

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CORNELL HALL CARE &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>234 CHESTNUT STREET UNION, NJ 07083</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review and, review of pertinent facility documentation, it was determined that the facility failed to ensure the facility's policy and protocol was followed with regards to the use of Transmission Based Precautions (TBP) for new admissions or re-admissions from the hospital for 2 of 7 residents (Resident #1 and Resident #2) reviewed for infection control to mitigate the spread of COVID-19. This deficient practice was evidenced as follows: On 07/17/2020 at 8:24 AM during the entrance conference, the Administrator stated that the facility did not currently have any COVID-19 positive residents or persons under investigation (PUI) for COVID-19. The Administrator then said that there was one re-admission from the hospital on [DATE], Resident #1. On 07/17/2020 at 8:56 AM, the surveyor observed Resident #1's room, which did not contain any signage to stop and check with the nurse before entering or signage to indicate TBP or any bin containing personal protective equipment (PPE) to be used to enter the room. The surveyor observed that Resident #1 had a roommate (Resident #2). On 07/17/2020 at 8:58 AM, during the surveyor interview, the Licensed Practical Nurse (LPN) stated that Resident #1 and Resident #2 were readmitted from the hospital the last few days but that they were not on TBP. The LPN further said that Resident #1 and Resident #2 had a negative COVID-19 test result conducted at the hospital, so they did not require TBP. Lastly, the LPN stated that if residents were readmitted from the hospital and were either symptomatic or did not have a COVID-19 test performed, those residents would be on a separate wing and placed on TBP. On 07/17/2020 at 12:50 PM, during surveyor interview, the Director of Nursing (DON) stated that she or the Assistant Director of Nursing would review the hospital paperwork and consult with the resident's physician to determine if a resident that is admitted/readmitted from the hospital needed to be placed on TBP. The DON then stated that the facility requests the most recent COVID-19 test result before admission/re-admission to the facility and that if the COVID-19 test result is negative, they are not placed on TBP. The DON stated that Resident #1 and Resident #2 had a negative COVID-19 test result and had not been placed on TBP. The surveyor then reviewed the facility policy titled, COVID-19 Outbreak Management and Response, with a revised date of 05/2020, which read: under Infection Prevention and Control: 7. Implement Standard and Transmission-Based Precautions including use of a N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new and re-admissions, confirmed and suspected COVID-19 case(s), and any patient/resident care for by a confirmed or suspected COVID-19 positive HCP. On 07/17/2020 at 12:56 PM, during surveyor interview, the DON confirmed that according to their policy, they should have been placing all admissions/re-admissions on TBP. N.J.A.C. 8:39-19.4 (a)		
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.