STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315112	A. BUILDING _____ B. WING _____	**05/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HUDSONVIEW HEALTH CARE CENTER	**9020 WALL STREET NORTH BERGEN, NJ 07047**

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 -** Few	**Provide and implement an infection prevention and control program.** Based on observation, interview and record review, it was determined that the facility failed to a.) follow acceptable standards of practice to minimize the risk of the spread of infection for Unit 9, 1 of 3 Units reviewed; and b.) follow acceptable standards of practice for hand hygiene for 2 of 7 nursing staff reviewed for adherence to Infection Control Standards of Practice. This deficient practice was evidenced by the following: On 5/19/20 at 12:30 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) on Unit 9, who stated that the unit had 1 wing designated for Patients Under Investigation (PUI) for the Covid-19 Virus, who were new admissions, were asymptomatic for the Covid-19 virus and were being quarantined until they received the results from their tests. The surveyor reviewed the daily report provided by the LPN, which reflected that 6 of the residents on the 9th floor were PUI. On that same day, at 12:34 PM, during an interview, the surveyor asked the Certified Nursing Assistant (CNA #1) if she could identify which residents on her assignment had been tested for the Covid-19 Virus and were being maintained on Droplet precautions. CNA #1 replied, I don't know. At that time, CNA #1 asked the recreation assistant (RA) to translate for her. The recreation assistant (RA) translated and then stated, she doesn't know. The surveyor asked CNA #1 how often she changed her isolation gown. The CNA replied, every four hours. On 5/19/20 at 12:55 PM, the surveyor reviewed the Unit 9 CNA Assignment Sheet, which reflected that CNA #1 had residents assigned to her care that were PUIs. The surveyor observed that there were no bins that contained Personal Protective Equipment (PPE) near any of the rooms of PUI. On 5/19/20 at 1:20 PM, the surveyor observed that CNA #1 and the LPN entered the room of a PUI resident, provided incontinence care, and left the room without first removing their contaminated isolation gowns. The room was located in the wing designated for PUI residents and had a sign indicating the resident was on droplet precautions. CNA #1 walked to the non-PUI wing and entered a room wearing the same contaminated gown. On that same day, at 1:35 PM, the surveyor asked CNA #1 why she hadn't removed her gown before leaving the PUI room. CNA #1 replied, because I only assisted the nurse, and then walked away from the surveyor. On 5/19/20 at 1:40 PM during an interview, the LPN stated that she should have removed her gown before she left the PUI room and, at that time, removed her contaminated gown. On 5/19/20 at 2:10 PM, during an interview, the Infection Control Preventionist (ICP) stated that each room in the Unit 9 wing designated for PUI should have a PPE bin placed outside each room. Staff should be removing PPE before leaving the rooms of PUI residents. On that same day at 4:20 PM, during an interview, the surveyor asked the Director of Nursing (DON) what the facility's policy was for staffing PUI and for donning and doffing PPE when caring for PUI. The DON replied, it's in the COVID-19 Policy. The DON stated that one staff should be designated to care for PUI. That isolation gowns should be removed and discarded before leaving a PUI room as that resident is assumed positive until test results prove otherwise. The surveyor asked the DON why PPE was not easily accessible on the PUI wing or anywhere on the 9th floor. The DON replied, staff is aware to call. The surveyor reviewed the facility's policy titled Infection Control Coronavirus Plan dated 3/2020 and reviewed 5/2020, which reflected : 1. It is the Facility's Policy to adhere to standard, contact, droplet, and airborne precautions. 2. For a resident with known or suspected COVID-19, immediate infection prevention, and control measures will be put into place. 3. Staff should adhere to standard and transmission-based precautions, including the use of a facemask, gown, gloves, and eye protection for confirmed and suspected COVID-19 cases. 2. On 5/19/20 at 12:55 PM, the surveyor observed CNA # 2 apply soap to her hands and then immediately rinsed them under running water without first lathering or applying friction for 20 seconds. The surveyor asked the CNA why she didn't lather her hands and wash for 20 seconds before rinsing her hands under the running water. CNA #2 did not respond. On that same day at 1:35 PM, the surveyor observed CNA #1 applied soap to her hands and immediately rinsed them under running water without first lathering or applying friction for 20 seconds. The surveyor asked CNA #1 how long she should wash her hands. CNA#1 walked away from the surveyor without responding. A review of the facility's policy titled Infection Control Coronavirus Plan revealed the following: Hand hygiene using Alcohol-Based Hand Sanitizer with 60-95% alcohol before and after all resident contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds. On 5/14/19 at 4:25 PM, the above concerns were discussed with the DON and Administrator. No further information was provided. NJAC: 19.4 (a)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE