

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER ATRIUM POST ACUTE CARE OF PRINCETON		STREET ADDRESS, CITY, STATE, ZIP 5000 WINDROW DRIVE PRINCETON, NJ 08540	
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, record review and review of other facility documentation, it was determined that the facility failed to ensure that staff follow proper infection control protocol for PPE (personal protective equipment) use for a resident on droplet isolation precautions. This deficient practice was identified for Resident #1, 1 of 1 residents reviewed on droplet isolation for elevated temperature in a facility experiencing a COVID-19 outbreak and was evidenced by the following: During a tour of the 3rd floor (non-COVID), on 05/22/2020 at 09:19 AM, the surveyor observed a stop see nurse sign on Resident #1's door and a clear and white three-draw plastic isolation bin inside the room close to the door. The bottom draw of the isolation bin contained a roll of red biohazard bags and the top draw contained a box with a picture of a stethoscope on it. There was no PPE observed in any of the draws of the plastic isolation bin. The surveyor observed a Certified Nursing Assistant (CNA #1) inside of Resident #1's room. CNA #1 was observed wearing a mask and gloves while seated next to the resident and feeding the resident the breakfast meal. On 05/22/2020 at 09:21 AM, the surveyor observed CNA #1 pick up the breakfast tray, exit Resident #1's room and place it on the food cart in the hall. CNA #1 removed her gloves, used hand sanitizer and approached the surveyor. During an interview with the surveyor on 05/22/20 at 09:21 AM, CNA #1 stated she worked on the floor regularly and that Resident #1 was not on isolation anymore and that the stop see nurse sign just had not been taken down yet. CNA #1 stated if Resident #1 was on isolation, CNA #1 would have put on a PPE gown and another mask going into Resident #1's room and take the contaminated PPE gown and mask off before leaving the room. CNA #1 stated the nurses would give report in the morning about isolation rooms but that the nurse working was a float nurse and not Resident #1's regular nurse so the nurse would not know about the isolation. CNA #1 could not recall if she had received the information regarding Resident #1's isolation on morning report. CNA #1 stated that the PPE gown, mask and gloves were important to stop the spread of infection. On 05/22/2020 at 09:24 AM, the surveyor observed a Registered Nurse (RN #1) at the nurse's desk wearing a hair protector, PPE gown, gloves, shoe protector and a white respirator type mask. RN #1 stated there were no COVID-19 residents on the 3rd floor. In the presence of the surveyor, RN #1 went to Resident #1's room. RN #1 stated Resident #1 had tested negative for COVID-19 but was still being monitored until a second COVID-19 test could be administered. RN #1 acknowledged the isolation sign and isolation bin and stated the staff should put on new gown, gloves and mask when they entered Resident #1's room and take the PPE off and wash hands when they exited the room. RN #1 could not recall if she had given CNA #1 report regarding Resident #1's isolation that morning. On 05/22/2020 at 09:55 AM, the Director of Nursing (DON) entered the 3rd floor and approached the surveyor who was in the hall outside of Resident #1's room. The DON confirmed there were no PPE gowns in the isolation bin in Resident #1's room. The DON stated the isolation bins should have been stocked. The DON stated the staff should have put on a new gown, gloves and mask when they entered Resident #1's room and remove the contaminated PPE when they exited the room. The DON stated the staff was given report every morning and a resident list was printed each morning to show which residents were on isolation. During an interview with the surveyor on 05/22/2020 at 10:17 AM, the Licensed Practical Nurse (LPN #1) on the 3rd floor stated the nurses gave report to the CNAs every shift and the report included residents on isolation. LPN #1 was not Resident #1's nurse that day. During an interview with the surveyor on 05/22/2020 at 01:05 PM, the RN Infection Control Nurse (RN/IC) stated the staff should enter an isolation room with a new gown, mask and gloves and remove that contaminated gown, mask and gloves when they exit the room. The RN/IC stated the unit managers should have ensured there was enough PPE in the isolation bins and that the 3rd floor unit manager was not in today. The RN/IC stated that the night supervisor had access to the PPE to restock the isolation bins as well. The RN/IC stated the purpose was to prevent the spread of infection. Review of Resident #1's Admission Record revealed the resident was admitted to the facility in October 2018 with [DIAGNOSES REDACTED]. Review of Resident #1's Care Plan (CP) revealed an entry dated 05/18/2020, which indicated an increase in temp (temperature)/isolation in progress; maintain droplet precautions when providing resident care (PPE as per CDC (Centers for Disease Control and Prevention) and Center guidelines). Review of the Progress Note, dated 05/21/2020, revealed resident continues on isolation for droplet precaution. Review of Resident #1's Order Summary Report, revealed an entry dated 05/18/2020 for droplet isolation secondary to elevation in temperature. Review of Resident #1's [DIAGNOSES REDACTED]-CoV-2, NAA (Coronavirus [DIAGNOSES REDACTED]-CoV-2 (COVID-19) by nucleic acid amplification test), dated 05/11/2020, revealed unable to reliably determine a result. Review of CNA #1's education and in-services revealed the following: Coronavirus Prevention Precaution course, dated 03/02/2020; Handwashing Competency dated 03/05/2020 and indicated CNA #1 met the requirements; PPE In Coronavirus/Proper Use, dated 03/08/2020, and revealed when caring for a resident who are on droplet precaution, you must wear the proper PPE- Gloves, Gown, Mask; COVID-19 Infection Control course, dated 03/15/2020; Competency Validation: PPE, dated 04/22/2020 and indicated CNA #1 met the criteria. Review of the facility's Isolation-Initiating Transmission-Based Precautions document, dated 01/2012, revealed the Infection Preventionist (or designee) shall ensure that protective equipment (i.e. gloves, gowns, masks, etc.) was maintained near the resident's room so that everyone entering the room can access what they need. Review of the facility's Isolation-Categories of Transmission-Based Precautions document, dated 01/2012, revealed transmission-based precautions will be used whenever measures more stringent than standard precautions were needed to prevent or control the spread of infection. Gloves and Handwashing: wear gloves when entering the room; while caring for a resident, change gloves after, remove gloves before leaving the room, and perform hand hygiene. Gown: wear a disposable gown upon entering the room, after removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces. Masks: put on a mask when entering the room. Review of the facility's Guidelines (S/G) for caring for COVID-19 residents document, dated 04/14/2020, revealed the decision to discontinue transmission-based precautions by excluding the [DIAGNOSES REDACTED]. Adhere to Standard and Transmission-Based Precautions - Personal Protective Equipment: Health Care Professionals (HCP) must receive training on and understanding of when to use PPE and what PPE is necessary. Gloves: put on clean, non-sterile gloves upon entry into the resident room; remove and discard gloves when leaving the resident room. Gowns: put on a clean isolation gown upon entry into the resident room; remove and discard the gown before leaving the resident room. NJAC 8:39-19.4(a)(2); 27.1(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.