STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315452	A. BUILDING _____ B. WING _____	12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE CARE ST JOSEPH'S	537 PAVONIA AVENUE JERSEY CITY, NJ 07306

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F 000	INITIAL COMMENTS Survey Date: 12/01/2020 Census: 86 Sample: 9 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		12/28/20

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

Electronically Signed | 12/11/2020

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F 880	Continued From page 1 conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of	F 880		

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F 880	Continued From page 2 infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to follow appropriate infection control practices for a.) implementing designated transmission-based precautions (TBP) for residents exposed to a COVID-19 positive direct care staff member and b.) performing hand hygiene for appropriate amount of time. This deficient practice was observed on 1 of 2 nursing units Executive Order 26, 4.b. with a direct care staff member who tested positive for COVID-19, and was evidenced by the following: On Executive Order 26, 4.b. AM, the survey team conducted an entrance conference with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and the Chief Corporate Officer. The DON stated that the facility had a Certified Nursing Aide (CNA) #1 test positive for COVID-19 on 11/18/2020. The CNA's assignment was on the Executive Order 26, 4.b. and all her assigned Executive Order 26, 4.b. Executive Order 26, 4.b. to observe for any signs or symptoms of COVID-19. The DON stated for TBP, staff donned (wore) a N95 (respirator) mask, eye protection, disposable gown, and gloves prior to entering a resident's room. The DON stated that all residents were tested weekly on Mondays for COVID-19. The facility had no residents that were non-compliant with COVID-19 testing.	F 880	Nursing re-assessment was completed for Resident #2 by the Registered Nurse and resident was moved to an observation/isolation wing and placed on transmission-based precautions. Residents #3, #4, #5, #6 and #7 assigned to CNA #2 were re-assessed by the Registered Nurse, placed on transmission-based precautions and monitored for any signs and symptoms of COVID-19. Center Residents exposed to a COVID-19 positive resident or direct care staff member have the potential to be affected by this practice. Center infection prevention and control practice will include the placement of roommates of COVID-19 positive residents on transmission-based precautions and transfer to the observation/isolation wing. All residents exposed to a COVID-19 positive resident or direct care staff member will be placed on transmission-based precautions. The Director of Nursing and RN Infection Preventionist provided inservice education to all staff regarding the Center's Infection Prevention and Control Program including policies and procedures for standard	

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F 880	Continued From page 3 The DON continued that an additional CNA, CNA #2, who was assigned to the fourth-floor nursing unit tested positive for COVID-19 on 11/25/2020. The DON stated the facility received those test results on Saturday, 11/28/2020 and the CNA was not at work. The facility contacted the CNA and informed her that she would be quarantined at home for 14-days. The DON stated that staff monitored the residents on CNA #2's assignment for signs and symptoms of COVID-19 every shift, but they had not placed those residents on TBP. The DON stated that those residents were COVID-19 negative. The DON informed the survey team that Resident #1 on the fourth-floor nursing unit, was on CNA #2's assignment. The DON stated that Resident #1 Executive Order 26, 4.b. to the CNA testing positive. The DON stated that the resident was moved to the first-floor nursing unit's COVID-19 positive wing. The DON stated that Resident #1 shared a Executive Order 26, 4.b. with Resident #2. The rooms were divided by a wall and curtains to enter each living area. Resident #2 was tested for COVID-19 immediately and was being monitored. The DON stated that the resident Executive Order 26, 4.b. At this time, the DON stated that staff were donning surgical masks and gloves for patient care on the fourth-floor nursing unit. When questioned, the DON stated that the Center for Disease Control (CDC) recommended that when caring for residents with a known exposure to COVID-19, staff should don a N95 mask, eye protection, gown, and gloves. Then the DON stated that yesterday she changed it, and all staff on the fourth-floor nursing unit were donning a	F 880	precautions, transmission-based precautions, proper use of personal protective equipment and hand hygiene. The Director of Nursing and RN Infection Preventionist provided inservice education to all licensed nursing staff regarding the Center's Infection Prevention and Control Program with emphasis on transmission-based precautions for residents exposed to a COVID-19 positive resident or direct care staff member, proper use of personal protective equipment and hand hygiene. The observed certified nursing assistants and environmental services staff were counseled/inserviced by the RN Infection Preventionist regarding the proper use of personal protective equipment and hand hygiene and performance will be monitored by the RN Infection Preventionist/designee for three (3) months with corrective action taken as necessary. The Director of Nursing and RN Infection Preventionist provided inservice education to all certified nursing assistants and environmental services staff regarding the Center's Infection Prevention and Control Program with emphasis on standard and transmission-based precautions, proper use of personal protective equipment and hand hygiene practice. The RN Infection Preventionist/designee will observe the performance of all certified nursing assistants and environmental services staff for proper use of personal protective equipment and hand hygiene practice within one (1) month and then quarterly for twelve (12)	

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F 880	Continued From page 4 N95 mask, eye protection, gloves, and gown in all resident rooms on the fourth floor. The DON stated that on the first and second floor nursing units, there were bins located outside residents' doors with personal protective equipment (PPE; items worn to protect the wearer) containing gowns, gloves, surgical masks, and hand sanitizer. On the fourth-floor, staff obtained PPE from the nurse's station. At 10:25 AM, the surveyor entered the fourth-floor nursing unit and observed five residents sitting in the hallway by the nurse's station. They all were wearing a surgical mask and were socially distanced. At 10:30 AM, the surveyor interviewed CNA #3 who stated that she was designated to the fourth-floor nursing unit. The CNA stated that she wore full PPE (N95 mask, eye protection, gown, and gloves) when providing care to the residents. The CNA stated that she obtained her PPE from the nurse's station. At 10:32 AM, the surveyor interviewed the Registered Nurse (RN), who stated that she was regularly assigned to the fourth-floor nursing unit. The RN stated that she checked residents every shift for signs and symptoms of COVID-19. The RN stated that signs included a fever, decreased oxygen saturation levels, body chills, altered taste or smell, or general myalgia meaning for example if a resident was once active and now was not. The RN stated that she was Resident #1's nurse and as soon as the facility determined that he/she was Executive Order 26, 4.b., they were Executive Order 26, 4.b. the Executive Order 26, 4.b. nursing unit's Executive Order 26, 4.b.. The resident's roommate, Resident #2, was not transferred and still resided in that room. The RN	F 880	months with corrective action taken as necessary. The Director of Nursing will review the observation reports monthly/quarterly with corrective action taken as necessary; results will be reported to the Center Infection Prevention and Control Committee and the Center Quality Assurance Performance Improvement Committee quarterly for twelve (12) months.	

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stated that Resident #2 was not currently in their room, but in the hallway by the nurse's station. The RN stated that the RN Unit Manager (RN/UM) informed staff that residents who were a high risk for falls remained by the nurse's station throughout the day to be monitored. The RN stated that Resident #2 was not on any type of isolation because he/she had not shown any signs or symptoms of COVID-19. The RN stated that Resident #2 was Executive Order 26, 4.b. The resident's native language was not English, but he/she understood some English and could make his/her needs known.

The RN stated that she always wore a N95 mask with a surgical mask covering it on this floor as well as the CNAs. The RN stated that besides the N95 mask, eye protection, and gloves for direct care, staff were not required to wear gowns on this unit. The RN stated that staff on both the first and second floor nursing units wore full PPE including gowns to enter the residents' rooms because those residents were either COVID-19 positive or on a fourteen-day observation period to monitor if the resident became COVID-19 positive. The RN confirmed that a person could be COVID-19 positive but show no signs and symptoms.

At 10:41 AM, the surveyor interviewed CNA #4 who stated that she was assigned to the Executive Order 26, 4.b. The CNA stated that she had CNA assignment #4 which were rooms Executive Order 26, 4 The CNA stated that Resident #2 was on her assignment. The CNA stated that staff donned a N95 mask, eye protection, gown, and gloves to enter all residents' rooms on this floor. The CNA was observed wearing a N95 mask and goggles at that time. When asked where she

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F 880	Continued From page 6 obtained the gowns, the CNA stated that at the beginning of her shift, she received a stack of gowns from the nurse's station which she kept in a plastic bag on her CNA cart. When asked to see these gowns on her cart, the CNA stated that she had finished all her morning care on the residents and no longer had any gowns. The CNA stated that she needed to obtain more gowns from the nurse's station. The surveyor observed that resident rooms [redacted] contained no residents at that time. The CNA stated that staff started wearing gowns on this floor last week when a resident was confirmed COVID-19 positive. At this time, the surveyor observed an additional CNA cart in the same hallway, which contained no disposable gowns. At 10:54 AM, the surveyor observed Resident #2 in the hallway by the nurse's station watching television. The resident was sitting at a table by his/herself wearing a surgical mask. At 10:56 AM, the surveyor observed an Environmental Services (housekeeper; HK) exit resident room [redacted]. The HK stated that she was a full-time employee assigned to the fourth-floor nursing unit only. The HK stated that she wore only a N95 mask and gloves in resident rooms on this floor. The HK stated that if there was a sign at the resident's door that indicated to see the nurse, the HK would check if she needed to wear additional PPE. The HK stated that there were no residents currently on this floor that required her to don a gown prior to entering the room. The HK also stated that she had not needed to wear any additional eye protection since she wore prescription glasses.	F 880		

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F 880	Continued From page 7 At 11:00 AM, the surveyor observed CNA #5 don a gown outside a resident's room on the [redacted]. The CNA stated that she had to don a gown, gloves, face shield, and N95 mask prior to entering any resident rooms. The CNA stated that she obtained gowns from the nurse's station which she kept on her cart. The CNA stated that she disposed of the gown and gloves prior to exiting the room or assisting with the resident's roommate and performed hand hygiene. The CNA also stated that she sanitized her face shield as well. The CNA stated that she has always had to don full PPE on this floor. At 11:05 AM, the surveyor interviewed the fourth-floor RN/UM who stated that staff on this floor always donned a N95 mask . Staff received the N95 mask upon entrance from the screener. Staff disposed of the N95 mask at the end of their shift or before if the mask became soiled or wet. The RN/UM stated that when performing direct care only, staff donned full PPE of eye protection, gown, and gloves. Staff were permitted to enter a resident's room without donning a gown and gloves if they were not touching the resident. The RN/UM stated that HK staff also needed to don full PPE to clean all residents' rooms on this floor. The HK staff received PPE from the HK director, but nursing staff provided the HK with PPE if needed. The RN/UM stated that gowns were kept at the nurse's station, treatment carts, and medication carts. The RN/UM stated that PPE was only kept in bins outside of residents' doors who were on TBP. When asked how staff knew to don full PPE with these residents, the RN/UM replied that staff were in-serviced and have morning meetings. The RN/UM stated that all staff on this floor was permanent and they had no	F 880		

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floating staff.

The RN/UM stated that no one on the fourth floor was on TBP because this floor had no COVID-19 positive residents. She stated that CNA #2, who permanently had assignment #4 (rooms Executive Order 26, 4.b.), had tested positive for COVID-19, but was not at work when the results came back. The CNA was told to stay home for 14-days and required two negative COVID-19 tests to return to work. The RN/UM continued that one of the residents on the CNA's assignment (Resident #1) had Executive Order 26, 4.b. Executive Order 26, 4.b. . The resident was a [redacted] The resident was placed on a 14-day observation period on the first-floor nursing unit. The resident had Executive Order 26, 4.b. Executive Order 26, 4.b. [redacted] The resident Executive Order 26, 4.b. [redacted]. The resident had a roommate (Resident #2) who he/she shared a Executive Order 26, 4.b. room with. The room was divided by a wall with curtains on both residents' bedroom entrance. The roommates shared a common entrance space and a bathroom. The RN/UM stated that Resident #1 Executive Order 26, 4.b. Executive Order 26, 4.b. [redacted] therefore Resident #2 [redacted] Resident #2, Executive Order 26, 4.b. . They try to keep Resident #2 in their room, but Executive Order 26, 4.b. Executive [redacted]. The resident stayed in the hallway by the nurse's station wearing a surgical mask to be monitored.

The RN/UM confirmed that the facility was doing nothing different for the residents on CNA #2's

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assignment in rooms Executive Order 26, 4.b. which included Resident #1's Executive Order 26, 4.b. staff was already donning full PPE and utilizing disposable meal trays for all the residents on this floor.

At 11:30 AM, the surveyor observed that all the residents' meal trays were disposable. At this time, the Registered Dietitian (RD) stated that all residents on this floor received disposable meal trays as of last week when a positive COVID-19 test result came back.

At 11:32 AM, the surveyor interviewed the Director of Environmental Services (DES) who stated that housekeeping and laundry staff had permanent assignments to each nursing unit as well as designated equipment. The DES stated that staff on the first and second floor nursing units donned full PPE to clean residents' rooms since those residents were either COVID-19 positive or on a 14-day COVID-19 observation period. The DES stated that staff on the third and fourth floor nursing units only donned their N95 masks and gloves to clean the resident rooms unless the resident was on TBP.

At 12:06 PM, the survey team interviewed the DON who stated that the facility developed a timeline for Resident #1 to trace his/her exposure. The DON stated that the resident Executive Order 26, 4.b. after a Executive Order 26, 4.b. . The resident Executive Order 26, 4.b. and had a decline in his/her health, so on Executive Order 26, 4.b. the resident had a compassionate care visit with family to determine the next steps. The resident received his/her routine Executive Order 26, 4.b. on Executive Order 26, 4.b. Executive Order 26, 4.b. which the facility learned on that the resident was Executive Order 26, 4.b.

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Executive Order 26, 4.b. The resident Executive Order 26, 4.b. and the resident's roommate Executive Order 26, 4.b..

The DON stated that the facility had not followed any particular algorithm to determine exposure, but the facility followed the CDC guidelines for exposure. If a staff member was exposed at home to COVID-19, the staff member had to quarantine for 14-days and test COVID-19 negative prior to returning to work.

At this time, the Assistant Director of Nursing/Infection Preventionist (ADON/IP) stated that exposure was defined as 15 minutes of close contact with someone COVID-19 positive so a caregiver would be considered exposed if a resident was COVID-19 positive.

At this time, the DON confirmed that Resident #2 would have been exposed by their roommate (Resident #1).

The surveyor reviewed the facility's undated 2020: COVID-19 Outbreak Response/Management Plan with the DON and ADON/IP. The plan included that the facility would cohort residents in group ii.) individuals who have an exposure to someone who has tested positive for COVID-19 but are asymptomatic.

At this time, the DON stated that all the residents were monitored so they would not have to be placed on TBP since staff was donning full PPE before entering the resident's room. The DON confirmed that all staff, regardless of direct care or not, would have to don a N95 mask, eye protection, gown, and gloves to step into a

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resident room from the hallway. This was done for every resident room regardless of exposure on the fourth floor.

At 12:25 PM, the surveyor observed CNA #4 transfer Resident #2 from his/her room in the resident's wheelchair. The CNA wore only a N95 mask and eye protection. The CNA propelled the resident to the hallway by the nurse's station, but then brought the resident to the end of the resident's hallway. The CNA sat on a chair with the resident directly across from her with both their legs almost touching each other's. The resident and CNA were within six feet from each other. The CNA wore a N95 mask and eye protection, and the resident wore a surgical mask. The CNA stated that she was monitoring the resident for falls so the resident did not need to remain in their room. The CNA confirmed that when transporting the resident in the wheelchair, she only had to don a N95 mask and eye protection.

At 12:30 PM, the surveyor observed CNA #6 in resident room [redacted]. The CNA wore a N95 mask and eye protection only. The CNA was exiting the room carrying a disposable resident meal tray. The CNA placed the meal tray on the dining cart and returned to the room to grab the roommate's meal tray. The CNA removed the resident's milk from the meal tray and placed it on the resident's tray table taking the rest of the meal tray with her. The CNA then proceeded to the hallway by the nurse's station with the dining cart. The CNA grabbed a disposable resident meal tray from an empty table and placed in on the cart. The CNA then grabbed another disposable resident meal tray from another empty table and placed it on the cart. The CNA then secured the dining cart in the

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PEACE CARE ST JOSEPH'S	537 PAVONIA AVENUE JERSEY CITY, NJ 07306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 12	F 880		

hallway and proceeded to a sink to perform hand hygiene appropriately with soap and water.

At this time, the surveyor questioned the CNA about the observations. The CNA stated that she had just performed hand hygiene since she touched the resident's meal trays, but she should have performed hand hygiene after touching each resident tray.

The CNA then entered resident room [redacted] to check on the resident then immediately walked out. The CNA stated that she only had to don a gown and gloves when she did direct care on residents. The CNA stated that she obtained the gown from her cart or from the nurse's station.

At 12:40 PM, the surveyor observed CNA#3 enter resident room [redacted] The CNA wore only a N95 mask and eye protection. The CNA opened the resident's curtain with her bare hands and proceeded to the window where she adjusted the blinds. The CNA then closed the resident's curtain and proceeded out of the resident room with no hand hygiene.

At this time, the surveyor questioned the CNA #3 regarding PPE and hand hygiene. The CNA informed the surveyor that she only had to wear full PPE when performing direct care on the resident. The CNA stated that she just went into the room to check on the resident, so she had not needed to don full PPE or perform hand hygiene. When the surveyor questioned the CNA regarding their observation, the CNA confirmed touching the curtains and blinds and stated that she forgot to perform hand hygiene. The CNA proceeded to the resident's bathroom to perform hand hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315452	A. BUILDING _____ B. WING _____	12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE CARE ST JOSEPH'S	**537 PAVONIA AVENUE JERSEY CITY, NJ 07306**

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F 880	Continued From page 13 At 12:47 PM, the surveyor observed the RN in resident room [redacted] wearing only a N95 mask and eye protection. At this time, the RN confirmed that staff did not need to don a gown prior to entering any resident rooms on this floor since no one on this floor was COVID-19 positive. At 12:53 PM, the surveyor observed the HK in resident room [redacted] The HK donned only a N95 mask, gloves, and prescription glasses. The HK wore no eye protection or a gown. At 12:58 PM, the ADON/IP stated that the facility followed the guidance of the New Jersey Department of Health/Communicable Disease Services (NJDOH/CDS) Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities dated revised 10/22/2020. The surveyor reviewed the guidelines with the DON and ADON/IP. The document included that cohort 2 COVID-19 negative, exposed consisted of both symptomatic and asymptomatic residents who tested negative for COVID-19 with an identified exposure to someone who was positive. These individuals should be quarantined for 14 days from the last exposure, regardless of test results. The guideline further included that residents in cohort 2 should be placed on TBP using the COVID-19 recommended PPE of a N95 mask, eye protection, gloves, and isolation gowns. At this time, the DON stated that the residents in rooms [redacted] were Executive Order 26, 4.b. [redacted]. The DON stated that all the residents on the Executive Order 26, 4.b. The DON stated that all staff on the fourth floor were donning full PPE as of yesterday. The DON stated that staff were told this in morning meetings and that the RN who was assigned to	F 880		

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	315452	A. BUILDING _____ B. WING _____	12/01/2020

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F 880	Continued From page 14	F 880		

Resident #2 knows that she has to don full PPE. The DON stated that the facility ordered additional PPE bins for that unit, but staff knew they had to don full PPE prior to entering all resident rooms and not just with direct care.

At 1:50 PM, the surveyor observed on the wall in the fourth floor CNA station CDC guidance for appropriately donning and doffing (removing) PPE. At this time, the RN/UM stated that those signs were located in all the CNA stations. The RN/UM stated that those signs were not indicating that a resident was on TBP. Any resident who was on TBP would have a physician's order (PO) that would be on the Order Summary Report (OSR).

The surveyor reviewed the medical record for Resident #2.

A review of the Admission Record reflected that the resident was Executive Order 26, 4.b. with Executive Order 26, 4.b.

A review of COVID-19 testing results reflected that the resident Executive Order 26, 4.b.

A review of the resident's December 2020 OSR reflected that the resident had no PO for TBP.

A review of the November 2020 electronic Medical Administration Record (eMAR) reflected that the resident's temperatures and oxygen saturation levels were monitored every shift and were within normal levels.

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F 880	Continued From page 15 The surveyor reviewed the medical records for the five additional residents (Resident #3, #4, #5, #6, and #7) residing on CNA #2's assignment in resident rooms [Executive Order 26, 4.b.]. A review of the COVID-19 testing results reflected that all five residents [Executive Order 26, 4.b.] A review of the December 2020 OSR's reflected that none of the residents had a [Executive Order 26, 4.b.]. A review of the November 2020 eMARs reflected that the additional residents' temperatures and oxygen saturation levels were being monitored every shift and were within normal levels. A review of CNA #2's assignment sheets for the week of 11/22/2020 through 11/28/2020; reflected that CNA #2 was assigned to resident rooms [Executive Order 26, 4.b.] on 11/27/2020, 11/26/2020, 11/25/2020, 11/24/2020, and 11/22/2020. At 2:20 PM, the DON confirmed that a resident would need a PO to be on TBP. At 3:00 PM, the survey team met with the LNHA, DON, ADON/IP, and Chief Operating Officer to address their concerns. An additional review of the facility's undated 2020: COVID-19 Outbreak Response/Management Plan included that staff were required to wear facemasks in the facility and appropriate additional PPE as required to maintain designated TBP.	F 880		

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	315452	A. BUILDING _____ B. WING _____	12/01/2020

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F 880	Continued From page 16 A review of the facility's Handwashing/Hand Hygiene policy dated revised date 02/2020, included that hand hygiene should be performed before and after direct contact with residents, after contact with objects in the immediate vicinity of the resident, and before and after eating or handling food. A review of the facility's Droplet Precautions policy, dated revised date 02/2020, included that residents on this precaution should limit their movement from their room to essential purposes only. The policy also included that a stop sign will be placed on the doorway of the resident's room to indicate the PPE needed to enter that room. N.J.A.C. 8:39-19.4	F 880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315452	A. Building B. Wing	12/21/2020

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE CARE ST JOSEPH'S	537 PAVONIA AVENUE JERSEY CITY, NJ 07306

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)	ITEM (Y4)	DATE (Y5)
ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 12/21/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
12/1/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO