

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTH JERSEY EXTENDED CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>99 MANHEIM AVENUE BRIDGETON, NJ 08302</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure hand hygiene was performed upon exiting a designated Covid-19 unit. This deficient practice was identified during four observations on 1 of 3 units and was evidenced by the following: During the initial tour of the Covid-19 Unit (HG Unit) on 06/1/20 at 12:48 PM, the surveyor observed a locked unit with a code required to enter or exit the unit. The surveyor did not observe hand sanitizer outside the doors of the unit. Once inside the unit, the surveyor observed a staff lounge across the hall from the entrance that contained a sink. A cart containing Proper Protective Equipment (PPE) was located inside the unit and contained a bottle of hand sanitizer. The Regional Consultant (RC#1) stated that PPE could not be placed outside the unit because the residents from the CD Unit rummage through the cart. RC#1 also stated that hand sanitizer cannot be attached to the walls because the residents will drink the hand gel. The surveyor observed STOP signs on each resident's room door and PPE in a 3-tier bin set-up located outside of the resident rooms. On 06/1/20 at 12:55 pm, the surveyor observed a Behavioral Tech (BT#1) exit the HG unit wearing gloves, a mask and a white disposable lab coat. The surveyor observed BT#1 touching the code panel with a gloved hand prior to exiting the unit. At that time the surveyor interviewed BT#1 who stated the policy was to remove the gown and gloves prior to exiting the unit. The BT #1 did not confirm knowledge for performing hand hygiene. On 06/1/20 at 1:35 PM, the surveyor observed a Food Service Worker (FSW#1) wearing PPE which included a mask, face shield, beard cover, a gown and gloves. The FSW#1 was emptying the lunch tray trash into the garbage cans located inside the HG Unit. When finished, the surveyor observed FSW#1 remove his PPE prior to exiting the unit, push the code on the code panel and exit the unit. On 06/1/20 at 3:28 PM, the surveyor observed a Hospitality Aide (HA#1) wearing an N-95 mask and face shield as the only PPE, enter the HG unit, walk to nurses' station to retrieve a sweater and exit the unit still wearing the face shield and mask without performing hand hygiene. At that time the surveyor interviewed HA#1 who stated there was a change in her schedule location and was to now work on the CD Non Covid Unit. She further stated that she knew that PPE was to be removed before exiting the unit but could not recall if she needed to do anything else. On 6/2/20 at 10:07 AM, the surveyor observed a Maintenance Worker (MW#1) about to exit the HG Unit. MW# 1 reached to enter the code on the code panel with a gloved hand, turn the doorknob and open the exit door and was about to exit the unit. At that time the surveyor stopped MW#1 and questioned him on the procedure prior to exiting the unit. MW#1 stated Oh yeah I should take off my gloves and wash my hands. The surveyor then observed MW#1 remove the gloves from both hands, discard the gloves in the trash can, and apply hand gel prior to exiting the unit. On 6/2/20 at 11:50 AM the surveyor interviewed the Acting Director of Nursing who was unable to provide documentation that HA #1 received inservice education for Covid-19, PPE use or hand hygiene. On 6/2/20 at 12:00 PM the surveyor interviewed FSW#1 who stated that the policy was that gowns and gloves are to be removed and placed in the trash cans then wash hands prior to exiting the Covid Unit. The FSW#1 stated he pushed the food cart with the empty plastic lunch trays through the CD unit then into the large dining room to the kitchen. FSW#1 confirmed that he did not wash his hands prior to exiting the Covid unit on 6/1/20 at 12:50 pm. but added I was in a hurry and I forgot. On 6/2/20 at 1:27 PM during a meeting with the Administrator, Acting Director of Nursing, RC#1, and the Regional Consultant#2 (RC #2), the RC#1 stated that all staff received in-services for hand hygiene and PPE. The RN #1 stated that hand hygiene (handwashing or hand gel) is to be performed when entering or exiting the Covid Unit. A review of the in-services provided to staff and the staff sign in sheets indicated the following: 3/5/20, MW#1 attended the in-service titled Infection Control, [MEDICAL CONDITION], handwashing, PPE, Isolation and standard Precautions. 4/3/20 MW#1 attended an in-service titled Respiratory Hygiene and Cough Etiquette. March, April and May 2020 FSW#1 attended in-services titled Handwashing, Covid 19, and PPE 5/19/20 BT#1 attended an in-service titled Covid 19 symptoms and Quarantined Residents and Isolation trays. A review of the facility policy (undated) titled Hand Washing/ Hand Hygiene, included that (hand hygiene is the final step after removing and disposing of personal protective equipment). A review of the facility's policy titled Equipment and Supplies Used During Isolation/SJEC/Covid 19 Unit, with a reviewed date of 4/18/20, included (when exiting a Covid unit, all employees will remove any protective outer wear that came in direct contact with residents, wash their hands with soap and water and/or use hand sanitizer.) There is no evidence these policies were consistently followed. NJAC 8:39-19.4(a)1</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.