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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315106 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/15/2020 |
| NAME OF PROVIDER OF SUPPLIER ELIZABETH NURSING AND REHAB | | STREET ADDRESS, CITY, STATE, ZIP 1048 GROVE STREET ELIZABETH, NJ 07202 | |
| 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 - Some | <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and review of pertinent facility documents, it was determined that the facility failed to ensure: a.) staff were appropriately screened prior to entrance to the facility to limit the potential spread of COVID-19, b.) closely monitor a resident, in accordance with the resident's care plan, when a resident entered into a quarantine unit; and, c.) staff doffed (removed) personal protective equipment (PPE) and performed hand hygiene (HH) before exiting a COVID-19 isolation unit. This deficient practice occurred for 2 of 3 units toured and was evidenced by the following: 1. On 07/15/20 at 8:40 AM, two surveyors entered the facility lobby. They observed that a female entered the lobby and used an infrared thermometer to take her temperature, and she then proceeded to exit the lobby. The Director of Nursing (DON) then proceeded to take the surveyors' temperature with an infrared thermometer and instructed the surveyors to complete a screening form before entry into the facility. The DON stated the screening form has to be filled out to ensure COVID doesn't spread. She said a person should not enter the facility without filling out the screening form. She stated a staff member should then review the screening form answers before allowing entry into the facility. At that time, the surveyor completed the required COVID-19 Employee Screening Log. The name entry directly above the surveyor's entry did not have the yes or no questions for cough, sore throat or breathing difficulties completed. At that time, the surveyor interviewed the DON regarding the incomplete entry and the observation of the person who entered the building. At that time, the DON reviewed the incomplete entry screening form, located above the surveyor's entry, and identified the person as a part-time dietitian. The DON further stated, she cannot do that, she should have filled out all questions on the screening completely when she entered the building. At 8:50 AM, the dietitian emerged into the lobby area, and the DON stated to her, you know you need to fill this out, you were told to do that already. 2. On 07/15/2020 at 12:15 PM during a tour of the second floor Persons Under Investigation (PUI) unit, the surveyor observed Resident #1 enter the unit via the closed double doors that separated the PUI unit from the persons who are recovered from COVID unit. The resident was improperly wearing a mask, nose exposed and ambulated directly past a Licensed Practical Nurse (LPN) who was standing at a medication cart. The resident proceeded directly through the hallway toward and un-used room. During this observation the resident was heard using profanity directed toward the nurse about wearing a mask. The resident then entered the un-used room and exited through doors located in the room that led to an enclosed outdoor balcony. At 12:19 PM, the surveyor, in the DON's presence, observed Resident #1 sitting in a chair located on the enclosed balcony. The surveyor interviewed the DON regarding if the resident was allowed on the PUI unit, and if the resident was required to wear additional PPE, such as a gown, mask, or gloves. The DON stated Resident #1 does not need to wear additional PPE because the resident was PUI/recovered and was just passing through. The DON said the resident could be combative, so the resident just goes when (the resident) wants. At 12:30 PM, the surveyor interviewed the LPN who stated Resident #1 is not PUI and is recovered but they let the resident go on the balcony to see family who comes to the parking lot below the balcony. The LPN clarified for the surveyor that they referred to the facility. A review of the admission record for Resident #1 revealed the resident had [DIAGNOSES REDACTED]. Review of the care plan for Resident #1 revealed: under Problem, initiated 06/30/2020, Resident is non-compliant with quarantine guidelines due to altered mental status. Ambulated throughout unit during the day. The goal, initiated 07/15/2020, Resident will not sustain injury, or infection (result to) non-compliance and roaming of hallways. The interventions included, date initiated 06/30/20, resident will be monitored closely when leaving (his/her) room. Will wear face mask once out of the room at all times. Will be reminded to put the face mask on. At 12:30 PM, the surveyor interviewed the Licensed Practical Nurse (LPN), who stated that the resident had tested positive for COVID-19 in the past, has recovered and currently resided on the Recovered unit. The LPN said the resident visited with his/her family daily from the outside balcony. At 2:25 PM, the surveyors interviewed the Assistant Director of Nursing (ADON), who stated Resident #1 was supposed to be monitored, and that the resident was difficult to redirect. 3. At 12:35 PM on the PUI unit, the surveyor observed the Housekeeping Director (HKD), exit through the plastic divider that separated the COVID positive unit from the PUI unit and contained one COVID positive resident. The HKD was observed wearing a gown, an N95 mask, but was not wearing gloves. He held a phone in his un-gloved hand, and without doffing PPE and performing hand hygiene (HH) exited the COVID positive unit. At 12:40 PM, the surveyor interviewed the HKD, who stated he was cleaning the floors in an un-occupied room located on the COVID positive unit. Since he did not go into the COVID positive resident room, he didn't need to do anything. He stated he needed to take a phone call. At 2:36 PM, the surveyors interviewed the consultant infection preventionist, who stated that the HKD should have worn a gown, an N95 mask, gloves, and a face shield. She noted that nobody should be in the COVID positive unit without the full PPE, and the PPE should be doffed before leaving the unit. The surveyor interviewed the ADON regarding if the HKD was provided with education regarding PPE. The ADON could not provide any documented education provided to the HKD on donning and doffing of PPE. Review of the Outbreak Response Plan, effective 05/15/20, revealed implementing control measures based on signs, symptoms, diagnosis, mode of transmission, and location in the center and measures may include screening all employees for elevated temperatures and signs/symptoms. Review of the Personal Protective Equipment Policy dated 4-2020 revealed PPE must be removed slowly and deliberately in a sequence that prevents self-contamination and hands are washed. An alcohol-based hand sanitizer is used immediately after removing all PPE. N.J.A.C. 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.