

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

PRINTED: 04/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2022
NAME OF PROVIDER OR SUPPLIER ADROIT CARE REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1777 LAWRENCE STREET RAHWAY, NJ 07065		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID 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 Infection Control Covid-19 Survey CENSUS: 92 SAMPLE SIZE: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 11/21/2022. The facility was found to be out of 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 for COVID-19.	F 000			
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	F 880		1/13/23	

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

TITLE

(X6) DATE

Electronically Signed

12/20/2022

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>arrangement based upon the facility assessment 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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. This REQUIREMENT is not met as evidenced by: Infection Control Covid-19 Survey</p> <p>Based on observations, interviews, and the review of other pertinent facility documents on 11/18/2022 and 11/21/2022, it was determined that the facility failed to thoroughly screen all staff for Covid-19 signs and symptoms in accordance with the facility's policy titled "Employee Screening for Symptoms of Covid 19" and the Centers for Disease Control and Prevention (CDC) guidelines. This deficient practice was evidenced by the following:</p> <p>Reference: Centers for Disease Control and Prevention (CDC) COVID-19, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 2/2/22, showed "...1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic...Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility. HCP [Health Care Provider] should report any of the 3 above criteria to occupational health or another point of contact designated by the facility, even if they are up to</p>	F 880	<p>Plan of Correction F880 Level E Completion Date: 1/13/2022</p> <p>A) IMMEDIATE CORRECTION ACTION: 1) Infection Preventionist/DON/Administrator will counsel and in-service all staff on mandatory Advanced Entry Screening process to ensure full compliance</p> <p>B) IDENTIFICATION OF OTHER RESIDENTS: 1) All residents and employees have the potential to be affected by this deficient practice.</p> <p>C) SYSTEMIC CHANGES 1) Administrator/DON/ADON/Nursing Supervisor/Designee are assigned to monitor incoming staff to ensure they are utilizing the Advanced Entry Screening between 8pm to 8am 2) A back-up touchless digital thermometer will be available if the Advanced Entry Kiosk is down along with a paper format of covid questionnaire.</p> <p>D) MONITORING CORRECTIVE ACTION: 1) The Administrator will audit evening and night staff twice per week x 4 weeks then monthly x 4 months to ensure</p>		

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F 880	<p>Continued From page 3</p> <p>date with all recommended COVID-19 vaccine doses. Recommendations for evaluation and work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2..."</p> <p>A review of the facility document titled "Line List" (a list of all Covid 19 positive staff and residents) reveals the first case of Covid 19 was on 11/3/2022 with a resident, and the most recent case was on 11/17/2022 with a resident.</p> <p>A review of the facility-provided screening logs for November 2022 revealed that from 11/3/2022 through 11/17/2022, during the hours of 10:00 p.m. to 5:00 a.m., only one staff was screened for all fifteen days.</p> <p>During an interview on 11/18/2022 at 1:30 p.m., the Receptionist stated that she screens everyone that enters during her working hours of 8 a.m. to 4 p.m. According to the Receptionist, there are per diem staff at the reception desk from 4 p.m. to 8 p.m. and on the weekends.</p> <p>During an interview on 11/21/2022 at 1:20 p.m., the Administrator was asked if all the screening logs for the dates requested by the Surveyor were emailed to the Surveyor, and the Administrator answered, "yes." The Surveyor asked the Administrator to confirm if the records were complete, and the Administrator again replied, "yes." The Surveyor told the Administrator that there were no screening logs for the overnight shift staff from 11/3/2022 through 11/17/2022. The Administrator stated that they (the kiosk screening company) shut the kiosk down and contacted the screening company to "send us</p>	F 880	<p>Covid-19 screening prior to start of duty.</p> <p>2) Outcome of audits will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee</p> <p>E) DPOC</p> <p>The facility will complete the following in-services</p> <p>a) Mandatory re-in service on the facility's policy and procedure on screening employees prior to the start of duty</p> <p>b) The facility shall provide in-service training to appropriate staff, with staff competency validated by the Administrator, Director of Nursing, Medical Director or Infection Preventionist, as follows:</p> <ul style="list-style-type: none"> Nursing Home Infection Preventionist Training Course Module 1 Infection Prevention & Control Program https://www.train.org/main/course/1081350/ <p>Provide the training to: Topline staff and infection preventionist</p> <ul style="list-style-type: none"> CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! https://youtu.be/7srwrF9MGdw <p>Provide the training to: Frontline staff</p> <ul style="list-style-type: none"> CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Closely Monitor Residents https://youtu.be/lZbTlNjV6XÄ <p>Provide the training to: Frontline staff</p> <ul style="list-style-type: none"> Nursing Home Infection Preventionist Training Course Module 5 — Outbreaks https://www.train.org/cdctrain/course/1081803/ 		

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F 880	<p>Continued From page 4</p> <p>why they did not record the screenings late at night and to see if they (staff) didn't screen."</p> <p>During a second interview on 11/21/2022 at 4:00 p.m., When asked by the Surveyor for the other screening logs, the Administrator stated, "I don't have anymore screening logs." According to the Administrator, everyone who came in at night for the last two weeks was not screened. He continued, "I learned my lesson. I am the one who monitors the screening log, or I should have, I was not taught properly, but I will be now."</p> <p>A review of the facility policy titled "Employee Screening for Symptoms of Covid 19" with an effective date of 3/6/2020 and last review date of 1/7/2022, under "Policy:" revealed the following: "It is the policy of this facility to screen all employees prior to the start of duty for signs and symptoms of respiratory illness." The policy further reveals under "Purpose: To protect our residents, families, and staff from Covid 19 by not allowing staff to work while ill." The policy also reveals under "General Information: All Staff will be screened for an elevation in temperature and symptoms of respiratory illness prior to starting work. This screening will happen at the front door. Staff will be permitted to enter only through (the) front door. Entry will not be permitted through any other door. [...] If the scan indicates a temperature reading above 100.4 degrees F, that person will be pulled from the line of people entering the facility AND referred to the nursing supervisor to come to the front door to complete an assessment of the employee."</p> <p>N.J.A.C: 8:39-19.4(a)(b)</p>	F 880	<p>Provide the training to: Topline staff and infection preventionist</p> <ul style="list-style-type: none"> Nursing Home Infection Preventionist Training Course Module 4 Infection Surveillance <p>https://www.train.org/cdctrain/course/1081802/</p> <p>Provide the training to: Topline staff and infection preventionist only</p>		