

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2020
NAME OF PROVIDER OF SUPPLIER CAREPOINT HEALTH - BAYONNE HOSPITAL CENTER TCU		STREET ADDRESS, CITY, STATE, ZIP 29 EAST 29TH STREET BAYONNE, NJ 07002	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Based on record review and staff interviews, the facility failed to develop a process for notifying residents, their representatives and families each time a confirmed COVID-19 test result was identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. The deficiency occurred during the COVID-19 pandemic. This deficient practice was evidenced by the following: During an interview on 06/21/2020 at 10:15 AM, the Administrator reported the facility followed the hospital's protocol for notifying residents and families of COVID-19 positive results. On 06/21/2020 at 1:00 PM, the Director of Quality presented an undated policy titled, CarePoint Health Bayonne Medical Center. Covid-19 Preparedness. The section titled, Notification of patients if subjected to a Covid + Patient notes, a. In the event a Covid - patient has inadvertently been exposed to a Covid + patient, the patient and/or next of kin will be notified by the Infection Control Manager. An interview was completed with the Director of Quality on 06/21/2020 at 1:10 PM. The Director stated, There is no policy about notifying the other residents or families of a positive test result (of another resident or staff member). Residents who are positive or pending are kept in their rooms so there is no need to tell everyone else. After the surveyor explained the requirement to notify all residents and families of any COVID-19 in the facility or new onset of respiratory symptoms, the Director of Quality said, We will have to make a policy on notifying other residents and the families. NJAC: 8:39-13.1 (c)</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.