

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
NAME OF PROVIDER OF SUPPLIER REGENCY GARDENS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 296 HAMBURG TURNPIKE WAYNE, NJ 07470	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure that infection control practices were followed in accordance with the Center for Disease Control Guidance for a.) handwashing and b.) donning and doffing personal protective equipment (PPE). This deficient practice was identified in 1 of 2 nursing units (Second Floor) and was evidenced by the following: On 10/26/2020 at 9:45 AM, the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA) and the survey team stated during entrance conference that the facility had four cohorting groups for the residents based on the resident's COVID status. The DON stated that residents were grouped in Cohort #2 isolation rooms who were residents that were exposed to COVID but were asymptomatic and tested COVID negative. The facility designated those rooms to 206, 231, and 232. The DON stated that the PPE of an N95 (respirator mask), isolation gown, goggles, and gloves were worn in this room. The DON stated that staff wore the same PPE in that room for all the residents except gloves were changed in between residents. The gown and gloves were doffed (removed) prior to exiting the room. At 10:17 AM, the surveyor interviewed Housekeeper (HK) #1 and HK #2. HK #1 stated that HK #2 spoke little English as she communicated to HK #2 in a non-English language. HK #1 stated that when cleaning in an isolation room which required PPE, you doffed the PPE and washed your hands prior to leaving the room. HK #1 stated that you lathered your hands with soap outside of the water for twenty seconds. HK #2 stated that you sang the birthday song two times rubbing your hands with soap outside of water prior to rinsing in the water. At 10:25 AM, the Housekeeping and Laundry Director stated that staff were in-serviced to don PPE prior to entering rooms to clean, and doff the PPE prior to leaving a room. The PPE was disposed of in that room, and the HK washed their hands for twenty seconds prior to leaving the room. The Housekeeping and Laundry Director stated that when cleaning an isolation room, the HK changed the mop and mop water in between rooms. At 10:56 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1 who stated that residents' rooms that had stop signs on the door required full PPE of gowns, gloves, N95 mask, and goggles. Any staff entering the room, donned this PPE prior to entering the room, and doffed the PPE prior to leaving the room. Handwashing was also performed in that room after the PPE was removed prior to exiting that room. At 11:02 AM, the surveyor observed HK #2 cleaning isolation room [ROOM NUMBER]. The HK was wearing a disposable gown, gloves, mask, and goggles. The HK exited the room and proceeded to walk down the hallway in the direction of the elevators away from the resident rooms. The surveyor stopped the HK to interview her, but the HK stated that she spoke limited English. At this time, LPN #2 informed HK #2 in her native language, that she had to remove her gown and gloves and wash her hands in the isolation room that she had just cleaned and could not wear them in the hallway. At that time, the HK returned to room [ROOM NUMBER] to remove her gown and gloves. At 11:58 AM, the surveyor interviewed the Registered Nurse/Infection Preventionist (RN/IP) who stated that the facility cohorted residents into four categories based on their COVID status and if they were exposed to COVID. The RN/IP stated that residents who were exposed to COVID but were asymptomatic and tested negative for COVID were residing in isolation rooms [ROOM NUMBER]. The RN/IP stated that to enter into those rooms, you donned full PPE meaning gown, gloves, N95 mask, and goggles. The RN/UM stated that the PPE was removed prior to leaving the room, and that you washed your hands in the room after removing the PPE. At 12:30 PM, the surveyor observed Certified Nursing Aide #1 setting up a resident's lunch in COVID positive room [ROOM NUMBER]. The surveyor observed that the CNA wore no gloves. The CNA proceeded to exit the room. The surveyor questioned the CNA if they needed to wear gloves or wash their hands prior to exiting the room. The CNA stated that she could not fix the resident's food wearing gloves, but stated that she had to wash her hands. The CNA stated that she saw the surveyor at the door so she thought the surveyor wanted to speak with her so she did not wash her hands yet. The CNA proceeded to the bathroom to wash her hands. At 12:35 PM, the surveyor observed CNA #1 enter COVID positive room [ROOM NUMBER] to deliver lunch. The CNA proceeded to the bathroom to wash her hands. The CNA turned on the water, wet her hands, then proceeded to lather her hands outside of the water with soap for thirteen seconds prior to rinsing. When asked how many seconds she should lather her hands with soap out of water, the CNA stated ten seconds. At 1:08 PM, the DON in the presence of the LNHA and the survey team stated that Housekeeping was supposed to dispose of PPE before exiting an isolation room on the second floor. The DON stated that hands should be lathered with soap outside the water for at least twenty-five to thirty seconds. A review of the facility's COVID-19 Cohort and PPE policy dated updated 9/2020 included that Cohort #2 were residents who were exposed but were asymptomatic. The staff from Cohort #3 will also tend to Cohort #2, provided they maintain strict infection control measures, including the use of additional, dedicated PPE. A review of the facility's Handwashing/Hand Hygiene policy dated updated 2020 included that employees must wash their hands for at least fifteen seconds using antimicrobial or non-antimicrobial soap and water. The policy also included that handwashing should be performed before and after entering isolation precaution settings. Handwashing should also be performed before and after eating or handling food. NJAC 8:39 19.4</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.