STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315351	A. BUILDING _____ B. WING _____	07/07/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BRIGHTON GARDENS OF EDISON	**1801 OAKTREE ROAD EDISON, NJ 08820**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure: a.) the appropriate use of a thermometer in accordance with manufacturer instructions used to screen staff for COVID-19, b.) the necessary use of a face mask and eye protection while communicating with a resident under investigation for COVID-19, c.) the appropriate timing of hand hygiene, and d.) hand hygiene was offered to residents before a lunch meal. This deficient practice was identified for 4 of 12 residents on the census (Resident #1, #2, #3 and #4) during a COVID-19 focus infection control survey conducted on 7/7/2020, and was evidenced by the following: 1. On 7/7/2020 at 8:30 AM, two surveyors approached the healthcare entrance to the facility, and a Receptionist/Certified Nursing Aide (R/CNA) opened the door and allowed the surveyors to enter. At that time, the R/CNA prepared a COVID-19 health screening tool for the surveyors to complete and proceeded to check temperatures using a digital infrared thermometer in the presence of the facility's Health Information Coordinator. The R/CNA pointed the digital thermometer at the right side of the first surveyor's neck and obtained a temperature reading. The R/CNA then proceeded to check the temperature of the second surveyor and pointed the infrared thermometer at the right side of the other surveyor's neck and obtained a temperature reading. The R/CNA cleaned the thermometer using a disinfectant wipe and placed it on the nurses station counter. The surveyor observed the make and model of the thermometer, and imprinted on the thermometer was a picture of a visual instruction to point the thermometer at the forehead to obtain the temperature reading. The surveyor asked the R/CNA about the method in which she obtained temperature readings at the neck area, and the R/CNA stated, That's how I was trained to do it. The surveyor requested the manufacturer instruction booklet that came with the thermometer. The Health Information Coordinator present during the screening did not correct the R/CNA's method of obtaining the temperature screenings. At 9:02 AM, the surveyor observed the Director of Nursing/Infection Preventionist (DON/IP) enter through the healthcare entrance and completed the health screening tool and took her own temperature, scanning the infrared thermometer along her forehead to obtain a reading. She then put the thermometer down on the counter. At 9:05 AM, the surveyor observed another staff member enter through the healthcare entrance for a health and temperature screening. The R/CNA picked up the thermometer, and while standing behind the nurses station counter, she pointed the thermometer at the front of the neck of the staff member entering the building. The staff member extended her neck for the R/CNA to obtain the temperature reading and reported the reading for the staff to write down. The surveyor approached the R/CNA a second time and asked her about the method she was taking temperatures of staff. The surveyor asked her to look at the instruction picture printed on the thermometer, and the surveyor asked what the instruction picture represented, and the R/CNA stated, it's a head. The surveyor asked why she thought there might be a head printed on the instructions for the thermometer and she replied, Maybe I am supposed to take the temperature on the head or neck. The R/CNA consistently stated that she was trained to take the temperature on the neck. The surveyor asked who trained her on temperature screenings, and the R/CNA was unable to provide a name stating, I don't know, I got trained months ago. The surveyor asked who was the staff educator, and the R/CNA was unable to provide a name. The surveyor then asked who was the facility's Infection Preventionist? The R/CNA, responded, What? and aded that she did not know what individual handled infection control matters at the facility. The R/CNA stated, All the managers are that. At approximately 9:10 AM, the DON/IP introduced herself as the DON, and she stated she was the facility's current designated Infection Preventionist. At 10:00 AM, the R/CNA provided the surveyor a copy of the manufacturer instructions for the infrared thermometer used for screening the surveyors and the facility staff for signs of fever related to the COVID-19 outbreak. A review of the undated manufacturer instructions for the infrared thermometer included, This device must only be used for the purposes described in this instruction manual. It further included, It may affect the accuracy of measurements when the forehead is covered by perspiration or other factors, please take the temperature behind the ear lobe. The instructions specified the method to take the temperature which included to Aim (the thermometer device) towards the forehead .from a distance of 5 cm (centimeters) (2 in (inches)), press the measuring key, the temperature is displayed immediately . The instructions further included, You can take the temperature behind the ear lobe . Further review of the manufacturer instructions did not specify any other method in which the infrared thermometer was to be used when taking a temperature, including aiming the device toward the front or side of an individual's neck. At 10:37 AM, the surveyor interviewed the DON/IP in the presence of the Executive Director/Licensed Nursing Home Administrator (ED/LNHA), Associate Executive Director (AED) and a second surveyor. The DON/IP acknowledged that the manufacturer instructions did not specify that it was appropriate to obtain a temperature reading by aiming the device toward the front or side of an individual's neck. The DON/IP acknowledged that the R/CNA was not following the manufacturer's instructions for the use of the screening thermometer. She stated that the R/CNA was in-serviced on the thermometer, but the administrative staff were unable to speak to why the R/CNA was unable to provide the name of the staff member who had in-serviced her on the proper method to use the thermometer. The surveyor requested copies of in-service records. A review of an in-service record dated 3/6/20 - 3/10/20 reflected that the R/CNA attended a training instruction on the use of an infrared thermometer for screening. The in-service record did not specify the content of that education or the specific method in which staff were to be using the thermometer. An in-service training record dated 4/6/20 reflected that the R/CNA attended a COVID-19 infection control training presented by the DON/IP that included, Visitors such as direct medical staff should be pre-screened/temp/and wash hands . There was no evidence of a competency (a set of knowledge, skills and abilities needed for an individual to successfully perform various job duties) for the appropriate use of the infrared thermometer for the R/CNA conducted prior to surveyor inquiry. At approximately 1:50 PM, the ED/LNHA informed the surveyor that the facility used to use a probed thermometer for screening of staff, but the Center had made a switch to the infrared thermometers when the probes became more difficulty to purchase. The start date of the use of the infrared thermometer was unclear at the time of the survey. The ED/LNHA and the DON/IP acknowledged that the R/CNA had been trained on the proper use of the infrared thermometer and confirmed she should not be aiming the device at the front or side of the neck in accordance with manufacturer instructions. A review of the facility's COVID-19 Mitigation and Response Plan dated 3/18/20 included, All .entering the community will undergo screening for fever, symptoms of COVID-19, recent travel and exposure to someone with known or suspected COVID-19. It further included, At the beginning of every shift, team members will have their temperature taken to screen for fever . 2. On 7/7/2020 at 10:15 AM, the surveyor interviewed the DON/IP, the ED/LNHA and the AED in the presence of a second surveyor. The DON/IP stated that the facility had a COVID-19 outbreak that began on 3/13/20 and the most recent onset date was a staff member who tested positive on 6/23/20. She added that the facility currently had no residents who were COVID-19 positive but the facility currently had two residents that were considered persons under investigation (PUI) for COVID-19 (Resident #1 and Resident #2). She continued that those residents resided in private rooms in a separate hallway from the rest of the residents. The DON/IP stated that the PUI residents had tested negative for COVID-19 upon admission to the facility and were being monitored for signs and symptoms of [MEDICAL CONDITION] for 14 days, at which time they would be re-tested for COVID-19 to confirm the tests remained negative before

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	(continued... from page 1) moving their rooms. The DON/IP stated that Resident #1 and Resident #2 were on droplet precautions (a method of isolation in which persons entering the room wear specific personal protective equipment to protect from potential pathogen transmission spread through droplets caused by sneezing, coughing, or talking.) The DON/IP stated that droplet precautions meant that staff must wear the appropriate personal protective equipment (PPE) when entering the room, including a long sleeve disposable gown, a respirator face mask, eye protection such as a face shield, and gloves. The DON/IP stated that the staff discard all PPE at the exit of the resident's doorway in a step-trash bin with a red biohazard bag. At 11:35 AM, the surveyor observed the Certified Nursing Aide (CNA #1) and the Licensed Practical Nurse (LPN) wearing face masks standing outside the room of Resident #1. On the resident's door indicated a sign to stop and see nurse before entering. Next to the doorway was a clear plastic storage bin with PPE. The surveyor observed the CNA #1 open the PPE bin and the CNA #1 and the LPN removed PPE and began to don a long sleeve disposable gown and gloves. The CNA #1 did not don eye protection. At 11:37 AM, the surveyor observed the CNA #1 enter the room of Resident #1. Resident #1 was not wearing a mask and the CNA #1 began to take a lunch order for the resident, communicating back and forth the various options on the menu. The CNA #1 or the LPN did not offer or encourage the resident to don his/her face mask. The resident verbally selected the options from the menu. The LPN was in the room adjusting the resident's television with his/her TV remote. At approximately 11:43 AM, the surveyor interviewed the CNA #1 who was exiting the resident's room. The CNA #1 stated that she was not sure why Resident #1 had a stop sign outside the door to see the nurse. She stated it may be because he/she had a contagious disease. The surveyor asked if it was related to suspected COVID-19, and the CNA #1 stated she was not sure. At that time, the LPN performed hand hygiene and doffed his PPE. The LPN stated to the CNA #1 in the presence of the survey that Resident #1 was on droplet precautions because he/she was a new admission from the hospital and added that all new admissions were placed on droplet precautions for 14 days incase they develop signs or symptoms of [MEDICAL CONDITION]. The LPN added that the resident had tested negative for COVID-19 as a baseline. The CNA #1 stated that upon entering a room for a resident on droplet precautions, she should wear a gown, gloves, a respirator mask and a face shield. The surveyor asked why she mentioned a face shield was necessary upon entering the room, and the CNA #1 replied, to protect my eyes from droplets. The CNA #1 acknowledged she was not wearing a face shield or eye protection, and she also acknowledged that the resident was not wearing a face mask during their communication. The CNA #1 stated that she personally wears a face shield only when performing care for the resident. The surveyor asked if there was any other time she should wear it, and she indicated that she was supposed to wear it upon entering the room at any time. She further added that the reason the surveyor did not see a face mask on the resident or in stored in the resident's room was because Resident #1 liked to keep his/her personal mask kept under their shirt, and that he/she would only sometimes wear the surgical mask. At 11:45 AM, the surveyor interviewed the LPN who was wearing personal eye glasses at that time. The LPN confirmed he was not wearing a face shield while in the resident's room. He stated that he would wear a face shield when performing treatments from the treatment cart. He acknowledged droplet precautions indicated the use of eye protection. At 11:49 AM, the surveyor observed the items in the PPE bin outside the door of Resident #1 with CNA #1, which included respirator masks, surgical masks, long-sleeve disposable gowns, and gloves. There was no evidence of a face shield or eye protection available in the cart. The CNA #1 confirmed there was no eye protection in the bin outside the resident's room, but she took the surveyor down the hallway to observe two other bins of PPE which had several face shields available and accessible. At 12:30 PM, the surveyor observed Resident #1 sitting a wheelchair in his/her private room. The resident had a surgical face mask looped around the ears and the mask was tucked under his/her chin. The resident was not picking at the mask or attempting to remove it. A review of the in-service records revealed that CNA #1 had successfully met a skills competency for donning and doffing PPE on 6/11/20 and 6/21/20 which included, How to Safely Put on the Goggles or Face Shield. A review of the in-service records revealed the LPN had successfully met a skills competency for donning and doffing of PPE on 4/4/2020 which included, How to Safely Put on the Goggles or Face Shield. On the same day on 7/7/2020 at 1:30 PM, the surveyor interviewed the DON/IP in the presence of the ED/LNHA, the AED, and a second surveyor. The DON/IP acknowledged that droplet precautions included the use of a face shield upon entering the room of a resident who was under investigation for COVID-19, in accordance with the facility's infection control policy and procedure. The DON/IP acknowledged the surveyors findings and confirmed if no face shield was available in the bin outside of Resident #1's room, staff could either ask for more or temporarily use the face shield from another bin and restock the PPE bins after. A review of the facility's COVID-19 Mitigation and Response Plan dated 3/18/20 included, Put on eye protection (i.e. goggles or disposable face shield that covers the front and sides of the face) before entry to the resident's room. Personal eye glasses and contact lenses are NOT considered adequate eye protection. 3. On 7/7/2020 at 12:40 PM, the surveyor observed the lunch meal pass on the non-COVID hallway. The surveyor observed the following: At 12:44 PM, the surveyor observed the Lead CNA deliver a disposable lunch tray to Resident #3. The Lead CNA did not offer or encourage the resident to perform hand hygiene prior to meal service and she exited the room. The surveyor observed Resident #3 sitting on the edge of the bed attempting to open the disposable container with the lunch meal. The surveyor interviewed the resident at that time, and the resident stated that the facility does not offer hand wipes or alcohol wipes to clean the hands before meal service. At that time, the resident independently stood up and stated that he/she liked to wash the hands at the sink in the bathroom. The resident proceeded to go to the bathroom to wash his/her hands. At 12:50 PM, the surveyor observed the Lead CNA bring a disposable lunch tray to Resident #4. The Lead CNA assisted the resident in setting up the lunch on the bedside table. The Lead CNA did not offer or encourage the resident to perform hand hygiene prior to meal service. At that time, the surveyor interviewed the Lead CNA who stated that both Resident #3 and Resident #4 were not under investigation for COVID-19. She confirmed she did not offer hand hygiene to Resident #3 because he/she performs hand hygiene at the sink in the bathroom. The surveyor inquired about the hand hygiene for Resident #4, and the Lead CNA stated that she used the resident's personal care cloth wipes to wash his/her hands. The surveyor asked when she washed the resident's hands and she stated it was a little while ago. The Lead CNA showed the surveyor the wipes she used and she opened the resident's drawer in his/her cabinet and showed the surveyor a green package of aloe-based Personal Cleansing Cloths. She stated that those were the same cloths used for the resident during morning care. The surveyor and Lead CNA reviewed the active ingredients written on the package of the cleansing cloths, which reflected the product was alcohol-free. The surveyor asked if the residents were provided a method to wash their hands with an alcohol-based hand rub (ABHR) or ABHR-wipes, or a method of soap and water? The Lead CNA replied that there was no single process for offering hand hygiene to the residents and that it was individual to that resident. At 1:15 PM, the surveyor interviewed the resident's Registered Nurse (RN) who stated that the CNA's were responsible for providing hand hygiene to each resident prior to the lunch meal. She stated that residents are either offered to go to the bathroom and wash their hands at the sink with soap and water or they would be offered a basin with soap and water and a wash cloth to wash their hands. The surveyor asked the RN about the use of alcohol-free personal cleansing cloths to wash the hands of Resident #4 before lunch, and the RN stated that it was not appropriate to wash the hands of a resident with an alcohol free product before the lunch meal, due to COVID-19. The RN confirmed that ABHR should contain 60% or greater of alcohol to be effective against COVID-19. A second surveyor observed the lunch meal pass on the hallway with the residents who were PUI (Resident #1 and Resident #2), and observed the following: On 7/22/20 at 12:50 PM, the surveyor observed CNA #1 bring a meal tray toward Resident #1's room and place the tray on a PPE storage outside the resident's room. The tray did not contain a hand wipe or method to perform hand hygiene for the resident. The CNA #1 placed the tray outside of the room and without performing hand hygiene she donned some PPE. The surveyor observed Resident #1 sitting upright in a wheelchair in the room. The CNA #1 placed the tray on the resident's bed side table positioned in front of him/her. The CNA #1 did not offer or encourage the resident to perform hand hygiene prior to the lunch meal, and the CNA #1 proceeded to unwrap a sandwich and place it in the resident's hand. At approximately 1:00 PM, the surveyor interviewed the CNA #1 who could not speak to when Resident #1 was afforded the opportunity to perform hand hygiene prior to the lunch meal. At 1:30 PM, the surveyors interviewed the DON/IP regarding if the facility had a policy regarding hand hygiene for residents prior to meals and the method in which that was to be performed. The DON/IP stated staff would either wash the residents hands using soap and water at a sink or using a basin at the bedside, or they could use provide ABHR to the residents prior to the meals. The DON/IP confirmed alcohol-free personal cleansing cloths were not an appropriate method of hand hygiene prior to lunch service during the COVID-19 outbreak. A review of the Infection Prevention and Control Program last updated 12/2019 included that the timing of hand hygiene was done before eating. At 1:40 PM, the surveyor asked the DON/IP if the policy spoke to the method in which residents were offered hand hygiene before meals, and the DON/IP acknowledged the policy that she pointed out to the surveyor did not address that topic, but that she would search for it. 4. On 7/7/2020 at 9:00 AM during a tour of the PUI hallway, the surveyor observed Resident #1 sitting in a wheelchair in front of a bedside table

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 2) inside his/her room. The resident was not wearing a face mask and the door was wide open. The resident spoke to the surveyor from the hallway. At that time, CNA #1 was observed exiting the room of Resident #2, another PUI resident. The CNA #1 was holding a red plastic bag that appeared to be weighted with contents. While holding the filled red plastic bag, the CNA #1 then entered the room of Resident #1, without donning a face mask, gloves, gown or a face shield, and the surveyor heard CNA #1 conversing with the resident in the resident's room. At approximately 9:05 AM, CNA #1 then exited the room of Resident #1 un-masked and still holding the red bag from the room of Resident #2. At that time, the surveyor stopped and interviewed CNA #1, who stated the red bag contained a gown that she wore while assisting Resident #2 with the breakfast meal. She stated she had to wear a gown, gloves, a respirator mask and face shield when she entered the PUI rooms because those residents were on droplet precautions. She stated that Resident #1 and Resident #2 were new admissions to the facility. She further stated that she would need to put the same PPE on when she cared for those residents, but since she was just talking to the resident, she did not need to wear any PPE. She then proceeded down the hallway, not wearing a face mask and holding the red bag. The CNA #1 placed the red bag in the soiled utility room. At approximately 9:10 AM, the surveyor observed CNA #1 wearing a blue surgical mask in the hallway. At 10:30 AM, the surveyors interviewed the facility DON/IP who stated that the facility was not extending the use of any PPE and that after doffing any PPE, it was all considered soiled. She further added that all soiled PPE was to be discarded inside of a resident's room in a red plastic bag, and if the bag was being emptied, it should be immediately brought down into the soiled utility room. She added that the staff should not be entering another resident room while holding a red plastic bag, continuing that the red plastic bag was a method to identify the contents were considered potential biohazard. She further stated that the facility had implemented universal masking for all staff in accordance with requirements and that surgical masks were to be worn throughout the hallways, and are switched to a respirator mask when providing care for a PUI resident. She stated that staff cannot enter a resident's room on the PUI unit without wearing a respirator mask. At 12:40 PM on the PUI unit, the surveyor observed CNA #1 carry a meal tray toward the room of Resident #2 and placed the tray on the PPE storage bin outside of the resident's room. CNA #1 then donned a gown and performed hand hygiene using an alcohol-based hand rub. With her bare hand, she then removed her used surgical mask and donned a respirator mask followed by a pair of gloves. She did not perform hand hygiene after discarding her used surgical mask with her bare hand or before applying the new pair of gloves upon entering the room of Resident #2. In addition, CNA #1 did not don a face shield upon entering the resident's room. At that time, the surveyor observed Resident # 2 in bed with a bed side table positioned over the bed. The CNA #1 removed and discarded a cup from the resident's bedside table with her gloved hand and placed it inside the small trash bin located at the resident's bedside. CNA #1 then proceeded to un-wrap the resident's meal. The resident was then observed drinking from the beverage without being offered hand hygiene. While the resident was eating, the CNA #1 then doffed the PPE in a garbage can lined in a red plastic bag located at the resident's head of the bed. The surveyor observed a large step-trash can available at the exit of the room. The CNA #1 exited the resident's room holding the red bag. She then donned a surgical mask from the PPE storage cart and walked down the hallway toward the soiled utility room. At 12:50 PM, the surveyor observed CNA #1 bring a meal tray toward Resident #1's room and place the tray on a cart outside the resident's room. The CNA #1 placed the tray outside of the room and without performing hand hygiene she donned a gown and doffed her used surgical mask. She then proceeded to don a respirator mask and performed hand hygiene using an alcohol-based hand rub prior to donning a pair of gloves. She did not don a face shield prior to entering the resident's room and proceeded to place the resident's meal items on a bed side table located in front of the resident while the resident was seated in a wheelchair. CNA #1 unwrapped a sandwich and placed it in the resident's hand. At approximately 1:30 PM, the surveyors reviewed all findings with the DON/IP, Executive Director/LNHA and the AED. A review of the facility's, The Face Masks & Personal Protective Equipment Policy dated 4/2020, included that team members will wear regular medical facemasks throughout the day and in the community. Hands should be washed, or hand sanitizer used when putting on or taking off any PPE. When delivering or picking up meal trays, the required PPE is a regular medical face mask, gloves and goggles/face shield. Other than regular medical face masks, PPE must be removed just outside of resident room or designated isolation area . NJAC 8:39-19.4; 27.1 (a)