

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER ALARIS HEALTH AT HARBOR VIEW		STREET ADDRESS, CITY, STATE, ZIP 178-198 OGDEN AVE JERSEY CITY, NJ 07307	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that contracting agents who provided services to residents were familiar and adhered to infection practice guidelines according to the facility's policy, Contracting Agents Policy, and Center for Disease Control (CDC). This deficient practice was identified for 2 of 2 residents observed for X-ray procedures, Resident #213 and #1, as evidenced by the following: On 9/24/20 at 11:08 AM, the surveyor observed the Portable X-ray Technologist (PXT), wearing Personal Protective Equipment (PPE) (gown, face shield, gloves, and surgical mask) completing Resident #213's chest X-ray. Resident #213 was observed lying in bed. The X-ray cassette was removed from under the resident's bedsheet with Resident #213 observed lying on top of the bedsheet. On 9/24/20 at 11:10 AM, the surveyor observed the PXT remove his PPE inside the resident's room. The PXT used a hand sanitizer to clean his hands and pushed the X-ray machine (cassette in place) to Resident #1's room. On 9/24/20 at 11:15 AM, the surveyor observed the PXT put on PPE (gown, surgical mask, gloves, and face shield) and carry the X-ray cassette (which was not sanitized) towards Resident #1. The surveyor interrupted the PXT as he was about to place the cassette behind Resident #1, seated in a wheelchair. On 9/24/20 at 11:20 AM, the surveyor interviewed the PXT, who informed the surveyor that the X-ray cassette and the X-ray machine should have been sanitized prior to utilizing it. The PXT stated that he forgot to sanitize the X-ray cassette and machine between Resident #213 and Resident #1. The PXT said that he wiped down the cassette and machine before entering the facility. Resident #213 was admitted to the facility on [DATE] from the hospital with a [DIAGNOSES REDACTED]. Resident #213's room was located in an Observation Quarantine Unit to rule out COVID-19 infection. Resident #1 was admitted to the facility on [DATE] and readmitted from the hospital on [DATE] with the [DIAGNOSES REDACTED]. Resident #1's room was located in the Observation Quarantine Unit as well to rule out COVID-19 infection. On 9/24/20 at 2:30 PM, the surveyor met with the facility Administrator and Director of Nursing, who stated that the PXT should be wiping down all the equipment entering the facility and then between each resident. On 9/25/20 at 9:30 AM, the Administrator presented the facility Policy and Procedure for Outside Vendors-COVID 19, which documented, The outside vendors who are Essential will be identified by the Administrator and will be required to follow their protocol on using PPE and cleaning equipment as long as it is in compliance with the facility policies and procedures. The Administrator also presented the surveyor with the supporting COVID-19 Response Policy and Procedure from the Contracting Agent, Before entering a patient room, you are to wipe down equipment, change your isolation gown, put new gloves, clean the cassette and use a panel cover if necessary. You are required to keep your equipment clean. You will need to clean the equipment before and after each use (before entering and upon leaving a resident's room) and, Under no circumstances are you to enter a patient's room following an exam in another room without taking the proper precautions to ensure the safety of not only yourself but the residents and staff of facilities. NJAC 8:39-19.4 (a)</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.