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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315452 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/25/2020 |
| NAME OF PROVIDER OF SUPPLIER PEACE CARE ST JOSEPH'S | | STREET ADDRESS, CITY, STATE, ZIP 537 PAVONIA AVENUE JERSEY CITY, NJ 07306 | |
| 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 F 0885 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Based on staff and resident interviews, the facility failed to develop a process for notifying residents, their representatives and families by 5 PM the next calendar day following the occurrence of either a single confirmed COVID-19 test result, 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 06/25/2020 at 3:50 PM, the Administrator said, I do a newsletter 5 days a week that goes over cases and testing, recovery etc. We print it for residents and email it to families and staff. If there is a case on the weekend, we would update the newsletter on Monday. There was no facility policy or process in place to ensure residents, their representatives and families were notified by 5 PM the next calendar day. On 06/25/2020 at 6:16 PM, an interview was completed with Resident #1. Resident #1 was asked about getting updates on new positive COVID-19 tests, and staff and/or residents with positive symptoms. The resident stated, We get a newsletter during the week that updates us. On Monday, we would get an update for over the weekend.</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.