

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021	
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON				STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540			
(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 Survey date: 1/12/21 Census: 99 Sample: 4 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be 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 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 arrangement based upon the			F 880			5/7/21

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

TITLE

(X6) DATE

Electronically Signed

01/19/2021

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.

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
(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 880	<p>Continued From page 1</p> <p>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.</p>	F 880			

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
(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 880	<p>Continued From page 2</p> <p>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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of pertinent facility documentation it was identified that the facility failed to: a.) appropriately perform hand hygiene to prevent the spread of infection, b.) wear the appropriate Personal Protective Equipment (PPE) to prevent the spread of infection, and c.) appropriately don PPE prior to entering resident's rooms on Transmission Based Precautions (TBP). These deficient practices were identified on two of three nursing units and for three of four residents reviewed, (Resident #2, #3, and #4) for infection control practices during a focused COVID-19 Infection Control survey.</p> <p>The evidence was as followed:</p> <p>On 1/12/21 at 10:01 AM, Surveyor #1 observed the Licensed Practical Nurse (LPN) standing in front of her medication cart in the hallway on the 3rd floor wearing a cloth face mask covering.</p> <p>At 10:14 AM, Surveyor #1 observed Housekeeper #1 in the hallway on the 3rd floor wearing a cloth face mask covering. The surveyor observed that Housekeeper #1 was wearing the mask below their nares (nostrils).</p> <p>At 10:23 AM, the Surveyor #1 observed the</p>	F 880	<p>I. What corrective action was accomplished for Residents affected by the deficient practice?</p> <p>The LPN who was at her medication cart on the 3rd floor; Housekeeper #1; Housekeeper #2 and the Physician who was identified wearing a cloth face mask were all provided surgical masks and educated that cloth face masks can not be worn in a Healthcare Facility as it is not equally effective as a surgical mask or N95 mask.</p> <p>Housekeeper #1; 3rd floor LPN/Unit Manager; Housekeeper #2 and Housekeeper #3 who were improperly wearing their face mask were all re-educated on the proper use of wearing their surgical masks and or N95 completely covering their nose and mouth.</p> <p>Housekeeper #1 was educated on the proper hand washing procedure and a competency was also conducted.</p> <p>The RN who was observed entering the room of Resident #3 who was on</p>		

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
(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 880	<p>Continued From page 3</p> <p>Licensed Practical Nurse/Unit Manager (LPN/UM) on the 3rd floor sitting at the nursing station with his KN95 mask pulled down over his face so that his nostrils and mouth were exposed. Surveyor #1 interviewed the LPN/UM at that time and asked how the facemask should be worn. The LPN/UM stated that the face mask should be covering his nose and mouth.</p> <p>At 10:24 AM, Surveyor #1 asked Housekeeper #1 to demonstrate how she performed hand hygiene. She rinsed her hands with water, applied soap, lathered her hands outside of the stream of running water for 15 seconds and then rinsed her hands with water. Housekeeper #1 attempted to remove a paper towel from the touchless paper towel dispenser and the paper towel would not dispense. She then took a key to open the paper towel dispenser and fixed the dispenser. Housekeeper #1 was observed touching the outside of the paper towel dispenser every time she removed a paper towel.</p> <p>At 10:25 AM, Surveyor #2 observed Housekeeper #2 on the 3rd floor mopping a resident room while wearing a blue cloth with a design that covered her mouth but left her entire nose exposed. There was no resident in the room.</p> <p>Surveyor #2 interviewed Housekeeper #2 on 01/12/21 at 10:27 AM. Housekeeper #2 stated the blue cloth mask was her own personal mask but that the facility does provide her with surgical masks. She further stated the mask should cover her nose but does not always do that.</p> <p>At 10:28 AM, Surveyor #1 again asked</p>	F 880	<p>Transmission-based Precautions without performing hand hygiene or donning gloves prior to entering this Resident's room was re-educated. In addition to re-education, a competency for donning PPE and performing hand hygiene was conducted.</p> <p>The Physician who was identified not wearing eye protection when entering the room of Resident #2 who was on Transmission-based Precautions was educated on the requirement of wearing eye protection while in the facility including when entering a room of a Resident on Transmission-based Precautions. This Physician was provided eye protection. This Physician, who failed to perform hand hygiene and properly don a gown prior to entering the room of Resident #4, was educated on proper hand hygiene and the proper donning of a gown prior to entering a room of a Resident on Transmission-based Precautions.</p> <p>II. How will the facility identify other Residents having the potential to be affected by the same deficient practice?</p> <p>All Residents in the facility have the potential to be affected by these deficient practices.</p> <p>III. What measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur?</p>		

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
(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 880	<p>Continued From page 4</p> <p>Housekeeper #1 to demonstrate for both surveyors how she performed hand hygiene. At this point in time, the touchless paper towel dispenser was working. The surveyors observed Housekeeper #1 rinse her hands with water, apply soap, lather her hands outside of the stream of running water for 25 seconds and then rinse her hands with water. She then touched the outside of the touchless paper towel dispenser to dispense a paper towel to dry her hands. She again touched the outside of the touchless paper towel dispenser to remove a paper towel to turn off the faucet.</p> <p>At 10:37 AM, Surveyor #1 observed Housekeeper R#3 sweeping the third floor hallway. Housekeeper #3 was observed wearing a blue surgical mask underneath her nose thus exposing her nares.</p> <p>At 10:46 AM, Surveyor #1 interviewed the Registered Nurse/Supervisor (RN/S) on the second floor who stated that part of her job responsibilities included in-servicing staff on appropriate infection control practices related to COVID-19. The RN/S stated that the appropriate method to perform hand hygiene consisted of rinsing hands with water, applying soap, vigorously lathering hands with soap and water outside of the running water for 30 seconds, and then rinsing hands with water. The RN/S further stated that the staff was to dry hands with a paper towel and then when the hands were dry to remove another paper towel to turn off the running water to the sink. The RN/S stated that surfaces should not be touched in between washing and drying hands because then the hands became contaminated. The RN/S further</p>	F 880	<p>The Facility Staff and Physicians/NP's will be educated that cloth masks can not be used in a Healthcare Facility as they are not equally effective as surgical or N95 masks.</p> <p>The Nursing and Housekeeping Staff will be educated on the proper use of surgical, KN95 and N95 masks emphasizing that these masks are to be worn covering their nose and mouth.</p> <p>The Housekeeping Staff will be educated on the Facility's hand washing procedure with return demonstration.</p> <p>The Nursing Staff will be educated on donning gloves and the hand washing procedure or the use of alcohol based hand sanitizer prior to entering the room of any Resident on Transmission-based Precautions.</p> <p>All Physicians/NP's will be educated on the requirement on the use of eye protection while in the Facility including when entering Resident rooms on Transmission-based Precautions. All Physicians/NP's will also be educated when hand hygiene should be performed and how to properly don a gown prior to entering the room of a Resident who is on Transmission-based Precautions.</p> <p>The Receptionist/Nursing Supervisors will monitor all Physicians/NP's who enter the facility to ensure they have the necessary PPE (eye protection, gloves, gowns and</p>		

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
(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 880	<p>Continued From page 5</p> <p>stated that full PPE needed to be applied prior to entry to a resident's room who was on TBP. The PPE consisted of a gown, gloves, goggles or face shield, N95 mask with a surgical mask over.</p> <p>At 11:08 AM, Surveyor #2 observed two staff members in the hall. One was a male staff member (who later identified himself as a physician). The physician was observed wearing a white mask with a white cloth mask on top of it. The physician donned a blue PPE gown, gloves and entered the room of Resident #2, who was on TBP. Surveyor #2 observed that Resident #2's room had a "STOP" sign on the door and a sign indicating the PPE to wear- goggles/face mask, gown, gloves and a mask.</p> <p>At the same time, the surveyors observed a Registered Nurse (RN) wearing a KN95 mask and face shield. The RN approached Resident #3's room who was identified on TBP by a "Stop" sign being posted on the resident's door and a sign indicating the PPE to wear - goggles/face mask, gown, gloves and a mask. The surveyors did not observe the RN perform hand hygiene or put on gloves. The surveyors observed the RN donned a yellow PPE gown and entered Resident #3's room. Surveyor #1 observed the RN walking around the resident's room without gloves on.</p> <p>As soon as the RN exited Resident #3's room, Surveyor #1 conducted an interview with the RN who stated that Resident #3 had been re-admitted within the last 14 days and was on TBP. The RN stated that prior to entering a resident's room who was on TBP, Alcohol Based Hand Rub (ABRH) or hand hygiene needed to be</p>	F 880	<p>masks)and will maintain a supply of the necessary PPE at the Reception Area.</p> <p>IV. How will the Facility monitor its corrective action to ensure that the deficient practice is being corrected and will not reoccur?</p> <p>The Administrator and/or designee will conduct weekly audits for four (4) weeks, then monthly for five (5) months to ensure all Facility Staff and Physicians/NP's are wearing either a surgical mask or a N95 mask and no one is wearing a cloth mask covering.</p> <p>The Facility Infection Control Preventionist and/or Nursing Designee will conduct weekly audits for four (4) weeks, then monthly for five (5) months to ensure the Facility Staff and Physicians/NP's are properly wearing a surgical mask and or N95 mask ensuring that masks are completely covering the nose and mouth.</p> <p>The DON/Infection Control Preventionist and/or Nursing Designee will conduct weekly audits for four (4) weeks, then monthly for five (5) months of two random Staff Members from the Nursing and Housekeeping Departments to ensure that they are following proper hand washing procedures or the using alcohol based hand sanitizer.</p> <p>The DON/Infection Control Preventionist and/or Nursing Designee will conduct</p>		

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
(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 880	<p>Continued From page 6</p> <p>performed. The RN stated that gloves needed to be donned prior to entering a resident's room on TBP to prevent the spread of the COVID-19 virus.</p> <p>At 11:16 AM, Surveyor #1 interviewed the male staff member who was observed entering Resident #2's room. The male staff member identified himself as a physician. Surveyor #1 observed the physician wearing a KN95 mask with a white cloth face mask over top of the KN95 mask and goggles.</p> <p>At 11:19 AM, the surveyors observed the physician apply a blue gown in the hallway outside of Resident #4's room. The physician was not observed putting the hole to the blue gown over his head. The blue gown was loosely observed hanging down under his neck. The surveyors further observed the physician enter Resident #4's room without performing hand hygiene.</p> <p>During an interview with the surveyors on 01/12/21 at 11:27 AM, the Registered Nurse (RN) Interim Director of Nursing (DON), Infection Preventionist (IP) stated that cloth masks are not appropriate for the staff to be wearing and that the masks are to cover both the staff's nose and mouth completely. The RN/DON/IP stated the process would be for staff to perform hand hygiene prior to entry and exit of a TBP room. The RN/DON/IP also stated that the staff would be required to wear a N95 mask if they had been fit tested, a KN95 mask with either a face shield or surgical mask over it, disposable gown either tied securely in the back or with the hole completely over the staff members neck so the</p>	F 880	<p>weekly audits for four (4) weeks, then monthly for five (5) months of two random Facility Staff Members to ensure that they are following proper hand washing procedures or using alcohol based hand sanitizer and donning PPE prior to entering a room of a Resident on Transmission based Precautions.</p> <p>The DON/Infection Control Preventionist and/or Nursing Designee will conduct a weekly audit for four (4) weeks, then monthly for five (5) months of two Physicians/NP's to ensure that they are following proper hand washing procedures or using alcohol based hand sanitizer and properly donning PPE prior to entering a room of a Resident on Transmission-based Precautions.</p> <p>The Administrator and/or Designee will conduct weekly audits for four (4) weeks, then monthly for five (5) months to ensure that all Physicians/NP's are wearing eye protection as required.</p> <p>Results of the audits will be forwarded to the QAPI Committee monthly for four (4) months for tracking, trending and implementation of action plans as necessary.</p> <p>Directed In-Service Training:</p> <p>The Nursing Home Infection Preventionist Training Course - Module 1 was viewed by the Management Staff and certificates were printed upon completion.</p>		

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

PRINTED: 06/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
(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 880	<p>Continued From page 7</p> <p>front was covered and gloves. The RN/DON/IP stated the appropriate way to wash hands was to wet hands, apply soap, later outside the water for at least 20 seconds, rinse hands under the water, use a paper towel to dry hands and to take a new paper towel to turn off the water. The RN/DON/IP further stated that the staff member should never touch an object, such as the towel dispenser, during the process because their hands would become contaminated.</p> <p>Review of the facility's undated Handwashing/Hand Hygiene Policy and Procedure indicated that all staff should follow handwashing policy and procedures to prevent the spread of infection to other staff, resident's, and visitors. The Handwashing/Hand Hygiene Policy and Procedure further indicated to utilize an ABRH before and after entering isolation precaution settings.</p> <p>Review of the facility's COVID-19 Personal Protective Equipment-Contingency and Crisis Use of Isolation Gowns Policy and Procedure dated 8/18/20 indicated, "To put on gown: a. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back."</p> <p>Review of the Center for Disease Control (CDC) Guidance related to the Usage of Cloth Face Masks dated 10/10/20 indicated that wearing cloth face masks should not be used in healthcare settings due to the cloth mask design not being equally effective as the medical surgical masks or N95 masks.</p> <p>NJAC 8:39 19.4(a)(1-2); 27.1(a)</p>	F 880	<p>CDC Covid-19 Prevention Messages for Front-Line LTC Staff: Keep Covid-19 Out, Clean Hands and Use PPE Correctly for Covid-19 was viewed and post competency evaluations were completed by the front-line staff.</p> <p>Root-Cause Analysis:</p> <p>The Root-Cause Analysis, along with the necessary corrective action, was completed. The reason the Staff did what they did was because the Facility Infection Preventionist/ADON was temporarily acting as the Director of Nursing. This left the Infection Preventionist less time to focus on auditing and in-servicing the staff on Infection Control Practices. It was also identified that some of the Housekeeping Staff has a language barrier which impacted their understanding of Infection Control Practices. In addition, some of the Housekeeping Staff were found to be illiterate in the English Language.</p> <p>NP stands for Nurse Practitioner.</p>		