STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. BUILDING _____ B. WING _____	**04/27/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HOLLY MANOR CENTER	**84 COLD HILL ROAD MENDHAM, NJ 07945**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, it was determined that the facility failed to a.) follow acceptable standards of practice to minimize the risk of the spread of infection for 5 of 9 facility staff reviewed for following transmission-based precautions, and b.) failed to follow acceptable standards of practice for disinfecting multiuse equipment for 1 of 1 nurses reviewed for adherence to Infection Control standards of practice. This deficient practice was evidenced by the following: 1. On 4/28/19 at 10:40 AM, the surveyor observed the Certified Nursing Assistant (CNA #1) on the North Unit. The CNA was in a room that had a bin of personal protective equipment (PPE) just outside the door and a Stop Report to Nurse Before Entering sign above the PPE bin. The CNA told the surveyor that the resident was on isolation precautions for the COVID-19 virus and then removed her gown and placed the soiled gown into a receptacle in the hallway. On that same day, at that same time during an interview, CNA #1 stated that after she provided care to residents who had the Covid-19 virus, she removed her gown and placed it in the receptacles in the hallways. The surveyor asked the CNA why she brought the contaminated gown out of the room. The CNA did not respond. On 4/28/20 at 10:55 AM, the surveyor observed the Speech Therapist (ST) enter a room on the North Unit wearing an isolation gown and mask. The room had a PPE bin outside the door and a Stop Report to Nurse Before Entering sign above the PPE bin. The ST stated that the resident was COVID-positive, and when she completed the therapy, she removed her gown and placed it in the receptacle in the hallway. On 4/28/20 at 11:03 AM, the surveyor interviewed the Director of Recreation (DOR), who stated that she assisted residents with weekly zoom calls. The surveyor asked the DOR what the procedure was for doffing (taking off) PPE when leaving a resident's room who was on isolation precautions related to the Covid-19 virus. The DOR replied that she removed her gloves, washed her hands for 20 seconds, then removed her gown, and placed it in the receptacle in the hallway. On that same day at 11:16 AM, the surveyor interviewed the Director of Nursing (DON) who stated that all gowns that were worn in rooms of residents who tested positive for the Covid-19 virus should be doffed and placed in the receptacles located inside the rooms. The DON further stated that all staff had been educated on the procedure mentioned above and would be educated again immediately. On that same day at 11:45 AM, the surveyor observed the Physician Assistant (PA) on the South unit, exit a room which had a PPE bin and a Stop Report to Nurse Before Entering sign. The PA removed her gown and placed it in the receptacle bin in the hallway. The PA told the surveyor she had just examined her last COVID positive resident. The surveyor asked the PA why she didn't leave the contaminated gown in the room. The PA replied that she didn't see a receptacle in the room but that it would have been better practice to leave it in the room. On that same day at 12:00 PM, the surveyor interviewed CNA # 2, who stated that after she provided care to residents who have the [MEDICAL CONDITION], she removed her gown and placed it in the receptacle in the hallway. The surveyor asked CNA #2 why she brought contaminated gowns out of the resident rooms. CNA #2 did not respond. 2. On 4/27/20 at 12:15 PM, the surveyor observed the Licensed Practical Nurse (LPN) on the North Unit. The LPN brought the Blood Pressure Machine, thermometer, and Pulse oximeter into room [ROOM NUMBER], washed his hands, took the resident's vital signs, washed his hands, and left the room. The LPN, without disinfecting the equipment, went directly into room [ROOM NUMBER] and proceeded to take the vital signs. The LPN left the room and plugged in the equipment in the hallway without disinfecting it. The surveyor asked the LPN why he didn't clean the equipment between residents. The LPN replied that he only disinfected the equipment if the resident had the Covid-19 virus. The surveyor asked the LPN if he thought that was acceptable standards of practice. The LPN replied, I'll go ahead and clean it now. A review of the facility's undated policy titled Universal Use, Reuse and Extended Use of Personal Protective Equipment (PPE) revealed the following: When caring for people with the same infectious process (e.g., Covid-19, C.diff,[MEDICAL CONDITIONS]-colonized or infected): 1. Caregiver may wear the same gown between patients. 2. Gown must be removed in the room and discarded unless going directly to the room of another patient with the same infectious process. 3. Remove gown before exiting room-don new gown in hallway. A review of the facility's policy titled Cleaning and Disinfecting dated 9/1/04; revised 7/24/18 revealed the following: Non-critical items are objects that do not come into contact with mucus membranes, but do come into contact with intact skin (e.g., blood pressure cuff, glucose meters, stethoscope). These items require cleaning between patient use. On 4/27/20 at 6:50 PM, the surveyor discussed the above concerns with the DON and Administrator. No further information was provided. NJAC 8:39-19.4 (a)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE