

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2020
NAME OF PROVIDER OF SUPPLIER ST LAWRENCE REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648	
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 - Many	Provide and implement an infection prevention and control program. Based on staff interviews and record review, it was determined that the facility failed to adequately monitor residents for signs and symptoms of COVID-19. This affected 63 of 63 residents in the facility during the COVID-19 pandemic. This deficient practice was evidenced by the following: Review of the facility's Infection Control Policy and the Outbreak Policy noted no guidance on screening of residents for COVID-19 symptoms. An interview was completed with the Infection Preventionist (IP) on 06/27/2020 at 9:10 AM. The IP said, We do vital signs twice a day. The staff watch residents for symptoms, and they would notify the physician and document what they found. The nurses would ask how they (residents) are feeling. There isn't any kind of daily form for asking about symptoms. On 06/27/2020 at 9:25 AM, an interview was completed with the facility's Administrator and the Chief Nursing Officer (CNO). The CNO was discussing screening of residents for COVID-19 symptoms. The nurse would watch for any symptoms and report it to the doctor and write it on the 24-hour report. There isn't a formal process of screening like a form. The nurse would document the vital signs or if they see signs (symptoms of COVID-19). The CNO acknowledged there were no COVID-19 screening questions routinely asked to the residents, such as if they were experiencing a sore throat, cough, body aches, loss of taste/smell, etc. On 06/27/2020 at 10:24 AM, an interview was completed with Nurse #1. Nurse #1 said that vital signs were completed for residents once or twice a day but there was no routine questioning of residents about symptoms. A review of the Centers for Disease Control's (CDC) guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 06/25/20, indicated, Actively monitor all residents upon admission and at least daily for fever (Temp above 100.0 degrees Fahrenheit) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. 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. NJAC: 8:39-13.1 (c)		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on staff interviews and record review, it was determined that the facility failed to develop a process for notifying residents, their representatives and families by 5 PM the next calendar day each time a confirmed COVID-19 test result is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. The deficiency occurred during the COVID-19 pandemic and affected 63 of 63 residents. This deficient practice was evidenced by the following: A document titled, MEMO, dated 05/19/2020 written by the Chief Nursing Officer (CNO) was reviewed. The subject line noted, Notification of Positive COVID-19 Patients and Staff Members. The body of the memo revealed, Eight staff from all departments had tested positive for COVID-19. A second MEMO dated 05/27/2020 noted no number of active COVID-19 cases. The CNO wrote, Most of the results we received so far revealed all 'negative' for all nursing staff. On 06/27/2020 at 9:25 AM, an interview was completed with the CNO and the facility's Administrator. The CNO reported that a weekly memo was given to every resident, updating them on the numbers of COVID-19 cases, testing statistics and any changes, but they would not report staff or residents with new symptoms. She noted that families were called. The CNO reported the last positive staff test was received 05/20/2020. She stated an update on COVID-19 cases was written and distributed on 05/19/2020 and not again until 05/27/2020. We have a lot of interaction with the families and we would tell them at the time (that there is a conversation with a family member). NJAC: 8:39-13.1 (c)		

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.