

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER MERWICK CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 PLAINSBORO ROAD PLAINSBORO, NJ 08536	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to follow their policy for Personal Protective Equipment usage and hand hygiene. This deficient practice was identified for 2 staff members on 1 of 4 nursing units during a COVID 19 Focused survey and was evidenced by the following: 1. On 06/25/20 at 12:05 PM, during the initial tour of the facility, the surveyor observed signage on the outside of Resident #1's door which revealed that the resident was on Droplet Precautions (preventive practices that prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions) and everyone who entered the room must clean their hands before entering the room and when leaving the room. There was a bag that hung on the outside of the resident's door that contained Personal Protective Equipment (protective garments, eyewear or equipment used to protect the body from infection i.e. gowns, gloves and masks). The surveyor observed a Certified Nursing Assistant (CNA) remove a tray from the lunch truck and carry the tray into Resident #1's room wearing only a face mask and no other PPE. The CNA adjusted the resident's bed and opened items on the resident's tray. She then went into the resident's bathroom and the surveyor's heard water running. The CNA was out of the surveyor's line of sight and exited the bathroom afterward. Resident #1 then asked the CNA to adjust the blinds. The CNA adjusted the resident's blinds as requested and left the room without performing hand hygiene. The CNA then removed another meal tray from the lunch truck and delivered it to Resident #2 without performing hand hygiene and only wearing a face shield and no other PPE. When interviewed, the CNA stated that she was supposed to don a blue isolation gown, mask, goggles and gloves before she entered Resident #1's room as the resident was on Droplet Precautions. She stated that she did not put on gloves or a gown and that was an error on her part. She stated that the Alcohol Based Hand Rub was empty in the resident's room so she instead washed her hands in the bathroom. The CNA stated that she was required to wash her hands for 20 seconds but only washed her hands for about 10 seconds as she had been washing her hands previously during the day. She stated that she adjusted the blinds as requested and did not wash her hands afterward and before serving Resident #2 the lunch tray which posed a possibility of spreading germs or the [MEDICAL CONDITION]. At 12:12 PM, the surveyor observed the same CNA remove a meal tray from the lunch truck and carried it into Resident #3's room. The resident had signage on the outside of the door which indicated that the resident was on Droplet Precautions. There was a bag that contained PPE affixed to the door. After the CNA placed the resident's tray on the table she then returned to the doorway to obtain and don PPE. When interviewed, the CNA stated that she was supposed to put her PPE on before she entered the resident's room and not after. The CNA then applied a disposable gown and gloves before she emptied the resident's urinal in the bathroom. The CNA then exited the bathroom removed her gloves and proceeded to put on a new pair of gloves without first performing hand hygiene prior to providing direct resident care. The CNA then doffed her gown and gloves and the surveyor observed the CNA wash her hands for 15 seconds. When interviewed, the CNA stated that she was supposed to wash her hands after she removed her gloves instead of changing her gloves. She stated that it was an error on her part and she could potentially spread the [MEDICAL CONDITION]. She stated that she should have washed her hands for 20 seconds when she removed her gloves and instead of only washing her hands for only 15 seconds after removal of PPE. At 12:20 PM, the surveyor observed the CNA don PPE before she entered the room of Resident #4 with a meal tray. The Resident had a sign on the door which indicated that the resident was on Droplet Precautions. The CNA did not perform hand hygiene before she applied the PPE. The CNA stated that she received weekly training for residents who were on Droplet Precautions due to a 14-day quarantine after they were admitted from the hospital or another facility to rule out COVID-19. She stated that the training included proper donning/doffing (application and removal) of PPE and the importance of proper hand washing after anything was touched in the resident's room for both for self-protection and the protection of the residents. At 12:50 PM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) of the Luxor I Unit who stated that the residents that were on Droplet Precautions were new admissions and were on isolation for [MEDICATION NAME] for 14 days until a [DIAGNOSES REDACTED]. She stated that staff were expected to follow the Droplet Precaution protocol which required staff to don PPE before entering the residents room (i.e., mask, gown and gloves). Staff were then required to remove their PPE and wash their hands before they left the room. The RN/UM stated that hands should be washed for 20 seconds both before meal delivery and after glove removal. She further stated that her expectation was for all staff to protect themselves and the patients by adhering to the guidelines. At 1:05 PM, the surveyor interviewed the Assistant Director of Nursing (ADON) who served as the Infection Preventionist (IP), who stated that she provided COVID-19 education to facility staff which included interventions to mitigate contracting [MEDICAL CONDITION] such as handwashing and donning/doffing PPE. At 3:20 PM, the surveyor interviewed the Director of Nursing (DON) in the presence of the ADON/IP and the survey team. The DON stated that it was her expectation that staff should wheel the food truck down to the resident's room, don PPE (gown, gloves, mask and shield), deliver the meal, doff their PPE and wash their hands for 20 seconds before moving to the next room. The IP concurred with the infection control process for meal delivery to residents who required Droplet Precautions as described by the DON. The DON stated that the CNA should have removed her gloves and washed her hands after glove removal when she emptied the Resident #3's urinal instead of changing her gloves. The IP provided the surveyor with documented evidence that the CNA received the following education in-services: Review of an undated in-service revealed that the CNA received training on proper donning/removing and use, an in-service dated 03/24/20 covered the topic of COVID-19, an in-service dated 03/26/20 covered the topic of Mask donning, removing and use, an in-service dated 05/13/20 covered the topic of Proper Use of PPE which included hand hygiene. The DON provided the surveyor with an undated list of newly admitted residents who were placed on Droplet Precautions to rule out a [DIAGNOSES REDACTED]. A review of the list revealed the following: Resident #1 was on 14-day Droplet Precautions until 07/1/20, Resident #3 was on 14-day Droplet Precautions until 07/6/20 and Resident #4 was on 14-day Droplet Precautions until 07/1/20. The DON provided the lab results of the aforementioned residents which revealed the following: Resident #1 tested negative for COVID-19 on 06/3/20, Resident #2 tested negative for COVID-19 on 06/13/20, Resident #3 tested negative for COVID-19 on 06/12/20 and Resident #4 tested negative for COVID-19 on 06/13/20. 2. On 6/25/2020 at 12: 40 PM, the surveyor observed a room on the Luxor I Unit with signage posted outside the door indicating that the resident (Resident #5) was on isolation for droplet precautions and everyone who entered the room must clean their hands before entering the room and when leaving the room. There was a bag that hung on the outside of the resident's door that contained Personal Protective Equipment (protective garments, eyewear or equipment used to protect the body from infection i.e. gowns, gloves and masks). The surveyor observed a Licensed Practical Nurse (LPN) inside of Resident #5's room administering the resident medications. The LPN was observed without wearing gloves, handling the residents drinking cup, pitcher of water and spooning the medication into the resident's mouth. The LPN was wearing only a face mask and a hair protector. The surveyor did not observe the LPN wearing any other PPE while performing direct resident care. The surveyor observed the LPN wash her hands before exiting Resident</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>#5's room. The surveyor interviewed the LPN at this time and the LPN stated that Resident #5 was newly admitted to the facility in a private room and was on quarantine for 14 days. She stated that the resident did not have the Covid-19 virus but was on quarantine for precautions for 14 days, just in case. The LPN explained to the surveyor that the facility policy for PPE usage indicated that when entering a resident's room on droplet precautions, the staff member must wear gloves, gown, mask and face shield. She admitted that she failed to wear the proper PPE when administering medications to Resident #5 and stated, I didn't pay attention. On 6/25/2020 at 12:50 PM, the surveyor interviewed the RN/UM who stated that when a resident was on isolation for droplet precautions the staff should wear a surgical mask, gown, gloves and face shield before entering the room or before having direct contact with the resident. She also added that the expectations for staff members were to protect the residents and protect themselves from the Covid-19 virus. On 6/25/2020 at 3:30 PM, the surveyor interviewed the DON in the presence of the ADON/IP who both agreed that the LPN should have donned gloves, gown, and face shield when going into resident's rooms that were on isolation for droplet precautions. The IP provided the surveyor with documented evidence that the LPN received the following education in-services with staff signatures dated 4/8/2020 for donning and doffing PPE and review of PPE procedures and on 3/10/2020 for Covid-19 and Respiratory Hygiene. The DON provided the surveyor with an undated list of newly admitted residents who were placed on Droplet Precautions to rule out a [DIAGNOSES REDACTED]. A review of the list revealed that Resident #5 was on isolation for droplet precautions until 6/30/2020. The DON provided the surveyor with laboratory results dated [DATE], that indicated that Resident #5 was negative for Covid-19 virus. The surveyor reviewed following facility policies which revealed the following: Hand Hygiene (Rev 11/2027), Standard Precautions (Rev 11/2017), Isolation Precautions (Rev 11/2017), Transmission-Based Precautions (Rev 11/2017) : Hand Hygiene: Staff involved in direct resident contact will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Hand hygiene is a general term that applies to either handwashing or the use of an antiseptic hand rub, known as alcohol-based hand rub. Hand hygiene technique when using soap and water: a. Wet hands with water . b. Apply enough soap to cover all hand surfaces. c. Rub hands together vigorously for at least 20 seconds, away from the stream of water and covering all surfaces of the hands and fingers. d. Rinse hands with water. e. Dry thoroughly with a single-use towel. f. Use towel to turn off the faucet. Standard Precautions: All staff are to assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of resident care services. Therefore, all staff shall adhere to Standard Precautions to prevent the spread of infection. Hand hygiene: During the delivery of resident care services, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental services and transmission of pathogens from contaminated hands to surfaces. Perform hand hygiene in accordance with facility's Hand Hygiene Policy. Using Personal Protective Equipment (PPE): All staff who have contact with residents and/or their environment must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials are likely. PPE Equipment: Gloves are worn for touching blood, body fluids, secretions, excretions, contaminated items and intact and non-intact resident skin . Gowns are worn during procedures and resident-care activities when contact of clothing/exposed skin with blood/body fluids, secretions and excretions is anticipated. Masks, eye protection (goggles), face shield are worn during aerosol generating procedures on residents with suspected or proven infections transmitted by respiratory aerosols (i.e., [DIAGNOSES REDACTED]), wear a fit-tested N95 or higher respirator in in addition to gloves, gown, and face/eye protection. During procedures and resident-care activities likely to generate splashes or sprays of blood, body fluids, secretions . Isolation Precautions: It is our policy to take appropriate precautions, including isolation, to prevent transmission of infectious agents. Droplet Precautions: Refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Standard Precautions requires the following PPE: Gloves, gown, mask eye protection, and/or face shield. Droplet Precautions requires the following PPE: Gloves, gown, mask as per standard precautions. Transmission-Based Precautions: Droplet Precautions-Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing or talking). Transmission-Based precautions remain in effect for limited periods (i.e. while the risk of transmission of the infectious agent persists or for the duration of the illness). NJAC 8:39-19.4</p>		