

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2020
NAME OF PROVIDER OF SUPPLIER PREFERRED CARE AT MERCER		STREET ADDRESS, CITY, STATE, ZIP 1201 PARKWAY AVENUE EWING, NJ 08628	
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 observations, reviews of facility policies, and staff interviews, it was determined that the facility failed to follow droplet precautions for infection control practices during the COVID-19 pandemic for 2 of 4 Residents (Residents #1 and #2). In addition, the facility staff failed to follow COVID-19 guidelines during transport of supplies from an outside vendor for 1 of 2 Employees (E) #3. The finding include: An observation on 4/2/20 at 8:52 AM, during a tour of the Subacute unit, revealed rooms [ROOM NUMBER] had their entry door closed and heavy plastic was attached to the frame of the door, sealed with a zipper. In addition, signage of a stop sign, which read Droplet Precautions Everyone must clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry. The poster included two a person with goggles and another with face shield. Two additional posters indicated donning and doffing of PPE, which included gown, mask or respirator, goggles or face shield, and gloves. A plastic three drawer storage unit was located to the right of the door which contained masks, gowns, gloves, and face shields. The Unit Manager confirmed that the residents in these three rooms were considered presumptive positive for COVID-19. At 8:55 AM, Employee #1 was sandwich between the medication cart and Resident #1's room. The employee, who had facial hair, was wearing a N95 mask, a yellow disposable gown, and gloves. He was preparing medications for the resident. In an interview, he was asked by this surveyor if he had been fit tested for the mask he was wearing. He replied, he was. He was then asked by this surveyor to describe the type of testing. He stated that he wasn't. The Unit Manager stated that no one in the facility was tested. He was observed removing his gloves and told this surveyor he was going to wash his hands and entered the resident's room without gloves, a face shield or goggles. Within a few seconds, he pushed the plastic and broke the room's threshold to come out of the room to get the resident's medication wearing the mask and yellow gown. The Unit Manager was present and made him go back into the doorway, telling him he cannot come out once he has entered with the PPE he had when he entered and she handed him the cup of medications, gloves, and a shield. At 9:15 AM, another observation revealed Employee #1 was outside Resident #2's room preparing an Insulin syringe. At this time he was wearing a surgical mask, yellow gown and gloves. He was asked does he always wears PPE when preparing resident's medications. He stated that he has to go into rooms to take the blood pressure because of parameters, so he doesn't want to pour the medication because if he brought the medication into the room and then took the blood pressure he would have to waste the medication if the pressure didn't meet the parameter. He also stated that he can't wear a face shield the facility provided because it fogs up. An observation at 11:38 AM revealed the receptionist, who was wearing gloves and a mask, and Employee #2, who had her mask down around her neck and no gloves, were in the front vestibule of the facility and lifting boxes onto a wheeled cart to bring closed cardboard boxes into the building. Employee #2 was holding the boxes up against her unprotected clothing. An observation at 11:45 AM revealed Employee #3, who is the designated housekeeper for the isolation rooms, was in room [ROOM NUMBER] with a wet mop, wearing hair cover, gloves, yellow gown and mask. When questioned by this surveyor, why she wasn't wearing gloves and was she aware of how long cardboard could be infected? She pulled her mask up, and smiled. At 11:55 AM, the Director of Nursing was told of the above observations. She stated that she herself gave the staff education yesterday regarding the CDC guidelines, looks like more education is needed. Employee #1 was already counseled and retrained. Review of the undated COVID-19 Emergency Plan policy reads, 1. All admissions and readmissions are screened for COVID-19 prior and upon admission 2. All admissions/readmissions will be placed on Droplet precautions upon admission for a 7-day period and monitored for s/s of respiratory illness or fever. 3. A staging room or a wing of a unit designated for admission 4. Residents who has signs of respiratory illness or fever will be placed in droplet precautions until resolution of symptoms. Review of the revised 3/20/2020 Clinical Management Novel Coronavirus COVID-19 policy reads, It is the policy of the facility to comply with evidence-based guidelines provided by CDC (Centers for Disease Control and Prevention) and NJDOH (New Jersey Department of Health), concerning management of residents/patients with Novel Coronavirus COVID-19 c) RESIDENT IN FACILITY EXHIBITING SYMPTOMS (PUI) (Person Under Investigation). 1. Residents will be assessed for changes in status consistent with symptoms of respiratory illness. 2. If a resident is showing Fever and respiratory symptoms (not diagnosed with [REDACTED]).b) Determination of resident's PUI will be completed. Coordinate with local NJDOH for approval for COVID-19 testing if criteria met .e) Initiate droplet precautions f) Use face masks or N95 mask if available and appropriate PPE (Personal Protective Equipment) .H. Personal Protective Equipment PPE and Strategies to Conserve PPE 1. Bundle care and minimize facility staff entering to an isolation room. 2. Place residents in step down unit, designated for known COVID-19 residents. 3. Cohorting or dedicating staff to work in the unit or symptomatic residents. 4. Extended wear same facemask, same eye protection. Remove only gloves and gowns between caring for residents. Perform hand hygiene between residents. continuing to wear the same eye protection, or face masks (extended use).</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.