

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

PRINTED: 07/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
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NAME OF PROVIDER OR SUPPLIER COMMUNITY MEDICAL CENTER TCU	STREET ADDRESS, CITY, STATE, ZIP CODE 99 ROUTE 37 WEST TOMS RIVER, NJ 08755
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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted at this facility. The facility was found to be out of compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 07/07/2020	F 000		
F 880 SS=F	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	F 880		7/15/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/15/2020
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>by:</p> <p>Based on staff interviews and record review, it was determined that the facility failed to adequately monitor residents, staff and visitors for signs and symptoms of COVID-19, and failed to restrict visitation of all visitors. This affected 14 of 14 residents in the facility during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. A review of the Centers for Disease Control's (CDC) guidelines titled, "Preparing for COVID-19 in Nursing Homes," last updated 06/25/2020, indicated, "Actively monitor all residents upon admission and at least daily for fever (T (temperature) [greater than/equal to] 100.0 (degrees) [Fahrenheit]) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry."</p> <p>According to the CDC, symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.</p> <p>On entering the facility on 07/07/2020 at 8:35 AM, this surveyor was admitted without being asked any screening questions. A physician was then observed entering the facility without being asked any screening questions.</p> <p>On 07/07/2020 at 8:45 AM, an interview was completed with the Chief Nursing Officer (CNO). The CNO stated, "Anyone who is not an employee should be screened with questions." She confirmed that employees were not being</p>	F 880	<p>83.80(a) The Transitional Care Unit (TCU) established an infection prevention and control program (IPCP) which was established in 2018 and is reviewed on an annual and as needed basis.</p> <p>483.80(a)(1) TCU staff/any person providing services for TCU is educated on the process for preventing, identifying, reporting, investigating and controlling infections during their initial orientation and annually or as needed thereafter. Visitors and residents are educated of these processes and proper infection prevention practices as they are admitted to the unit and during general patient/family education throughout their stay.</p> <p>483.70(e) The TCU's IPCP is developed with, not limited to, factual and evidence based information from infectious disease experts, recommendations from the CDC, the New Jersey Department of Health and the Ocean County Health Department.</p> <p>483.80(a)(2) The below items have been incorporated into the TCU's written standards, policies and procedures for the IPCP: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (Infection Prevention Plan -2020) (ii) When and to whom possible incidents of communicable disease or infections</p>		

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F 880	<p>Continued From page 3</p> <p>asked screening questions.</p> <p>An interview was completed with the Director of Nursing (DON) on 07/07/2020 at 9:00 AM. The DON said that staff were not being asked screening questions when they arrived for work. "Staff know if they have any symptoms, they don't come to work." The DON also reported that residents were asked screening questions about symptoms at the time of admission, but not on an ongoing basis.</p> <p>On 07/07/2020 at 10:35 AM, an interview was completed with Nurse #1. Nurse #1 said at the time of admission, residents were asked about COVID-19 symptoms, but residents were not asked screening questions routinely.</p> <p>On 07/07/2020 at 10:45 AM, an interview was completed with Nursing Assistant #1 (NA #1). NA #1 reported that she was not asked any screening questions as she came to work.</p> <p>A review of the COVID-19 Outbreak policy did not note a process for asking staff, visitors or residents screening questions for COVID-19.</p> <p>A review of Resident #1's medical record revealed no screening questions related to COVID-19.</p> <p>2. A review of the New Jersey Department of Health, "Recommendations for Long-Term Care Facilities during COVID-19 Pandemic," updated 5/11/2020, indicated, "On March 13, 2020 the Center's for Medicare & Medicaid Services (CMS) instructed that facilities should restrict visitation of all visitors and non-essential HCP (healthcare personnel), except for certain compassionate care situations, such as an end-of-life situation."</p>	F 880	<p>should be reported; (IP Policy: Reporting of Reportable Communicable Diseases IC R-1)</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (IP Policy: Mode of Transmission IC M-1)</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to: (IP Policy: Mode of Transmission IC M-1)</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; (Corporate Care Policy #3) and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. (IP Policy: Hand Hygiene IC H-1)</p> <p>483.80(a)(4)</p> <p>Any incidents or events that are inconsistent with our IPCP are reported using our incident reporting system, Verge. When possible, these events are observed and responded to in real time by clinicians on the unit. All outliers are investigated by the DON and reported to Serious Safety Event Committee Meeting (weekly), Patient Safety Committee (monthly), Quality Assessment, and Assurance Committee (quarterly).</p>		

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F 880	<p>Continued From page 4</p> <p>On 07/07/2020 at 10:00 AM, an interview was completed with the Therapeutic Recreation Director (TRD, activities director). The TRD reported the center had started allowing families to visit face to face with residents. "We have started visitation back. They can have one visitor a day for an hour. They come up to the rooms."</p> <p>During an interview on 07/07/2020 at 10:35 AM, Nurse #1 said, "We follow the hospital policy for visitors. Right now, visiting hours are 12 (PM) - 8 (PM), they can visit for an hour, one person at time."</p> <p>On 07/07/2020 at 11:48 AM, an interview was completed with the DON. The DON said, "For family visits, the Medical Center has a visitation policy. The residents can have one visitor at a time, and they stay in the room. Hours are 12 (PM) to 8 PM." The DON reported that there had been two to three visitors in the center in the last week.</p> <p>NJAC: 8:39-13.1 (c)</p>	F 880	<p>Education is provided to staff as these events may occur. Recommendations and necessary action plans are discussed at minimum monthly during department staff meetings.</p> <p>483.80(e) The staff of Community Medical Center, in collaboration with HCSC, manage linens. The personnel are trained to handle, store, process, and transport linens so as to prevent the spread of infection. TCU staff are educated on this process on initial orientation, yearly by the HCSC Linen Manager, and on an as needed basis.</p> <p>483.80(f) The Infection Prevention Committee approves the Infection Prevention Plan. The committee is multidisciplinary (inclusive of the Administrative Director of Nursing for the Transitional Care Unit) and reviews the plan on an annual basis, unless otherwise needed by changes in regulations, events or outcomes. The IPCP was last reviewed and approved in February of 2020.</p> <p>Following the receipt of the statement of deficiencies on July 10, 2020, all TCU nurses were immediately educated on the need to screen residents daily for signs and symptoms of COVID-19. Symptoms to include fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. The facility <input type="checkbox"/>s</p>		

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F 880	Continued From page 5	F 880	<p>outbreak plan will be updated to include the process of needing to screen each person who enters the facility for covid-19 signs and symptoms to include fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.</p> <p>In response to the deficient practices observed on 07/07/2020:</p> <p>1. Visitor Screening The screener at the identified entrance was educated on the need to screen each person who enters the facility for COVID-19 signs and symptoms to include fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. This observation was immediately reported to the Chief Nursing Officer, Safety Director and Director of Security for immediate re-education of all hospital screeners. All entrance screening staff stating that all patients, visitors, and designated caregivers will be screened for all signs and symptoms of COVID-19, travel history and temperature screening, sign a daily, pre-shift attestation. Two audits per door per day are conducted daily to ensure the screening staff is properly screening patients, visitors and caregivers for the signs and symptoms of COVID-19, travel history and temperature monitoring is occurring until 100 % compliance is achieved for 3 consecutive months.</p>		

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F 880	Continued From page 6	F 880	<p>The safety and/or security directors will report findings to TCU DON and Licensure & Accreditation (monthly) starting August, 2020.</p> <p>Patient Screening Screening of TCU residents/patients for signs and symptoms of COVID-19 is being conducted as of 7/8/2020. The TCU RNs are completing a daily nursing note, confirming assessment of the patient/resident for signs and symptoms of COVID-19. Temperature is recorded every shift during vital signs. In addition, the DON, in collaboration with the Information Technologies team, has submitted a change request to the RWJBH system to add a nursing ad-hoc form to the electronic medical record system. The plan for the process change was also initiated on 07/08/2020.</p> <p>The DON or designee will randomly audit 10 charts weekly to ensure daily resident screening for temperature and sign and symptoms is occurring until 100% compliance is achieved for three consecutive months. The DON will report the findings at the monthly staff meeting, QAA Committee (quarterly) and Licensure & Accreditation (monthly).</p> <p>Employee Screening Effective 07/09/2020, the DON created an attestation log to record temperatures and symptom screening of the TCU staff at the start of their shift. TCU staff were educated of this new process beginning 07/09/2020. The DON or designee will continue to monitor compliance of this</p>		

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F 880	Continued From page 7	F 880	<p>attestation record for staff screening log on a daily basis until the TCU is alerted by the Department of Health to discontinue this process and/or amends the regulation.</p> <p>2. Visitation for Long Term Care The TCU is located on the [REDACTED] floor of Community Medical Center and had adopted the hospital's visitation procedure on June 26, 2020. Immediately following the Department of Health visit on 07/07/2020, patient/resident visitation was discontinued, as they cannot safely get to the outside of the hospital. Exceptions can be made on a case by case basis for certain compassionate care situations, such as end of life. The TCU's visitation policy was reviewed and updated promptly to ensure full compliance with Long Term Care regulations. The TCU employees were educated on the revised visitor restriction policy beginning 07/08/2020 to include the need to consult TCU Administration prior to allowing a compassionate care visit, that if permitted, will be scheduled and the visitor will be screened and educated on the facility's IPCP. The DON or designee will monitor all inside visit requests to ensure they meet the facility's criteria for an inside visit and that the facility's policy is being properly followed. All requests will be reviewed at the facility's QAPI meeting.</p>		
F 885 SS=F	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must—	F 885		7/15/20	

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F 885	<p>Continued From page 8</p> <p>§483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—</p> <p>(i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, it was determined that the facility failed to develop a process for providing weekly cumulative updates on COVID-19 cases or cluster of respiratory symptoms to residents, resident representatives, and families. The deficiency occurred during the COVID-19 pandemic.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 07/07/2020 at 9:00 AM, an interview was completed with the Director of Nursing (DON). The DON reported that COVID-19 notifications were sent out only if there was a new positive</p>	F 885	<p>483.80(g)(3) The TCU understands its obligation to inform residents, their representatives, and families of those residing in the TCU of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This notification will meet the below criteria:</p> <p>(i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce</p>		

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F 885	Continued From page 9 case or there were new symptomatic staff or residents. If there were no changes, weekly updates were not being sent out. A review of the facility's policy on the COVID-19 outbreak did not address requirements to notify residents, resident representatives and families about COVID-19 cases or cluster of respiratory symptoms. NJAC: 8:39-13.1 (c)	F 885	the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This COVID-19 notification process is being conducted as of 07/13/2020. The DON developed a call system to provide COVID-19 case status to all residents/families/representatives. The TCU staff have been educated regarding informing residents/patients of COVID-19 status information, and documenting this notification in the cumulative update log. The DON monitors this log weekly; any outliers will be discussed individually with staff as they occur and at the hospital's QAPI meeting.		