STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315029	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	1155 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 facility documentation, it was determined that the facility failed to follow appropriate infection control practices to a.) ensure staff used proper Personal Protective Equipment (PPE) when caring for newly admitted residents who were under observation for signs/symptoms of COVID-19 and b.) conduct hand hygiene between residents and c.) ensure staff used proper PPE throughout the facility. This deficient practice was identified on 2 of 4 Resident Units (SP Unit and LP Unit) and was evidenced by the following: 1) On 10/28/20 at 8:42 AM, the Licensed Nursing Home Administrator (LNHA) in the presence of the Assistant Administrator (Assist Admin) and the survey team stated during entrance conference that the facility currently had no residents positive with Novel Coronavirus-19 (COVID-19). The facility had newly admitted or readmitted residents who were considered persons under investigation (PUI) that resided on the SP unit from rooms 118-134. These residents had all tested negative for COVID-19 prior to entrance to the facility. The facility was monitoring these residents for fourteen days for any signs and symptoms of COVID-19 that may develop prior to admitting them to the sub-acute or long term care units. The LNHA stated that staff on these units donned (wore) personnel protective equipment (PPE) of an N95 mask (respirator) with a surgical mask over it, isolation gown, gloves, and face shield prior to entrance on this unit. Residents resided in private rooms currently. The LNHA reported that staff were only changing their gloves in-between residents and wearing the same isolation gown, surgical mask, and face shield with each resident. The LNHA stated that all PPE was doffed (removed) when exiting the unit. The LNHA stated that the facility was using the same gowns in-between residents because if the staff changed their gowns, then the facility would use up their supply of isolation gowns. The LNHA confirmed that the facility had no current shortage of PPE supplies and stated that in addition to the facility's active use PPE supply, the facility had a three-month emergency supply of PPE. At 10:50 AM, the surveyor entered the PUI unit and observed the following from 10:50 AM through 11:35 AM: 1. The Medical Doctor (MD) was in resident room [ROOM NUMBER]. The MD removed her gloves in the resident's room and performed hand hygiene prior to exiting the room. The MD wore a face shield, N95 with a surgical mask, and a linen isolation gown. The surveyor had not observed the MD change the surgical mask or isolation gown or sanitize her face shield. The MD proceeded to resident room [ROOM NUMBER]. 2. The Certified Nursing Assistant #1 (CNA) was in resident room [ROOM NUMBER]. The CNA donned an isolation gown, hair bonnet, feet booties, N95 mask with a surgical mask covering, isolation gown and gloves. The CNA doffed her gloves and washed her hands prior to exiting the room. The surveyor had not observed the CNA change her surgical mask or isolation gown or sanitize her face shield. The CNA proceeded to resident room [ROOM NUMBER] and donned new gloves. The CNA removed the resident from room [ROOM NUMBER] and brought the resident to room [ROOM NUMBER] to be weighed. The resident wore no face mask. The Licensed Practical Nurse #1 (LPN) joined the CNA and resident in room [ROOM NUMBER] to assist the CNA with attachment of the leg rest's to the resident's wheelchair. The surveyor observed the LPN doff his gloves and performed hand hygiene prior to exiting the room. The LPN had not changed his isolation gown or surgical mask or sanitized his face shield. The CNA returned the resident to his/her room from room [ROOM NUMBER]. 3. CNA #1 doffed her gloves and performed hand hygiene only prior to exiting resident room [ROOM NUMBER]. The CNA proceeded into resident room [ROOM NUMBER]. The CNA removed the resident's disposable breakfast tray and disposed of it in the trash receptacle in the hallway. The trash receptacle was labeled for garbage only and contained a clear plastic bag. The CNA proceeded back into the resident's room to doff her gloves and perform hand hygiene. The CNA had not changed her isolation gown or surgical mask, or sanitized her face shield. The CNA proceeded to resident room [ROOM NUMBER], where she removed soiled linen from the resident's bed and placed in a clear plastic bag. The CNA brought that soiled linen bag to room [ROOM NUMBER], where she placed it in a soiled linen receptacle. The CNA removed her gloves there and performed hand hygiene. The CNA then grabbed clean linen from the linen stack in room [ROOM NUMBER] and proceeded back to resident room [ROOM NUMBER] to make the bed. 4. LPN #1 entered resident room [ROOM NUMBER]. The LPN doffed his gloves and performed hand hygiene prior to exiting the room. The LPN had not changed his isolation own, surgical mask, or sanitized his face shield. The LPN entered resident room [ROOM NUMBER] and assisted the resident with a drink. The LPN only doffed his gloves and performed hand hygiene prior to exiting and entering resident room [ROOM NUMBER]. The LPN doffed his gloves and performed hand hygiene only prior to exiting the room. The LPN then proceeded to resident room [ROOM NUMBER]. The resident requested a glass of water, so the LPN exited the resident's room and went to the medication cart to pour a glass of water. The LPN returned to resident room [ROOM NUMBER] with the glass of water. The LPN removed his gloves and performed hand hygiene only prior to exiting the room. 5. The Housekeeper (HK) entered the PUI unit wearing an isolation gown, gloves, mask and face shield. The HK proceeded to the trash receptacle in the hallway to change the garbage bag. The HK removed a clear plastic trash bag and replaced it with another clear plastic trash bag. The HK stated that all trash in these receptacle were just regular trash. The HK proceeded to the unit exit door and doffed his gloves and isolation gown. There was no hand hygiene observed prior to exiting. 6. CNA #1 doffed her gloves and performed hand hygiene only prior to exiting resident room [ROOM NUMBER]. The CNA proceeded to resident room [ROOM NUMBER]. LPN #1 exited resident room [ROOM NUMBER] and proceeded to help the CNA in resident room [ROOM NUMBER]. 7. The HK returned to the PUI unit wearing an isolation gown, gloves, mask, and face shield. The HK proceeded to remove a red biohazard marked bag from the red trash receptacle. The HK replaced the red trash receptacle with a red biohazard marked bag. The HK stated that these bags were for PPE only. The HK then proceeded to remove his gloves and isolation gown and placed them in the red biohazard marked receptacle. The HK then proceeded to exit the unit. At this time, the surveyor stopped the HK and asked if he had to do anything after removing PPE. The HK stated that he needed to perform hand hygiene. The HK stated that he could use the alcohol based hand rub that was located next to him or use the sink located outside the door. The HK then proceeded out of the unit with no observed hand hygiene. At 11:35 AM, CNA #1 exited resident room [ROOM NUMBER]. The surveyor observed that the resident had a small tear in the stomach section of the isolation gown. The surveyor attempted to interview the CNA, but the Rehabilitation Director came over to ask her for assistance with the resident in room [ROOM NUMBER]. At 11:40 AM, the surveyor interviewed LPN #1 who stated that prior to entering the PUI unit, the nurse and CNA were given PPE of an isolation gown, N95, surgical mask, and face shield from the nurse's station. The LPN stated that staff wore the same isolation gowns, surgical masks, and face shields from room to room. The LPN stated that prior to entering a resident's room, staff donned gloves. Prior to exiting a resident's room, staff doffed the gloves and performed hand hygiene. The LPN stated that staff did not change their isolation gowns, surgical masks, or sanitize their face shields in-between residents because none of these residents were on additional infection precautions. The LPN stated that the residents were on this unit for observation only to observe if the resident developed COVID-19 in fourteen days. If the resident had an infectious disease, such as a bacterial infection or urinary tract infection, then staff would have to change all PPE in between residents. The LPN stated that staff doffed PPE in room [ROOM NUMBER] and placed the PPE in the red trash receptacles and then washed their hands after the removal of PPE. The LPN stated that the facility did not keep any PPE inside of the unit except for gloves. The LPN stated that he

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) received new PPE from the nurse's station. At this time, CNA #1 exited resident room [ROOM NUMBER] and informed the LPN that she needed to leave the unit. The CNA doffed her PPE in room [ROOM NUMBER] and performed hand hygiene prior to exiting the unit. At 11:50 AM, the surveyor interviewed CNA #1 who stated that you washed your hands before and after entering a resident's room. The CNA stated that you removed your gloves prior to exiting a resident's room and performed hand hygiene. The CNA stated that you removed your gown and face shield prior to exiting the unit only. The CNA stated that she received new PPE at the nurse's station prior to entering the PUI unit. At 12:13 PM, the surveyor interviewed the Infection Control Preventionist (ICP) who stated that the facility currently had no COVID-19 positive residents. The facility had a PUI unit where residents that were newly or readmitted to the facility resided for fourteen days to be observed for any onset symptoms of COVID-19. The ICP stated that residents were COVID-19 tested and were COVID-19 negative prior to admission to the facility. The ICP stated that the facility had isolation bins outside of the PUI unit. That anyone entering that unit wore an isolation gown, N95 mask, gloves, and face shield. The ICP stated that staff changed their gloves and performed hand hygiene only prior to exiting a resident's room. Staff removed their isolation gowns, gloves, and face shields prior to exiting the unit in room [ROOM NUMBER] and performed hand hygiene. The ICP stated that staff was expected to either wash their hands with soap and water or use an alcohol based hand rub prior to exiting the unit. The ICP stated that staff are not changing their isolation gowns between residents because the facility would use too many gowns. The ICP stated that gowns were changed only if there was visible spillage or the resident had an infectious disease such as [DIAGNOSES REDACTED]icile (c. diff; inflammation of the colon caused by bacteria) or [MEDICATION NAME]-resistant [MEDICATION NAME] (VRE; bacteria infection that is resistant to the antibiotic myocin). The ICP stated that this practice came from the Centers for Disease Control (CDC) during COVID-19 when there was a PPE shortage. The ICP confirmed that the facility currently had no PPE shortage. At this time the surveyor reviewed with the ICP the facility's undated Isolation Gowns policy which was included in the facility's COVID-19 Outbreak Management Plan dated revised date 9/22/2020 that the facility provided. The policy included that consideration can be made to extend the use of isolation gowns such as the same gown is worn by the same healthcare personnel when interacting with one or more than one patient known to be infected with the same infectious disease when these patients are in an isolation cohort. The surveyor asked the ICP how the facility knew these residents all had the same infectious disease, when all the residents on the unit first tested negative to COVID-19, but were being monitored for fourteen days to observe if they develop signs and symptoms of COVID-19. The ICP could not speak to that. The ICP confirmed that COVID-19 can develop between two to fourteen days after exposure so that was why the residents were being observed. At 1:00 PM, the surveyor and the LNHA observed the facility's active and emergency supply of PPE. The LNHA provided the surveyor with an active PPE inventory supply for 10/27/2020 as the facility had 5,000 KN95 masks; 8,770 N95 masks, 52,200 surgical masks, 45,000 gloves, 6,270 face shields, 4,825 isolation gowns, and 50 coveralls. The inventory observed appeared to match. The surveyor then observed the facility's emergency PPE which contained 3,000 N95 masks, 20,000 surgical masks, and 1,000 face shields, and 2,200 isolation gowns. The LNHA stated that the emergency PPE supply lasted three months if the facility used 250 surgical masks, 33 N95 masks, 33 isolation gowns, and 12 face shields per day during an outbreak. The LNHA stated that the facility was not currently re-using N95 masks or face shields at this time. The surveyor reviewed the medical records for the eight residents residing in the PUI unit. The residents all had evidence of negative COVID tests prior to or upon admission to the facility. The facility provided evidence that staff was monitoring these eight residents every shift for signs and symptoms of COVID-19, and there was no documented symptoms. At 2:17 PM, the LNHA, in the presence of the Assist Admin and the survey team, stated that the facility was not changing PPE in-between residents in the PUI unit conserve PPE. The LNHA confirmed that the facility was currently not in a PPE shortage. A review of the facility's COVID-19 Outbreak Plan Admissions/transfers/readmissions policy dated revised date 9/22/2020 included that new admissions or readmissions with known COVID-19 negative status will be placed on the PUI section, and will be monitored for fourteen days after admission for evidence of COVID-19 signs and symptoms and will be considered a PUI and will be cared for using all recommended COVID-19 PPE including N95 mask, isolation gown, gloves, and eye protection. According to the CDC guidance titled, Responding to Coronavirus (COVID-19) in Nursing Homes. Considerations for Public Health Response to COVID-19 in Nursing Homes, last updated 4/30/2020 and found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, included the following: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes us of an N96 or higher respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or disposable face shield that covers the front and sides of the face), gloves, gowns. However, a single negative test upon admission does not mean that the new resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for fourteen days after admission and cared for using all recommended COVID-19 PPE. A review of the undated facility policy titled, Transmission Based Precautions Covid19 read as follows: Residents identified as Covid positive, or residents on the PUI unit transmission based precautions will be implemented. 2) On 10/28/2020, during the Entrance Conference with the Administrator and Assistant Administrator, it was stated that staff should be wearing surgical masks, except on the PUI unit where the staff should be wearing face shield, N95 mask, gowns and gloves. At 10:47 AM, the surveyor observed CNA #2 in a resident room on the LP Unit. The resident was sitting in a wheelchair next to their bed. The resident was not wearing a mask. CNA #2 in front of the resident wearing a black cloth mask under her chin which exposed her mouth and nose. The surveyor then observed CNA #2 exit the resident room and carried two clear plastic bags filled with garbage down the hallway to the Dirty Utility Room. The black cloth mask with a (Designer Logo) in sequin now covered CNA #2's mouth and nose. She them promptly exited the Dirty Utility Room without the two bags and began to walk down the hallway. The surveyor did not observe CNA #2 conduct hand hygiene after exiting the Dirty Utility Room. At that time, the surveyor interviewed CNA #2 who stated that there was currently no Covid-19 cases on the unit and that a regular mask was worn on the unit. CNA #2 pointed to her black cloth face mask. She added that when she provided care to a resident she would wear gloves and an apron over her clothes and remove, and discard the items in the garbage can in the resident room. CNA #2 added that hand hygiene should be conducted before and after resident care, before entering a resident room and that they were to wash their hands more often because of what was going on with Covid. On the same day at 11:03 AM, the surveyor observed CNA #2 exit a resident room carrying a finished breakfast tray and placed the tray in the cart on the unit hallway. CNA #2 then entered the unit dining room walked through the room and onto the unit hallway by room [ROOM NUMBER]. CNA #2 then entered a resident room on that hallway, donned gloves and removed a finished meal tray from the room, discarded the food items into the garbage on the cart in the hallway and placed the dishes, utensil's and tray onto the shelf of the cart. CNA #2 removed her gloves and without conducting hand hygiene, walked back down the hallway, touched her facemask, passed through the dining room and entered the hallway by room [ROOM NUMBER] where she grabbed two sealed white packages from the box on a shelf labeled as apron. CNA #2 was then observed walking down the hallway with the Assistant Director of Nursing/Acting Director of Nursing to room [ROOM NUMBER]. CNA #2 entered the room and proceeded to the bathroom where a resident was sitting in their wheelchair. CNA #2 put on the apron and a pair of gloves and went to the closet and dresser drawers of the other resident in the room. The surveyor did not observe CNA #2 conduct hand hygiene. CNA #2, then returned to the bathroom and filled a basin with water and entered the bedroom area of the resident and pulled the accordian door closed. On 10/28/2020 at 11:40 AM, the surveyor interviewed the Acting DON who confirmed that hand hygiene should take place before and after patient care, and before and after feeding a resident. He added that the alcohol based rub was available in the hallways and on the nurses cart and that hand hygiene was to be done as much as they can. The Acting DON confirmed that hand hygiene should take place after you leave the Dirty Utility Room and after removing meal trays from a resident room when made aware of the aforementioned observations. On the same day at 1:36 PM, the surveyor observed CNA #2, still wearing the black cloth mask, exit a resident room carring a finished meal tray and placed it in the cart. She then immediately entered the unit dining room and began removing multiple lunch trays from the warming cart and placed them into another cart. A FSW then handed CNA #2 two bags of potato chips that she placed on top of the cart. CNA #2 then pushed the cart out of the dining room where she grabbed a clothing protector and meal tray from the top of the cart and brought it to room [ROOM NUMBER]. The surveyor did not see CNA #2 conduct hand hygiene. CNA #2 then proceeded to take another clothing protector and tray from the cart and brought the meal tray to room [ROOM NUMBER]. The surveyor did not see CNA #2 conduct hand hygiene. At 1:58 PM, the surveyor interviewed the ICP, who confirmed that hand hygiene should have taken place during the above aforementioned observations made of CNA #2 and also that a surgical mask, not a cloth mask, should have been worn by CNA #2. At 2:20 PM, the Adminsitrator confirmed that all staff should be wearing a surgical mask.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 2) On 12/29/2020 at 11:00 AM, the surveyor reviewed an undated facility policy titled, Masks, which revealed the Purpose: Masks are used as a form of PPE to protect from sprays, splashes, and droplets and spread of potentially infectioous respiratory infections; and read under Policy: When reporting for their shifts, all staff entering the building will be given a surgical mask throughout their shifts. N95 mask will be given once a week. Under Types: 1) Surgical Masks 2) N95 Masks; Under Note it read: All long term care facility residents, whether they have COVID19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues or cloth, non-medical masks when available. Facility will provide cloth masks to all residents to wear while care is being provided. The surveyor then reviewed a successfully completed hand hygiene competency completed on 3/24/2020 with CNA #2. On 10/28/2020 at 2:03 PM, the surveyor reviewed the facility policy and procedure titled, Hand washing, with a reviewed date of 6/14, which read under Policy: Hand washing is generally considered the most important single procedure for preventing nosocomial (a health-care associated infection) infections. Hand washing will be performed before and after resident care, after removing PPE and whenever handling contaminated or soiled resident equipment, linens, etc. Hand washing - 1. Turn on water to a comfortable warm temperature and wet hands. 2. Apply enough soap to cover the entire hand surface. 3. Lather hands by rubbing them together with soap. Be sure to lather the palms and back of your hands, between fingers, under nails, and wrists. 4. Scrub hands for at least 20 seconds using a rotary motion and friction. 5. Rinse well under running water in a downward position. 6. Dry hands with a clean paper towel and discard. 7. Turn off faucet with a clean paper towel and discard. 3) On 10/28/2020, during the Entrance Conference with the facility Administrator and Assistant Administrator, the surveyors were made aware that staff were tested on a weekly basis as per the Executive Directive and that Covid-19 confirmed positive cases among staff had been identified on 10/22/2020. The Administrator added that socially distant communal dining for the lunch meal took place on the LP Unit and began on July 21, 2020 and continued to present day. The current number of residents on the LP Unit was 46. At 1:00 PM, the surveyor observed three female residents eating the lunch meal in the LP Unit Dining Room. The dining room was set up with six dining tables taped out and separate from each other. There were three resident's currently eating lunch in the room. Two residents at either end of one rectangular table and the third resident dined at a separate table alone. At 1:10 PM, the surveyor observed the resident that had been dining at the table alone, propel themselves from the dining room to the unit hallway while wearing a face mask. At 1:30 PM, The surveyor interviewed the two remaining residents in the LP Unit Dining Room. The residents informed the surveyor that the dining room has been open for approximately two months and that the LP Unit was broken up into four sections and each section represented a day of the week. They stated that they were in the section of rooms that were able to eat lunch in the dining room on Wedensday's, and that any resident on the LP Unit could come to the dining room on Friday's. They added that the room was set up so that the residents remained socially distant. The surveyor then reviewed State of New Jersey Executive Directive No. 20-026 that read as follows: The provisions for Long Term Care Facilities (LTCF) reopening are suject to the State of New Jersey remaining out of the maximum restrictions stage described in The Road Back: Restoring Economic Health through Public Health reopening plan. If at any point during the public health response the state returns to the maximum retrictions Stage, all facilities covered by this Directive must return to the maximum restrictions of Phase zero (0), as described herein. Phases per this directive: Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS), per the COVID-19 Communicable Disease Manual Chapter, any facility that cannot attest to criteria to advance phases, and all facilities in New Jersey is in maximum restrictions per the Road Back to Recovery: https://covid19.nj.gov/faqs/nj-information/reopening-guidance/when-and-how-is-new-jersey-lifting-restrictions-what-does-a-responsible-and-strategic-restart-of-new-jerseys-economy-look-like. The Directive continued as follows: A facility with a COVID-19 outbreak will remain in Phase 0 (maximum restrictions) until their outbreak has concluded. The detection of a NEW COVID-19 outbreak returns the facility to Phase 0 regardless of the facility's current Phase. In order to leave phase 0, facilities must re-submit an attestation upon conclusion as directed within this directive. On 10/28/2020 at 2:00 PM, the surveyor reviewed the undated facility policy titled, Social Distance Dining which read as follows: Beginning July 21, 2020, (Facility name) has implemented a trial of Social Distance Dining on the LP Unit. Social Distance Dining will be offered Monday through Friday for lunch only. Approximately 12 residents per day will be identified by room number to have lunch in the LP dining room. Dining room tables have been placed so residents can sit at least 6 feet apart. Residents will be escorted to the dining room with their masks on. Residents will be assisted with sanitizing their hands prior to their meal. After their meal, residents will be assisted back to their room. N.J.A.C. 8:39-19.4