

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER BOONTON CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 199 POWERVILLE ROAD BOONTON, NJ 07005	
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.</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure that infection control practices were followed in accordance with the Center for Disease Control Guidance, the Center for Medicaid and Medicare Services, and facility policy to refrain from communal dining and group activities during an outbreak of COVID-19. This deficient practice was identified in 1 of 2 nursing units (Agripina) and 1 of 1 rehabilitation gyms and was evidenced by the following: On 7/9/2020 at 8:56 AM the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA), Assistant Administrator (Assist Admin) and the survey team, stated that the facility allowed residents who were at a high risk for falls to gather in the dayroom. The DON stated that the residents were socially distanced, and if the resident was able to tolerate a mask, a mask was worn. At 9:58 AM, the Activities Concierge informed the surveyor that residents who were considered falls risks were placed in the day room during the day for activities and meals. The residents were socially distanced with one resident per table with the maximum amount of residents permitted was five to six. The Concierge stated that the maximum was set by the Local Health Department (LHD). At 10:00 AM, the Registered Nurse/Unit Manager (RN/UM) stated that residents who were at a high risk for falls attended activities and meals in the day room. One resident per table was permitted with a maximum of ten residents. At 10:07 AM, the surveyor observed eleven residents in the day room. The residents were socially distanced with one resident per table plus two residents not placed at a table. The surveyor observed three staff members present with activities occurring and all staff were wearing N95 masks. At 10:10 AM, the Licensed Practical Nurse (LPN) stated that the facility started allowing fall risk residents in the day room for activities and meals approximately two to three weeks ago. The residents had to be socially distanced. At 10:17 AM, the Activity Aide stated that group activity started in the day room for fall risk residents maybe one month ago and added that the residents had to be socially distanced, with one resident per table. At 10:30 AM, the Infection Preventionist (IP) stated that the facility did limited group activities. Residents who were at high risk for falls were placed in the day room for safety and supervision. The IP stated that the facility was COVID-19 negative so this was permitted. The IP stated that all new or re-admission or person under investigation who could possibly have COVID-19 were isolated for fourteen days to monitor for signs and symptoms. Residents who tested positive for COVID-19 were also placed on isolation. Residents who were COVID-19 positive were taken off of isolation after ten days symptom free with and no symptoms without symptom controlling medications for three days. At 10:40 AM, the surveyor observed three residents located on opposite ends of the rehabilitation gym receiving treatments with the therapists. All therapists present in the gym and rendering treatment were wearing N95 masks. At 10:42 AM, the Physical Therapist (PT) stated that the rehabilitation director was no longer at the facility and that he was covering. The PT stated that he had been at the facility for only three weeks. The PT stated that during the COVID-19 outbreak, therapy had stopped in the gym, but started again last week when all the residents' COVID-19 tests were negative. The PT stated that the residents were socially distanced and four residents maximum were permitted at a time. At 10:45 AM, the Occupational Therapist (OT) stated that during the COVID-19 outbreak, therapy occurred only in residents rooms with residents being treated from well to ill. The OT stated that since the residents were negative, treatment began again in the rehabilitation gym. All of the equipment was sanitized after each use with Environmental Protection Agency (EPA) certified sanitizing wipes. At 11:20 AM, the surveyor attempted to call the LHD via telephone. At 11:24 AM, the LNHA stated that communal dining and activities was only for residents who were at high risks for falls and could not be left in their rooms. The LNHA stated that the facility had discussed this with the LHD. During the peak of the outbreak, the rehabilitation gym was also closed. Since the residents were all negative, the facility was following social distancing. At this time, the DON stated that residents were falling while left alone in their rooms and they could not stay in their rooms without one-to-one interaction with staff. The facility chose to bring the residents into the day room for supervision. At 11:54 AM, the surveyor observed seventeen residents in the day room eating lunch. There were nine four-foot by four-foot square dining tables with ten residents in total sitting at the tables. One table had two residents sitting across from each other. There were six residents in wheelchairs with tray tables eating lunch, and one resident sitting in a geriatric chair (medical recliner). At 12:18 PM, the LPN stated that all seventeen residents in the day room were fall risks and needed to be monitored. The LPN stated again that this started approximately two to three weeks ago since all the residents were COVID-19 negative. In the beginning of the outbreak, staff stayed in the hallway to monitor these residents. At 12:30 PM, the LNHA informed the surveyor that the facility had not considered the residents eating in the day room to be communal dining since everyone was at a separate table and socially distanced. At this time, the DON stated that there was no maximum capacity for the number of residents to be in the day room, as long as the residents were six feet apart. The DON re-iterated that if the residents were in their rooms, then they would fall. The DON accompanied the surveyor to the day room and confirmed that the two residents eating at the table together should not be. At 1:07 PM, the LNHA in the presence of the DON, Assist Admin, and the survey team stated that the facility started testing all residents and staff for COVID-19 on 5/18/2020. The last positive case the facility had was on 6/23/2020. Since the residents were all negative, the fall risks were allowed to be in the day room as long as they were six feet apart. The LNHA could not provide the survey team with any documentation from the LHD at this time to confirm that the LHD had offered guidance and approval of this. The surveyor reviewed the Resident and Staff Outbreak Line List, that confirmed the last positive COVID-19 test was on 6/23/2020. A review of the facility's Outbreak Investigation and Management policy dated revised 3/10/2020 included the suspension of all group activities. NJAC 8:39 19.4; 27.1(a)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.