

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER COMPLETE CARE AT LAURELTON, LLC		STREET ADDRESS, CITY, STATE, ZIP 475 JACK MARTIN BLVD BRICK, NJ 08724	
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**</p> <p>Based on observation, interview, record review and review of pertinent documents, it was determined that the facility failed to: a.) instruct visitors to perform hand hygiene upon entry; b.) ensure staff perform hand hygiene when donning (putting on) personal protective equipment (PPE) and entering an isolation room; and, c.) ensure staff donned (put on) the appropriate PPE upon entering into a COVID positive isolation room, and doff (remove) PPE and perform hand hygiene upon exiting a COVID positive resident's room. This deficient practice was observed for one staff member upon entry to the facility, and on 2 of 4 resident units as was evidenced by the following: 1.) On 07/02/20, at 8:28 AM, two surveyors entered the facility and approached the receptionist desk, located directly in front of the entrance doors. The receptionist asked the surveyors to sign-in on the facility, Employee Surveillance Temperature Log and asked the surveyors if they currently had any symptoms, and obtained the surveyors' temperatures using an infrared no-touch thermometer. The receptionist did not review the surveyors' answers on the log, and did not instruct the surveyors to perform hand hygiene before allowing the surveyors entrance to the facility and escorting them to the conference room behind the receptionist desk. A surveyor observed that the Employee Surveillance Temperature Log had missing information from a visitor before the surveyors. During an interview with the surveyor on 07/02/20 at 8:40 AM, the receptionist stated the screening process was to take a visitor's temperature, ask if the visitor had any symptoms, and offer a PPE mask if the visitor did not have one. During an interview with the surveyors on 07/02/20 at 12:01 PM, the DON stated that it was important to review the facility, Employee Surveillance Temperature Log, and stop a visitor who had a temperature to prevent any spread of infection. The DON stated the receptionist should have reviewed the log for the answers after the surveyors signed in. The DON said that all visitors being screened for entry to the facility should be instructed by the receptionist to perform hand hygiene. During an interview with the surveyors on 07/02/20 at 12:36 PM, the Business Office Manager (BOM) stated she was performing the screening at the front desk that morning between 7:00 AM to 7:30 AM. The BOM noted the process was to obtain the visitor's temperature and report if the temperature was above 100.4 degrees. She stated they would also inquire about any symptoms, including fever, cough, sore throat, and diarrhea, and if the person had been out of the country recently. She stated the person would also make sure that three questions on the Employee Surveillance Temperature Log were checked off. The BOM said she did not have to instruct those who enter to perform hand hygiene. The BOM further stated that she had noticed someone did not fill out the log and went to look for them but did not find them until 9:30 AM. Review of the facility, Visitation, Infection Control During policy, dated 11/2018, revealed the policy shall establish guidelines for visitors to try to prevent the transmission of communicable diseases. The policy also revealed that visitors are encouraged to perform hand hygiene upon arrival. 2.) On 07/02/ at 10:10 AM, during a PUI tour of the quarantine unit, the surveyor observed an unidentified female staff enter the unit holding a blue gown, a pair of gloves, and was wearing an N95 mask. At that time, the surveyor interviewed the staff, who identified herself as an Occupational Therapist (OT). She stated the unit was a quarantine unit because the residents came from the hospital, and she was there to evaluate and assess a resident who was a new admission. She stated she brought her gown, and she proceeded to don (put on) the gown, without first performing hand hygiene, and then knocked on the resident's door and entered the room with the pair of gloves. A stop sign was affixed to the door and indicted droplet precautions. 3.) On 07/02/20 at 11:08 AM, the surveyor interviewed the Licensed Practical Nurse Unit Manager (LPN/UM), on the secured dementia unit, who stated Resident #1 was COVID positive resident room. The LPN/UM noted that the droplet precaution sign would alert staff to wear a hairnet, an N95 respirator mask with a surgical mask over it, a face shield, a gown, and gloves. The LPN/UM stated the N95 respirator mask protected staff from the airborne COVID droplets, and using only a surgical mask would offer any protection. The LPN/UM said Resident #1 had a recent positive COVID test. At 11:13 AM, the surveyor observed Resident #1's room, which had a Stop sign, a hand hygiene instructional sign, and a Droplet Precaution sign affixed to the door. The surveyor observed a bin directly outside of the resident's room which contained PPE: face shields, gloves, surgical masks, and blue gowns, and a bottle of hand sanitizer. Review of the Admission Record revealed that Resident #1 had been admitted to the facility 04/28/20 with [DIAGNOSES REDACTED]. Review of the laboratory results dated [DATE] revealed, Resident #1 had COVID detected in their blood. An examination of the laboratory results dated [DATE] revealed, Resident #1 still had COVID detected in their blood. Review of the Order Summary Sheet revealed a physician's orders [REDACTED]. Resident #1 was identified as at risk for potential respiratory infection related to the national pandemic and that droplet precautions: hand hygiene, N95 (or surgical mask if N95 not available), gloves, gown, and eyewear. On 07/02/20 at 11:21 AM, the surveyors observed a Housekeeper (HK) wearing a hair protector, two surgical masks, gloves, and a blue PPE gown. The HK was carrying cleaner and a toilet bowl brush and entered Resident #1's room. Through an open door, the surveyors observed the HK enter into the resident's bathroom by first walking past Resident #1, who was observed to be asleep in bed. At 11:23 AM, the HK exited the bathroom and removed a bag of garbage from a container located directly inside the door to the resident's room and exited the room. The HK, while wearing all of the same PPE she had been wearing inside the COVID positive isolation room, proceeded to push the cart around the nurse's station. The HK, while wearing the same gloves, then removed the surgical masks below her mouth and proceeded to take paper towels and wiped her face from her forehead to her chin. The HK used the same gloved hand to punch the code to unlock the soiled utility room door and enter the room. Inside the utility room, and observed through the door propped open with the cart, the HK doffed her blue gown and wore the same gloves and walked down the unit hall towards the exit door. The HK doffed her gloves into the garbage and did not perform hand hygiene to entering a code on the locked unit door and exiting the unit. During an interview with the surveyors on 07/02/2020 at 11:27 AM, the HK informed the surveyors that she did not speak good English. The facility provided their CNA, who interprets for the housekeeper. The housekeeper relayed that she was aware Resident #1's room was an isolation room and that she could read some words in English, so she knew to wear the PPE provided. The HK relayed she had been in-serviced and educated on PPE and that by wearing the contaminated PPE out of Resident #1's room, she could spread the infection. The HK stated she had removed her N95 mask because it made her hot. During an interview with the surveyors on 07/02/20 at 11:35 AM, the Housekeeping Director stated that the staff had been in-serviced on PPE and wearing the N95 mask in the COVID room. During an interview with the surveyors on 07/02/20 at 11:41 AM, the DON stated that the HK had been in-serviced via a translator. The DON said that when the HK left Resident #1's isolation room wearing the PPE, the HK could have spread the infection. During an interview with the surveyors on 07/02/20 at 12:01 PM, the DON stated that the HK should not have worn PPE out of an isolation room because of the risk of transmitting the disease. The DON said the HK should not have wiped her face with her contaminated gloves because that also posed a risk of transmission of the disease. Review of the facility provided, Clinical Competency Validation PPE Donning and Doffing, dated 03/16/2020, revealed the HK had met the critical elements of putting on and taking off PPE and handwashing/alcohol-based gel competency, which included when hand hygiene should be</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>completed. Review of the Personal Protective Equipment policy, dated 01/2020, revealed training on the proper donning, use and disposal of PPE is provided upon orientation and at regular intervals; gave instruction on the sequence for putting on PPE which included keep hands away from face, and for taking off PPE which included remove all PPE before exiting the resident room except a respirator if worn and to wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE. Review of the Handwashing/Hand Hygiene policy, dated 11/2018, revealed personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors; to perform hand hygiene before and after entering isolation precaution settings; hand hygiene is the final step after removing and disposing of PPE and that the use of gloves does not replace handwashing/hand hygiene. Review of the Respiratory Infection, Prevention and Control of policy, dated 11/2018 and updated 03/06/2020, revealed under standard precautions, staff will perform hand hygiene frequently, including before and after all resident contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves. Gloves will be worn for any contact with potentially infectious material. Gloves will be removed after contact, followed by hand hygiene. Gowns will be removed, and hand hygiene performed before leaving the resident's environment. Under droplet precaution, revealed staff will don a facemask when entering and when leaving the resident's room, the facemask will be removed, disposed of in a waste container, and staff will perform hand hygiene. NJAC 8:39-19.4(a)(1-2), 19.4(c-g), 19.4(n)</p>		