

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP TWO COOPER PLAZA CAMDEN, NJ 08103	
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 other facility documents, it was determined that the facility failed to follow proper infection control practices and utilize appropriate personal protective equipment (PPE) to prevent the potential spread of infection during a COVID-19 Focused Survey. This deficient practice was identified for 5 staff members on 1 of 4 nursing units and was identified by the following: 1. On 10/20/2020 at 8:56 AM, during the entrance conference, the surveyors interviewed the Director of Nursing (DON) who stated that the front hall of the Third Floor North Wing was utilized for residents who were newly admitted to the facility and were considered Persons Under Investigation (PUI) or received [MEDICAL TREATMENT] treatments outside of the facility that were maintained on quarantine for 14 days in order to minimize the potential spread of COVID-19. She further stated that the new admissions were tested on admission for COVID-19 and re-tested within 13-14 days. The DON explained that there was a plastic barrier at the end of the Third Floor North Wing hall that separated the PUI Unit from the COVID Unit. She stated there were currently 5 COVID-19 residents in-house and that staff were required to wear PPE (garments and equipment worn to protect the body from protection) on the North Wing which included a N95 mask (particulate filtering mask), gown and gloves into the PUI rooms and COVID rooms. She further stated that protective eyewear or face shields were not required and were optional on the unit. On 10/20/2020 at 12:14 PM, the surveyor observed the meal pass on the Third Floor North Wing PUI Unit and noted a stop sign affixed to the outside of a resident's door which indicated that the resident was on Droplet Precautions and everyone who entered must: Clean their hands, before entering and when leaving the room, make sure their eyes, nose and mouth were fully covered before room entry, and remove face protection before room exit. The surveyor observed Certified Nursing Assistant (CNA) #1, who wore a surgical mask and goggles, enter the room and deliver a meal tray to the resident. At the time of observation, the surveyor interviewed CNA #1 who stated that she wore a surgical mask and goggles and did not don (apply) a N95 mask, gown or gloves because the resident was just admitted from the hospital and was on 14 day observation but did not have COVID-19. She further stated that she was only required to wear a N95 mask if she went beyond the plastic barrier into the COVID Unit but could wear a surgical mask on the Observation Unit. On 10/20/2020 at 12:15 PM, the surveyor interviewed CNA #2, who stated that she was required to wear a gown, gloves, N95 mask, and face shield or goggles when she entered a room of a resident who was on Droplet Precautions because the resident was new to the facility and under observation. She further stated that all PPE must be removed and hand hygiene performed before leaving the room. On 10/20/2020 at 12:18 PM, the surveyor observed CNA #1 as she delivered a meal tray to a resident room who had Droplet Precaution signage affixed to the outside of the door. When interviewed she stated that she thought that maybe she should have had a gown on but would have to ask Unit Manager (UM) #1. At that time, CNA #1 conferred with UM #1. CNA #1 stated that UM #1 informed her that that she thought that gowns were only required to enter the yellow zone of the hallway, which she identified as the last two rooms on the left side of the hallway immediately outside of the plastic barrier that were utilized for [MEDICAL TREATMENT] residents. On 10/20/2020 at 12:25 PM, the surveyor interviewed UM #1, who stated that when staff entered resident rooms that were identified as droplet precautions, they must wear a N95 mask, gown, goggles or faceshields, and gloves. She stated that it was not okay for a staff member to wear a surgical mask in lieu of a N95. UM #1 stated that CNA #1 had a N95 mask on earlier and probably removed it because she was hot. UM #1 further stated that in this hallway all staff must wear a N95 mask. UM #1 added that if staff were not wearing gloves, gown, a N95 Mask, and face shield or goggles when they entered a room that was designated for droplet precautions, they could potentially catch COVID-19. She stated that all of the residents on the unit tested negative for COVID on admission and were maintained on observation for 14 days as a precaution. On 10/20/2020 at 12:40 PM, the surveyor observed UM #1 as she donned full PPE. UM #1 donned a gown, gloves, goggles and a surgical mask. She then donned a N95 mask over the surgical mask. At the time of observation, the surveyor interviewed UM #1 who stated she wore the surgical mask under the N95 mask because the N95 mask hurt her nose. She further stated that there was no chance of there not being a tight seal in her N95 mask because she still couldn't breathe. UM #1 then entered the room of a resident on Droplet Precautions for meal tray delivery. The surveyor noted that there was signage affixed to the door which included Droplet Precautions signage and a second sign, PPE Communication Tool, which instructed staff to: Wash hands before and after resident care and before leaving room, wear gloves, mask and gown upon room entry. The signage also instructed visitors to check with the nurse before entering the room. On 10/20/2020 at 3:00 PM, the surveyor interviewed the DON who stated that when staff entered resident rooms who were on 14 day quarantine or who received [MEDICAL TREATMENT] treatment and required Droplet Precautions to provide direct care, they must wear: a gown, goggles or face shield and a N95 mask. She stated that when staff delivered meals to residents on Droplet Precautions they were required to wear a N95 mask, surgical mask and protective eyewear because they could possibly be exposed and spread COVID-19.</p> <p>2. During the initial entrance conference on 10/20/2020 at 8:56 AM, in the presence of the surveyors, the Director of Nursing (DON) stated that the COVID-19 positive unit was located on Third Floor North wing beyond the plastic zippered barrier. The DON stated that staff were to don (apply) all PPE: N95 mask, gown, gloves and face shield/goggles prior to entering the COVID-19 positive unit and that all of the PPE should be removed prior to exiting the unit. On 10/20/2020 at 11:41 AM, during the initial tour of the Third Floor North Wing, the surveyor observed the plastic zipper divider beyond rooms [ROOM NUMBERS]. There were multiple signs on the divider, which included one for COVID-19 PPE for Healthcare Personnel and Red Zone All PPE to be worn Beyond this Point. On 10/20/2020 at 11:42 AM, while the surveyor conducted an interview with UM #1 in the PUI unit of the Third Floor North Wing Yellow Zone, the surveyor observed UM #2 exit the COVID-19 positive unit through the plastic zippered divider wearing a blue plastic gown. The surveyor, in the presence of UM #1, observed UM #2 walk down the PUI unit hallway to a yellow trash container that was located outside of room [ROOM NUMBER], open the trash lid, look in it, close it and then walk back down the hallway and enter room [ROOM NUMBER]. UM #1 stated that PPE should not be worn when exiting the zipper from the COVID-19 positive side. UM #1 stated that room [ROOM NUMBER], which was located on the COVID-19 positive side of the zipper, was a clean room where staff should remove all of their PPE prior to exiting the unit through the zipper. UM #1 confirmed that room [ROOM NUMBER] was an unoccupied empty room. UM #2 then exited room [ROOM NUMBER] without wearing the blue gown. On 10/20/2020 at 11:47 AM, the surveyor observed UM #1 respond to a call light for room [ROOM NUMBER], located on the PUI unit. UM #1 entered the room wearing only a N95 mask and closed the door. The surveyor observed a stop sign on room [ROOM NUMBER]'s door for 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. Remove face protection before room exit. During an interview at the time of observation, UM #1 stated that staff should follow the precautions on the signage on the resident's room. UM #1 stated that droplet precautions included face protection to protect the staff so that droplets do not get into their eyes. She stated that she should have worn eye protection. On 10/20/2020 at 11:58 AM, the surveyor interviewed UM #2 who stated that the plastic</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>zipper separated the COVID-19 positive side from the PUI side on 3rd Floor North. UM #2 stated that all PPE should be removed before exiting the COVID-19 positive side. He stated that there had been a red bin on the COVID-19 positive side to dispose of PPE, but it was no longer there. He could not find a garbage bin for his used PPE before he exited the COVID-19 positive unit. He walked to the yellow trash can looking for a trash bag but there was not one there. He then went to room [ROOM NUMBER] to doff (remove) his gown because he knew that was an empty room. UM #2 stated that he should not have worn the gown outside of the COVID-19 positive unit because the purpose of doffing PPE prior to exiting, was to prevent the spread of COVID-19. On 10/20/2020 at 12:09 PM, the surveyor observed Licensed Practical Nurse (LPN) #1 enter room [ROOM NUMBER] to respond to the call light, wearing only a N95 mask. LPN #1 closed the door after entry. The surveyor observed a sign on the door for 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. Remove face protection before room exit. The surveyor observed that the illuminated call light indicator turned off. When LPN #1 exited the room, she told the surveyor the resident needed a blanket. On 10/20/2020 at 12:11 PM, the surveyor observed LPN #1 as she re-entered room [ROOM NUMBER] with the blanket wearing only a N95 mask. As LPN #1 exited room [ROOM NUMBER], the surveyor asked LPN #1 what the droplet sign on the door meant. She stated that the droplet sign meant you must wear a gown, gloves, mask, and face shield when doing care and she only answered the call light. LPN #1 stated that she canceled the call light, which was located between the resident's beds, when she went in the room. LPN #1 stated that the residents in room [ROOM NUMBER] were on the PUI unit because they both go out of the facility for [MEDICAL TREATMENT]. LPN #1 stated that she should have followed the signage on the door and worn goggles or face shield when she entered the room to protect herself and others from infection. On 10/20/2020 at 12:25 PM, the surveyor observed CNA #2 enter room [ROOM NUMBER] to deliver a lunch tray. CNA #2 wore a N95 mask, and no other PPE. As CNA #2 exited room [ROOM NUMBER], the surveyor asked her what the droplet precautions sign on the door meant. She stated the sign meant that staff should wear a mask, do hand hygiene, and wear a face shield or goggles before entering the room. CNA #2 confirmed that she did not wear a face shield or goggles into room [ROOM NUMBER] because she believed the sign was put there in error. On 10/20/2020 at 12:30 PM, during an interview with the surveyor, the DON stated that droplet precautions meant that it is suggested that staff wear a face shield if they come in direct contact with the resident. She stated the purpose of PPE was to protect everyone from infection. The DON stated that PPE was worn on the PUI unit because the residents were in and out of the facility and could become positive any day. The DON stated that staff should not wear PPE when exiting the COVID-19 unit. She stated there was a decontamination room in the COVID-19 unit that staff should utilize to doff their PPE to prevent contamination. On 10/20/2020 at 3:01 PM, during the exit interview in the presence of the surveyors, the DON, the Administrator and the Regional Administrator confirmed that staff were expected to follow the precaution signs posted on the resident's door. They agreed that if the sign read Make sure their eyes, nose and mouth are fully covered before room entry or Remove face protection before room exit then staff was expected to do what the instructions indicated. Review of an in-service Sign-In Sheet, dated 04/27/2020, COVID-19 notification to staff, airborne precautions, Infection-handwashing and hand sanitizer, Placement of PPE, revealed that UM #2, CNA#1, and CNA#2 were in attendance. Review of an in-service Sign-In Sheet, dated 05/13/2020, PPE, Contact precautions, droplet precautions, and handwashing, revealed that CNA#1, CNA # 2 and UM #2 were in attendance. Review of an in-service Sign-In sheet, dated 10/14/2020, PPE, handwashing, droplet precaution, contact precautions, revealed that CNA #2, UM#1, and LPN#1 were in attendance. Review of the facility's undated Outbreak Plan revealed, Droplet Precautions . All Staff PPE - Gown, gloves, mask (preferably N95 respirator) for employee and eye goggles. Door to resident room must always be closed. Review of the facility Transmission Based Precautions policy, dated revised 07/2020, revealed, Droplet Precautions . In addition to gowns and gloves, healthcare workers must wear a mask. The PPE including the mask is donned prior to entry to the room. On 10/21/2020 at 2:50 PM, during a post-survey telephone interview, the DON stated that the PPE Communication signage was not patient specific. The signage was also affixed to the wall at the beginning of the hallway and served as a reminder for staff to utilize all required PPE. The DON explained that the facility Outbreak Plan was updated most recently and specified which PPE must be utilized for residents on Droplet Precautions. She further explained that the Droplet Precaution sign that was utilized by the facility failed to contain all required PPE as specified in the Outbreak Plan. NJAC 8:39-19.4</p>		