

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER ALARIS HEALTH AT ROCHELLE PARK		STREET ADDRESS, CITY, STATE, ZIP 96 PARKWAY AVENUE ROCHELLE PARK, NJ 07662	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure: a.) the facility's policy and protocol was followed with regards to the use and disposal of personal protective equipment (PPE) for 1 of 11 staff; and, b.) practice hand hygiene in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19 for 3 of 14 staff. This deficient practice was evidenced as follows: On 7/16/20 at 9:22 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) on the Fourth-floor unit who informed the surveyor that Resident #1 and Resident #2 were Persons Under Investigation (PUI) for possible exposure to the Covid-19 virus and therefore on isolation for droplet precautions (an intervention to prevent the spread of infection in which specific personal protective equipment (PPE) is worn, including a gown, gloves, a mask, and eye protection). The RN/UM stated that both residents were asymptomatic, had tested negative for [MEDICAL CONDITION], and were just completing the 14 days observation. He further noted that staff must wear PPE, which included an isolation gown, gloves, mask and face shield or goggles when entering the room and should remove PPE before exiting the room. He indicated that Resident #1 and Resident #2 were served their meals on disposable dishware for meals, which should be discarded in the residents' trash receptacle inside the room. At 9:49 AM, the surveyor observed Resident #1 and Resident #2's room had a Stop sign outside the door instructing to Check with Nurse before entering, a Contact Precautions sign instructed, Everyone must: clean their hands, including before entering and when leaving the room, instructions on donning and doffing (putting on and taking off) of PPE before and after entering the room, and a sign that included Transmission Based Precautions, please wear the following PPE: gowns, gloves, masks, goggles. There was a PPE box outside the door that contained all the clean PPE. Simultaneously, the surveyor observed a Certified Nursing Aide (CNA) who was inside the residents' room and was not wearing a gown but was wearing a mask and face shield. When the CNA exited Resident #1 and #2's room, she removed the contaminated face shield and placed it inside the clean PPE box and contaminated all of the clean PPE. On that same day at that same time, the surveyor interviewed the CNA, who stated that she should have worn an isolation gown and that she should not have put the face shield back in with the clean PPE but should have discarded it in the trash receptacle inside the Residents' room. At 9:55 AM, the surveyor observed the CNA re-enter Resident #1 and Resident #2's room with a plastic bag, without an isolation gown, face shield, and did not perform hand hygiene. The CNA then exited the residents' room without performing hand hygiene and disposed of the disposable meal trays in the soiled utility room. At 10:02 AM, during an interview, the CNA stated that she should have followed the isolation precautions on the resident's door, which instructed her to don isolation gown and a face shield before entering the room. At 10:17 AM, the surveyors met with the LNHA, DON, Infectious Disease Nurse (IDN), and the Vice President Of Operations (VPO) and discussed the above concerns. The IDN informed the surveyors that Resident #1 and Resident #2 were both on droplet precautions and that the face shield and disposable meal trays should have been disposed of in the garbage bin inside the Residents' room. The IDN further stated that the CNA should have donned complete PPE before entering the Residents' room, including a face shield or goggles, a mask, gloves, and an isolation gown. 2. On 7/16/20 at 9:55 AM, the surveyor observed the CNA perform hand hygiene. The CNA applied soap to her hands and immediately placed them under running water without first lathering and applying outside of the running water. At that time, the surveyor asked the CNA if it was appropriate to scrub hands under the stream of water. The CNA replied, Yes, that's how I was taught here. At 10:29 AM, the RN/UM stated that hand hygiene should be done for at least 20 seconds, and scrubbing of hands should be done outside of the water, not under the stream of water. He further stated that the CNA was aware of the facility's hand hygiene policy. At 10:52 AM, the surveyor observed the Housekeeper from the Fourth floor perform hand hygiene for 33 seconds. After applying soap to her hands, she immediately placed them under the water stream without first scrubbing and lathering outside of the water. The Housekeeper stated that the scrubbing hands under the water stream were according to the facility's protocol. At 12:45 PM, the surveyor observed the Director of Social Services (DSS) perform hand hygiene. The DSS applied soap to her hands and immediately placed them under running water for 14 seconds without first lathering or applying friction outside of the water. The DSS turned the faucet off with the same wet paper towel she used to dry her hands. The surveyor asked the DSS why she didn't lather her hands before placing them under running water. The DSS replied, I forgot, I guess I was nervous. At 1:27 PM, surveyors met with the LNHA, DON, IDN, VPO, and Regional Nurse. The facility team acknowledged that hand scrubbing should not be under the stream of water. The facility team also confirmed that all staff had been trained on infection control related to COVID-19 that included hand hygiene, donning and doffing of PPE, and proper disposal of PPE. A review of the facility's Handwashing Criteria and Procedure policy dated 2/19, included that All personnel should wash their hands on entering and leaving an isolation room, or after handing objects from an isolation room before and after serving residents meal trays. A review of the facility's Isolation Trays Staff Development In-service Program dated 6/4/2020, included that All trays must be disposed of in the resident's trash/bin. A review of the Interim Infection Prevention and Control Recommendations for Patients with or Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings from the CDC dated 3/10/2020 and attached to a facility In-Service Record training dated 2/28/2020 included, Updated PPE recommendations for the care of patients with known or suspected COVID-19: facemasks, respirators, eye protection, gown, and gloves, and Personnel entering the room should use PPE as described; eye protection and the respirator or facemasks should be removed, and hand hygiene performed. A review of the U.S. CDC guidelines, Hand Hygiene Recommendations Guidance for Healthcare Providers about Hand Hygiene and COVID-19 updated 5/17/2020 included when to perform hand hygiene: After touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. 1:30 PM, no further information was provided by the facility. NJAC 8:39-19.4 (a), (m)</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.