

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT WELLINGTON		STREET ADDRESS, CITY, STATE, ZIP 301 UNION STREET HACKENSACK, NJ 07601	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure adequate screening of Covid-19 symptoms for visitors/vendors, staff and residents, upon entrance into the facility. The deficient practice was evidenced by the following: On 5/27/20, at 9:00 AM, the surveyor entered the facility. Upon entrance, the surveyor observed a screening table that was set up beyond the front entrance across from the receptionist area. The table contained a thermometer, a box of gloves, a visitor logbook, and a screening log that captured symptom and exposure questions and the temperature recordings. There was a staff member (Staff #1) observed seated at the table. The surveyor identified herself and explained the purpose of the visit. Staff #1 mentioned that he needed to obtain the surveyor's temperature. He donned gloves, pointed the thermometer to the surveyor's forehead, and took a temperature of 97.0 degrees Fahrenheit. The surveyor asked if Staff #1 had any questions or a logbook that needed to be signed. Staff #1 replied, no, you can go over to the receptionist for the next step. On that same day, at that same time, the surveyor observed a staff member (Staff #2) enter the facility and go directly to the screening table. Staff #1 obtained Staff #2's (Regional Director) temperature but did not ask the screening questions. On that same day, at that same time, the surveyor went to the receptionist and identified herself and explained the purpose of the visit. The receptionist contacted the Administrator who came and met the surveyor in the reception area. On 5/27/20 at 10:15 AM, the Assistant Director of Nursing (ADON), who was also the infection control coordinator, stated that all visitors and vendors were screened upon entry. All visitors and vendors should have temperatures taken and should be asked symptom and exposure questions by Staff #1. The DON stated that all staff entering the facility through the front entrance, have temperatures taken by Staff #1 then are expected to answer the screening questions electronically when they clock in. On 5/27/20, at 10:25 AM, the surveyor observed that there was no staff member at the screening table. At that time, a resident was observed entering the facility by wheelchair. The Director of Recreation (DOR) greeted the resident and then assisted them to the elevator without taking the temperature. The surveyor asked the DOR, who was responsible for taking the resident's temperature. The DOR replied, I am; I should have taken the temperature. On that same day at 10:40 AM, the surveyor observed Staff #1 seated at the screening table. The surveyor asked Staff #1 to see the binder where he logged names and temperatures. The surveyor found that the COVID-19 Screening Questionnaire had four screening questions: 1. Have you, or any member of your household visited and returned in the last 14 days from China, Iran, South Korea, Italy Japan, or another location under Level 2 or level 3 travel health alert/advisory from the CDC? 2. If the answer to question 1 is yes, please provide the location of travel and date of return: 3. Have you or a member of your household had close contact with a person known to have COVID-19? 4. Do you currently have fever or symptoms of lower respiratory illness such as coughing or shortness of breath? The surveyor asked Staff #1 why he didn't ask the surveyor or Staff #2 the screening questions. Staff #1 replied, I should have asked you both the questions, am I in trouble? The surveyor then asked Staff #1 why he had documented no to all the questions on the surveyor's questionnaire. Staff #1 did not respond. On 5/27/20 at 12:50 PM, the surveyor conducted an interview with Staff #2 who stated that Staff #1 didn't ask her the questions because he had already asked her the last time she was at the facility. The surveyor asked Staff #2 when that was. Staff #2 replied, 5/4/20. At that time, the Administrator stated that Staff #1 should have asked the surveyor and Staff #2 the symptom and exposure questions. The surveyor requested the In-service training Staff member #1 had received for the monitoring of all other staff and non-residents entering the building for signs and symptoms of the Covid-19 virus. The facility was unable to provide this documentation. Review of the facility's Infection Control Policy on Coronavirus (Covid-19) policy last revised 5/19/20, indicated that anyone with a fever or signs/symptoms of illness is not allowed to enter the facility and anyone arriving at the facility including staff is screened for fever and symptoms of Covid-19 before entering. (Fever is either measured temperature equal to or greater than 100 degrees F or subjective fever). NAC 8:39-19.4 (a)</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.