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by the deficient practice What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur: Certified Nursing Assistant #1 was counseled on not following facility policy. Certified Nursing Assistant #1 was reeducated on facility hand washing policy and return demonstration performed. Facility staff will be reeducated and return demonstrations completed to ensure proper handwashing The following education will be provided as per the Directed Plan of Correction (DPOC) Nursing Home Infection Preventionist	

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F 880	Continued From page 3 Review of the facility line listing (LL) provided by the facility on 4/22/22, showed that the COVID-19 outbreak started on 4/13/22 and the last tested positive for COVID 19 was on 4/17/22. During the tour of the unit on 4/22/22 at 12:45 pm, Certified Nursing Assistant (CNA #1) came out of Resident [redacted] room who was on isolation precaution for COVID-19. CNA #1 performed handwashing with soap and water for 9 seconds which was not according to the facility policy and CDC guidelines for health care providers. During the interview with CNA #1 on 4/22/22 at 12:50 pm, she stated that she washed her hands but did not count to ensure it was 20 seconds. The CNA was unable to verbalize the importance of handwashing. The form "HAND WASHING COMPETENCY VALIDATION (HWCV)" dated 4/13/2022, provided to CNA #1 showed "...Apply hand-washing agent (SOAP) and thoroughly distribute over hands. Vigorously rub hands together for 20 seconds, covering all surfaces of the skin..." The facility's policy titled "Handwashing/Hand Hygiene" updated on 1/2022, showed "This facility considers hand hygiene the primary means to prevent the spread of infections...2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds..."	F 880	Training Course - Module 1 - Infection Prevention & Control Program to be provided to Topline staff and Infection Preventionist CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! Provided To Frontline staff CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands Provided to Frontline staff Nursing Home Infection Preventionist Training Course - Module 7 □ Hand Hygiene Provided to all staff including topline staff and infection Preventionist Nursing Home Infection Preventionist Training Course - Module 6A □ Principles of Standard Precautions Provided to All staff including topline staff and infection Preventionist Nursing Home Infection Preventionist Training Course - Module 6A □ Principles of Standard Precautions Provided to All staff including topline staff and infection Preventionist. All trainings included in the Directed Plan of Correction (DPOC) are to be completed by 5/17/2022 How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. What quality assurance will be put in place: Infection Preventionist and or designee will audit certified Nursing assistant #1 weekly X four weeks to ensure compliance. Infection Preventionist and or	

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F 880	Continued From page 4 NJAC 8:39-19.4 (a) (1)	F 880	designee will audit 4 staff members weekly x 4 weeks, monthly x 2 months and quarterly x 3 quarters. Findings will be reported to the Director of Nursing weekly and during the monthly QAPI meeting Date of Compliance: Director of Nursing will ensure facility compliance is maintained. Facility is in compliance with F880 as of 5/17/2022	
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza	F 883		5/6/22

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F 883	Continued From page 5 immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Covid-19 Infection Control Based on interviews, and record review, as well review of pertinent facility documents on 4/22/22, it was determined that the facility failed to provide information and the opportunity to receive the [redacted] vaccine for [redacted] residents (Resident [redacted]) reviewed for immunization status.	F 883	How the corrective actions will be accomplished for those residents found to be affected by the practice: Resident Representative was contacted by IP and was able to obtain consent to offer [redacted] vaccine to Resident [redacted] after discussing the Risk VS Benefit of the Vaccine. MD was Notified and order obtained for	

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F 883	Continued From page 6 This deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD (AR)", Resident [redacted] was admitted to the facility on [redacted] with diagnoses that included but was not limited to: [redacted] According to the Minimum Data Set (MDS) dated [redacted], the Resident was [redacted]. Immunization Record (IR) for Resident [redacted] showed no documentation to indicate that the Resident Representative (RR) had been informed about the risk and benefits of the vaccine and was given the opportunity to receive the [redacted] vaccine. During the interview with the Unit Managers (UM #1 and UM #2) on 4/22/22 at 3:00 pm, they were not able to provide documentation why the vaccine was not provided to Resident [redacted]. During the interview with the Director of Nursing (DON) 4/22/22 from 3:00 pm to 4:00 pm, the DON stated that the IR should have been updated whether the Resident received the vaccine or not. The DON was not able to provide documented evidenced that the RR was educated on risk and benefit of the vaccine or if the vaccine was refused in behalf of Resident [redacted]. Review of the facility policy titled "[redacted] Vaccine" updated on 1/2022, showed " ... All residents will be offered [redacted] vaccines to aid in preventing [redacted] infections ...Prior to or upon admission, residents will be assessed for eligibility to receive the	F 883	pneumococcal vaccination and vaccine given How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents and new admissions have the potential to be affected by the deficient practice What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur: Audit was conducted of all the residents in the facility and identified any residents who refused [redacted] vaccines and who are missing a documentation about risk VS benefits of the vaccine. [redacted] Vaccines will be offered again to all residents who previously refused, and they will be educated including their representative of the Risk VS Benefit of the [redacted] Vaccine. Inservice completed for nurses to obtain records of [redacted] vaccinations upon admission and offer the vaccination to the residents and or residents representative and to document refusal and education specific to risk VS benefit of the [redacted] Vaccine. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. What quality assurance will be put in place: IP will conduct audits weekly X 4 weeks to ensure compliance with all new admissions and findings presented to	

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F 883	Continued From page 7 [redacted] vaccine series, and when indicated, will be offered the vaccine series within thirty days (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated...if refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the [redacted] vaccination ..." NJAC 8:39-19.4 (i)	F 883	Director of Nursing and QAPI Committee. IP will conduct audits monthly X3 months to ensure compliance with all new admissions and findings presented to Director of Nursing and QAPI committee. Date of Compliance: Director of Nursing will ensure facility compliance is maintained. Facility is in compliance with F883 as of 5/6/2022	