

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SILVER HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1417 BRACE ROAD CHERRY HILL, NJ 08034</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interviews, and review of pertinent facility documentation on 4/30/2020, it was determined that the facility staff failed to follow appropriate infection control guidelines for Personal Protective Equipment (PPE) and the handling of clean linen to prevent infection and cross contamination. This deficient practice was evidenced by the following: 1. During a tour on 4/30/2020 at 9:24 a.m., of the Court 2 unit, (a dedicated wing to Covid 19 positive residents), 2 bags of clean linen were observed on the floor near room [ROOM NUMBER], which was directly across the hall from the clean linen cart. The clean linen was single bagged. During an interview on 4/30/2020 at 9:40 a.m., the Unit Manager reported, the clean linen bags are on the floor because they just dropped off the linen and the staff have not had a chance to put it on the cart. She further stated, it should not be on the floor. 2. During a tour of the Atrium Unit on 4/30/2020 at 11:15 a.m., the Licensed Practical Nurse (LPN) was observed wearing a N95 mask under a surgical mask. The LPN reported; that the Infection Control Nurse (ICN) had instructed her to spray the isolation gowns, and the N95 masks with Pledge Antibacterial Multisurface Cleaner to prolong the life of the PPE, since supplies were low. During an interview on 4/30/2020 at 1:09 p.m., the Administrator (Admin) and the Director of Nursing (DON) reported the facility was running out of PPE, so the Admin purchased the disinfectant at the store to disinfect the masks and gowns to prolong the life of each, since there was a shortage. During an interview on 4/30/2020 at 2:40 p.m., the ICN reported she never instructed the staff to spray gowns or masks with disinfectant and it was not appropriate to do so. According to the manufacturer label on the Pledge Antibacterial Multisurface Cleaner, it cleans and sanitizes most hard surfaces it can be used on Sealed Wood, Wood Laminate, Glass, Mirrors, Stainless Steel, Plastics, Sealed Granite, Sealed Marble, Electronics, Chrome, and Quartz. In addition, under directions for use: It's a violation of Federal law to use this product in a manner inconsistent with its labeling. According to the product description on the manufacturer's website, the N95 masks are made of a porous non-woven [MEDICATION NAME] fabric. The Administration was unable to provide a policy or Center for Disease Control and Prevention (CDC) recommendation/guidelines for disinfectant spray usage to extend the use of the N95 masks or isolation gowns. Review of the CDC article Decontamination and Reuse of Filtering Facepiece Respirators, (FFRs), dated April 29, 2020, revealed the following: At present, FFRs are considered one time use products and there are no manufacturer authorized methods for FFRs decontamination before reuse Decontamination might cause poorer fit, filtration efficiency, and breathability of disposable FFRs as a result of changes to the filtering material, straps, nose bridge material, or strap attachments of the FFRs. Under Crisis Standards of Care Decontamination Recommendations, No current data exist to support the effectiveness of the decontamination methods specifically against [DIAGNOSES REDACTED]-CoV-2 on an FFRs. N.J.A.C. 8:39-19.8(g)</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.