

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315455	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2020
NAME OF PROVIDER OF SUPPLIER ROYAL HEALTH GATE NRSRG REHAB		STREET ADDRESS, CITY, STATE, ZIP 1314 BRUNSWICK AVENUE TRENTON, NJ 08638	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, observation and record review, it was determined that the facility failed to adequately monitor residents, staff and visitors for signs and symptoms of COVID-19. This affected 113 of 113 residents in the facility during the COVID-19 pandemic. This deficient practice was evidenced by the following: On arrival to the facility on [DATE] at 12:45 PM, the surveyor's temperature was taken, but was not asked any screening questions by the Assistant Administrator. At 1:05 PM, a mobile x-ray vendor entered the facility. A temperature check of the vendor was completed, but no screening questions were asked by the front desk clerk. An interview was completed with the front desk clerk on 06/27/2020 at 1:05 PM. She stated that she checks temperatures on anyone who enters the building, but she does not ask any screening questions. At 1:45 PM on 06/28/2020, an interview was completed with Nurse Supervisor #1. Nurse Supervisor #1 stated when staff report to work, or go outside and come back in, they have a temperature check, but they are never asked screening questions. Nurse Supervisor #1 was questioned about residents' screening for COVID-19 symptoms. She stated, Residents temperatures are done three times a day if you are a suspected case. If they are negative and have no signs and symptoms, we aren't checking temperatures as often. It would be routine vital signs. There isn't any screening questions for any of the residents. On 06/28/2020 at 3:00 PM, an interview was completed with the Assistant Director of Nurses (ADON). The ADON was asked about the procedure for screening the staff and visitors. Initially, we did a questionnaire and asked about fever, travel and respiratory issues. We did that in March. She said that they do temperature checks, but, We don't do the questionnaire part anymore. The ADON was asked about screening residents for COVID-19 symptoms. There is no screening for residents who test and are negative. We used to do a screening for residents every day, twice a day before we had testing. Since testing, we aren't doing the screening. When the nurse gives meds (medications), they would ask how they (residents) are feeling. She reported that the nurses wouldn't document asking residents how they were feeling. Review of the facility's Infection Control Policy and the Outbreak Policy noted no guidance on screening of residents, staff or visitors for COVID-19 symptoms. A review of the Centers for Disease Control's (CDC) guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 6/25/2020, indicated, Actively monitor all residents upon admission and at least daily for fever (Temperature greater than 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 113 of 113 residents. This deficient practice was evidenced by the following: On 06/27/2020 at 3:00 PM, an interview was completed with the Assistant Director of Nurses (ADON). The ADON said, We gave letters to residents that are alert and oriented. We sent the letter to the RP (responsible party) if the resident is not alert and oriented. It was done with the first case in April. The ADON said there had been no updates sent with new positive cases and there was no process to do letters if there were any more cases. No policies were presented during the survey that indicated a requirement to notify residents or families of new positive COVID-19 cases or newly symptomatic staff or residents. The facility Administrator and the Director of Nurses were unavailable during the survey. 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.