

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER BISHOP MCCARTHY CENTER FOR REHABILITATION & HC		STREET ADDRESS, CITY, STATE, ZIP 1045 E CHESTNUT AVE VINELAND, NJ 08360	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**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 ensure that staff: a.) applied Personal Protective Equipment prior to entering a resident's room on contact and droplet precautions; b.) performed hand hygiene prior to entering and exiting residents rooms on contact and droplet precautions; c.) appropriately wore a N95 mask on a designated isolation unit in the facility; and d.) followed appropriate infection control guidelines according to the facility's Infection Control Policy and Procedures. This deficient practice was identified during the COVID-19 pandemic and was evidenced by the following: On 07/15/2020 from 9:21 AM to 10:53 AM, the surveyors conducted the entrance conference in the presence of the Administrator, Director of Nursing (DON), Infection Preventionist (IP), Regional Director of Clinical Services, and Staff Educator. The Administrator stated that the facility had converted the subacute area into a transitional unit in the facility for new and re-admissions. The Administrator further stated the new and re-admissions were quarantined on the unit for 14 days and monitored for signs and symptoms of COVID-19. The surveyor asked what Personal Protective Equipment (PPE) the staff were required to wear in the transitional unit. The IP stated that the staff were required to wear full PPE such as N95 mask, gown, goggles, or a face shield while providing care to the residents in their rooms. The DON stated that staff was designated to work on specific units throughout the facility. On 07/15/2020 at 11:24 AM, the surveyors stood in front of two closed doors to the transitional unit in the facility. The surveyors observed signage posted on the doors of the unit that indicated to STOP because you were now entering yellow zone one. As the surveyors were standing in front of the two closed doors, the surveyors observed a staff member holding a cardboard lunch tray. The staff member was wearing a N95 mask and carried the tray through the doors. The surveyor observed through the window on the door, the staff member walk into a resident's room without performing hand hygiene, or utilizing an Alcohol Based Hand Rub (ABHR), and without applying PPE. The surveyor entered the unit and further observed the staff member place the cardboard lunch tray on a residents overbed table. The staff member exited the room without performing hand hygiene or utilizing the ABHR which was observed to be positioned on the wall directly next to the resident's room. The surveyor interviewed the staff member who identified herself as a Safety Aide (SA). The SA stated that the resident had resided at the facility for at least three months and was unsure if the resident was on any type of isolation precaution. The surveyor observed signage posted on the resident's door that indicated the resident was on contact and droplet precautions. The surveyor asked the SA what the signs on the resident's door meant. The SA stated that the signs were for safety because the residents on the unit were new admissions. On 07/15/2020 at 11:27 AM, the surveyor observed a yellow PPE gown hanging on the wall between two rooms in the yellow zone one unit. The surveyor observed a staff member, identified as a Certified Nursing Assistant (CNA), don the PPE gown and enter one of the rooms without performing hand hygiene or utilizing the ABHR. The surveyor observed the ABHR dispenser directly on the wall next to the resident's room and was in working order. The surveyor observed the signage posted on the resident's door that indicated the resident was on contact and droplet precautions. CNA exited the resident's room without performing any hand hygiene and hung the PPE gown back on the wall. At 11:29 AM, the surveyor observed a CNA don the PPE gown and enter the second resident room without performing hand hygiene. The surveyor observed signage on the second resident room that indicated the resident was on contact and droplet precautions. During an interview with the surveyor, the CNA stated the unit was the new admissions unit and that the new admissions were on quarantine for 14 days in case they developed COVID. The CNA stated the process was to don the PPE gown before entering the room and doff the PPE gown when exiting; to wash hands or perform hand hygiene before and after resident care. The CNA further stated he was unsure if hand hygiene was required to go into the rooms to just touch anything in the resident rooms. The CNA further stated hand hygiene was so they don't spread infection. Review of the signage on both resident doors, revealed: 1) Stop droplet precaution, everyone must clean hands before entering and when leaving the room; make sure eyes, nose, mouth are fully covered before room entry and remove face protection before room exit and 2) Stop contact precaution, everyone must clean hands before entering and when leaving the room; apply gloves before room entry and discard gloves before room exit; gown before room entry and discard gown upon room exit. At 11:46 AM, the surveyor observed a staff member working on the transitional unit in the facility wearing a N95 mask with the lower strap of the N95 mask not positioned behind her head. The lower strap of the N95 mask was observed to be dangling in front of her chin. The surveyor observed that the bottom part of the N95 mask did not fully cover the lower part of the staff members face. The surveyor interviewed the staff member who identified herself as a Temporary/Certified Nursing Assistant (T/CNA). The T/CNA stated that she was not wearing the mask like she was supposed to because she had a hard time breathing. The T/CNA further stated that she was being tested weekly for [MEDICAL CONDITION] and all her tests were negative. At 11:49 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) caring for the two resident rooms on the quarantine unit who stated the process was to perform hand hygiene, don PPE gown, gloves, mask, and face shield prior to entering the resident rooms and when leaving the resident rooms, remove the gloves and perform hand hygiene. The LPN further stated the process was for infection control. At 12:42 PM, the surveyors interviewed the IP who stated on the quarantine, yellow zone one the staff were required to provide care to the residents who resided on that unit like they had COVID-19. This meant that the staff providing care to the residents were required to follow contact and droplet precautions. The IP stated staff who delivered meal trays to the residents were required to wear a N95 mask, surgical mask, face shield, gown, and gloves when entering the resident's rooms. The IP further stated that staff was absolutely required to perform hand hygiene before entering and after exiting a resident's room on the quarantine unit because hand hygiene protected the staff and the residents. The IP stated that the appropriate way to wear a N95 mask was to place the top of the strap over the ears and the bottom strap was to be positioned around the back of the person's head. The IP described that the N95 mask had a metal bridge at the nose and when a person applied the N95 mask, they were required to form the metal bridge around the nose and check to make sure the mask was sealed around their nose and mouth. The IP explained to the surveyors that the molecular size of the COVID-19 virus was so small the particles could easily penetrate a regular surgical mask and that was why the N95 mask was the preferred PPE to wear. The IP further stated that all staff had been educated on how to don and doff PPE, how to wear a mask, and how to appropriately perform hand hygiene. A review of the SA's, Personal Protective Equipment Competency, dated 05/15/2020, revealed tasks that included but were not limited to: use of gowns when indicated; follow established handwashing procedures; use of gloves when indicated and hand washing after removing gloves. The SA had been signed off as having successfully met the competencies. A review of the CNA's, Clinical Competency/Validation Checklist for Handwashing, dated 06/23/2020, revealed the CNA recognized when the need to wash hands was and standard precaution education. A review of the T/CNA's, Personal Protective Equipment Competency, dated 05/15/2020, revealed tasks that included but were not limited to: the objectives for wearing a face mask to prevent transmission of infections; the task of putting the mask on before entering a unit when indicated; to place the mask over the nose and mouth and to stretch and position the top band of the mask high on the back of the head and the bottom band over the head and positioned below the ears. The T/CNA had been signed off as having successfully met the</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 - Few	<p>(continued... from page 1)</p> <p>competencies. A review of the facility's Infection Control Staging Areas for COVID-19 Policy and Procedure, dated 06/17/2020, indicated that Under Observation (Transition Unit) for COVID (Yellow Zone-1): residents who are newly admitted or readmitted with a negative [DIAGNOSES REDACTED]-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19. Recommended PPE use while in the location or zone: 1. N95 or equivalent mask 2. Gown 3. Gloves (in resident rooms) 4. Eye Protection. A review of the facility's Hand Hygiene Policy and Procedure, dated 03/2020, indicated that the following equipment and supplies are necessary for hand hygiene; a. Alcohol-based hand rub containing at least 62% alcohol; b. Running water; c. Soap (liquid or bar; anti-microbial or non-antimicrobial); d. paper towels; e. trash can; f. Non-sterile gloves. A review of the facility's Isolation- Categories for Transmission Based Precaution Policy and Procedure, dated 03/2020, indicated, in regard to contact precautions, that staff were required to wear gloves prior to entering a residents room who was placed on contact precautions and remove gloves and perform hand hygiene after exiting the room. The policy and procedure further indicated that gowns were required to be worn by staff upon entering the Contact Precaution room or cubicle. A review of the facility's Utilization of Masks Policy and Procedure, dated 03/2020, indicated to Ensure the edges of the mask cover you nose and mouth. If the mask has pleats, touch the edge of the mask to open the pleats. Mask should fit comfortably around your nose and chin. A review of the Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings issued by the New Jersey Department of Health and New Jersey Communicable Disease Services, dated 05/11/2020, indicated that Newly admitted or readmitted patients/residents should be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (i.e. N95 respirator or higher (or facemask if unavailable), gowns, gloves, and eye protection). Facilities should create a plan for managing new and readmissions which includes placement in a single room or in a separate cohort. This cohort serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19. Testing at the end of this period should be considered to increase certainty that the person is not infected. NJAC 8:39-27.1 (a)</p>		