

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER ALLAIRE REHAB & NURSING		STREET ADDRESS, CITY, STATE, ZIP 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	
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 record review, and review of other pertinent facility documentation it was determined that the facility failed to ensure the infection control practices for residents on transmission-based precautions were implemented in accordance with accepted national standards and the facility's infection control for transmission-based precautions policy. This deficient practice was identified for 2 of 3 units toured -1st floor (Sub-acute) and 2nd floor(Neuro-impairment) and 1 of 4 resident's reviewed on transmission-based precautions (Resident #3), in addition to 1 unsampled resident (room [ROOM NUMBER]) and was evidenced by the following: On 10/16/2020 at 10:45 AM, two surveyors observed the Central Supply storage rooms and observed that the facility had multiple boxes and adequate supplies of personal protective equipment (PPE) such as gloves, face shields, disposable isolation gowns, surgical masks, K95 masks, Sani-wipes and hand sanitizer. On 10/16/2020 at 10:55 AM, during a tour of the 1st floor Sub-acute unit, 2 surveyors observed a Certified Nursing Assistant (CNA#1) donning (applying) PPE to enter a unsampled residents' room [ROOM NUMBER] that had signage posted on the door that the resident was on droplet precautions and an isolation cart outside the room which contained gloves, gowns and surgical masks. The signage on the resident's door indicated that the staff was to make sure their eyes, nose and mouth were fully covered before entry into the room and that the staff were to wear gloves, goggles or face shield, gown, mask or respirator. On 10/16/2020 at 11:00 AM, the surveyors observed CNA #1 entering room [ROOM NUMBER] wearing just a surgical mask, disposable isolation gown and a pair of gloves. The CNA did not apply goggles or a face shield to protect her eyes as the signs on the door indicated. On 10/16/2020 at 11:10 AM, the surveyors observed CNA #1 exiting room [ROOM NUMBER] and interviewed the CNA #1 at that time. CNA #1 stated that the facility educated her on the donning and doffing (removal) of PPE and that the resident in room [ROOM NUMBER] was on isolation for 14 days for Covid-19 precautions. The CNA stated that she was supposed to wear a mask, gown, and gloves before entering the resident's room. She added that she was unclear or whether she should be wearing a face shield or goggles because when she asked the facility management, they told her they had no goggles or face shields. The CNA also stated that the facility told her that it was ok to wear a surgical mask or a K95 mask in a resident's room that was on droplet precautions. According to the Admission Record (AR) dated 10/16/2020 at 02:02 PM, Resident #3 was admitted to the facility 10/5/2020 with the [DIAGNOSES REDACTED]. According to the quarterly Minimum Data Set (MDS) and assessment tool dated 8/8/2020, reflected that Resident #3 was cognitively intact and required limited to supervision assistance with activities of daily living (ADL's). The Order Summary Record (OSR) dated 10/5/2020, reflected a physician order [REDACTED]. The resident was to remain on isolation for 14 days which would end on 10/19/2020. The lab reports dated 9/23/2020 and 10/7/2020 reflected that the SAR-CoV-2, NAA (Covid-19) test results for Resident #3 were negative. On 10/16/2020 at 11:20 AM, two surveyors conducted a tour on the 2nd floor (Neuro-Impairment Unit). At this time the surveyors observed an isolation cart outside of Resident #3's room which contained surgical masks, gloves and isolation gowns. The signage posted on the door indicated that Resident #3 was on droplet precautions and that the staff was to wear gloves, goggles or face shield, isolation gown and a mask or respirator before entering the resident's room. There was also signage that indicated that the staff was to make sure that their eyes, nose and mouth were fully covered before entering the room. At this time the surveyors observed CNA#2 going into Resident #3's room twice with only a surgical mask. On 10/16/2020 at 11:25 AM, the surveyors interviewed CNA #2 who stated that she had been employed with the facility for [AGE] years. CNA #2 stated that Resident #3 was on isolation for Covid-19 precautions. She added that Resident #3 was recently admitted to the facility from the hospital and that it was the facility policy that all new admission remains on isolation for 14 days. She confirmed that she should wear, gloves, N95 mask, shoe covers, hair cap and face shield before entering Resident #3's room. She admitted that she did not apply any PPE before entering the resident's room twice because she wanted to ask the resident what she/he wanted first. I should have dressed in full PPE before going into the resident's room. She stated that full PPE was gloves, N95 mask, face shields and disposable isolation gown. CNA#2 added that when she inquired to facility management about face shields or N95 mask the facility response to her was that there were no N95 mask and that surgical mask were appropriate. CNA #2 also stated that she thought that her regular prescription glasses would protect her eyes from splashes because she heard that on the news. On 10/16/2020 at 11:30 AM, the surveyors interviewed the Licensed Practical Nurse Unit Manager (LPN UM) on the Neuro-Impairment Unit who stated that staff were educated that when a resident was admitted or readmitted to the facility from the hospital, that the residents are quarantined for 14 days. The process was that the resident was tested for Covid-19 prior to admission to the facility, then tested again on admission. The resident was then put on droplet precautions and treated as though they were positive for Covid-19. The LPN UM stated that the staff were required to wear gloves, mask and gown before entering the resident's room. She added that it was not required to wear a face shield or goggles even though the signage on the door indicated that the staff were supposed to wear face shield or goggles before entering the resident's room. On 10/16/2020 at 11:45 AM, two surveyors conducted a tour of the 3rd floor Long Term Care (LTC) Unit. On 10/16/2020 at 11:50 AM, the surveyors interviewed an LPN #1 who stated that the staff should be following the isolation signs that are posted on resident's door on the required PPE. She added that she was educated that when a resident was on droplet precautions that the staff should be wearing surgical mask, gown and gloves. On 10/16/2020 at 11:58 AM, the surveyors interviewed CNA #3 on the 3rd floor LTC Unit who stated that when a resident returned from the hospital that the resident was on isolation for 14 days, but not sure what type of isolation. She added that the type of PPE that she utilized for these residents were a gown, surgical masks and gloves. She revealed that that she was aware that the signage on the isolation doors indicated to use eye protection such as goggles or face shield. I don't wear the goggles because I don't know where they are. She also stated that she questioned the nurses where the goggles were located but the nurses did not know. On 10/16/2020 at 12:10 PM, the surveyors interviewed CNA #4 on the 3rd floor LTC Unit who stated that when a resident was a recent admission from the hospital that they were put on isolation for 14 days for Covid-19 precautions. She stated that the staff were educated that they were to wear a regular mask, disposable gown, feet covers and head cover when entering these resident's rooms. She added that they did not have to wear goggles or face shields even though the sign on the door indicated that staff were to wear before entering the resident's room. On 10/16/2020 at 12:15 PM, the surveyors interviewed LPN #2 who worked on the 1st floor sub-acute unit who stated that the facility did educate the staff on infection control and different types of isolation. She stated that when a resident was admitted to the facility from the hospital that the resident was quarantined for 14 days for Covid Protocol. The surveyor asked the LPN what Covid Protocol was and LPN #2 replied that it was to protect the resident from contracting Covid-19. She then stated that before she would enter resident's room that was on isolation for 14 days, that she would wear a surgical mask, gloves and disposable isolation gowns. She admitted that she did not wear eye protection such as a face shield and revealed that the facility only brought face shields up to the unit after the surveyor inquiry. On 10/16/2020 at 12:55 PM, the surveyors interviewed the LPN UM #2 for the 1st floor sub-acute unit. The LPN UM #2 stated that the policy for donning PPE for the new admissions and the readmissions were to apply gowns, gloves, surgical mask and goggles or face shields before entering</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>the resident's room. She added that the staff were not wearing the face shields or eye protection because the residents under investigation (PUI's) do not have a confirmed [DIAGNOSES REDACTED]. On 10/16/2020 at 01:15 PM, the surveyors interviewed the Infection Preventionist Registered Nurse (IP RN) who stated that staff were educated on all Persons Under Investigation (PUI's - residents readmitted or admitted from the hospital) and that these residents were to be quarantined for 14 days to assure that they did not have the Covid-19 virus. She confirmed that when staff enter a PUI room that the staff should don full PPE such as a gown, gloves, eye goggles/face shield and surgical mask. She added that the staff should only wear a N95 mask when the resident was confirmed positive for Covid-19. The IP RN indicated that the staff was reinforced weekly regarding proper PPE for PUI residents. The IP RN provided the surveyor with an Educational Curriculum for Covid-19 which indicated that there were four cohorts for residents in the facility and residents identified as Cohort 4 were admissions and readmissions. The IP RN provided the surveyor with a list of 8 current Cohort 4 resident's that were in the building and also provided their lab results which indicated that all 8 residents currently under investigation (PUI) were negative for Covid-19. On 10/16/2020 at 01:20 PM, the surveyors interviewed the Director of Nursing (DON) who stated that staff were educated or in-serviced weekly by the IP RN on what type of PPE was to be worn in the resident's rooms that were PUI. She confirmed that the staff should wear gowns, gloves, surgical mask and face shields and goggles before entering the PUI rooms. She added that it was the responsibility of the nursing staff to assure that the isolation carts were stocked with the appropriate PPE supplies. On 10/16/2020 at 2:00 PM, the surveyors interviewed the Administrator who also confirmed that the staff should have followed the isolation signs that were posted on the doors of the residents that were on isolation for (PUI) and should adhere to the postings and what PPE should be worn. The IP RN provided the surveyor with facility Education/In-service Training Records dated 08/26/20, 09/01/2020 and 10/01/2020 and titled, Testing, Handwashing, PPE, Cohorts and Signs and symptoms of Covid-19 and the educational curriculum, with staff signatures that reflected that the staff had training in regards to donning PPE for residents in cohort 4. The facility policy dated 9/4/2020 and titled, Coronavirus, Prevention and Control indicated that residents that were (Cohort 4) residents are new admissions or re-admissions within 14 days of entry to the facility Covid-19 transmission -based-precautions will be implemented for these residents for the first 14 days of stay. If the resident remains asymptomatic for the duration of this time, the resident will be moved to a Cohort area 3. The policy indicated that COVID-19 Transmission-Based Precautions included: -For staff entering the resident's room/providing care: use N95 or equivalent, eye protection, gown and gloves. NJAC 8:39 - 19.4(a)</p>		