STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315300	A. BUILDING _____ B. WING _____	C 12/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET JERSEY CITY, NJ 07302

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F 000	INITIAL COMMENTS Complaint #: NJ121973, NJ123030, NJ125252, NJ125253, NJ125436, NJ130257, NJ134713, NJ134963, and NJ138162. Census: 173 Sample Size: 25 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Complaint #: NJ125436 Based on observation, interviews, and facility policy review, it was determined that the facility failed to ensure food items were stored and served under sanitary conditions on one of four ([redacted] meal tray delivery carts. Specifically, the facility failed to ensure hot and cold food items were held at a palatable temperature range.	F 804	1. Residents #13, #21, #22, and #24 were all spoken to with by Dietary Director in regards to their meals being cold and relayed to resident new procedure on meal pass. A new procedure has been implemented to ensure meal pass is completed at a timely manner. Previously meal trucks would brought up floor by floor for the entire unit	1/15/21

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

Electronically Signed | 01/13/2021

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F 804	Continued From page 1 Findings included: 1. On 12/16/2020 at 10:37 AM, five residents (Residents #13, #21, #22, #23, and #24) were interviewed. The residents said that their meals were always served cold. A test tray for the lunch meal on 12/17/2020 was requested. The lunch meal service (room trays) for Unit [redacted] was observed on 12/17/2020, from 11:45 PM until 12:06 PM. The menu consisted of oven fried chicken, mashed potatoes, soup, orange juice, whole milk, and strawberry shakes. According to the Executive Chef (EC), initial food temperatures for the meal served to residents on Unit #3 were obtained and logged, by the EC at approximately 10:50 AM, and they recorded the following temperatures: -Oven fried chicken 193.0° (degrees) Fahrenheit (F) -Mashed potatoes 193.0°F -Soup 193.0°F -Orange juice 30.0°F -Milk 32.0°F -Strawberry shake 32.0°F The last meal trays were served to residents on Unit #3 by 12:06 PM. The EC measured test tray temperatures at 12:06 PM, which included the following: -Oven fried chicken 115.0°F -Mashed potatoes 121.0°F -Soup 125.0°F	F 804	(for example, the meal trucks would come in the following order 2nd Floor South then 2nd Floor North. Then 3rd floor South then 2rd floor North. Then 5th floor South then 5th floor North. Then 5th floor West). New procedure will complete all South first then North side afterwards (i.e 2S, 3S, 5S then 2N, 3N, and 5N). 2. All residents who eat in their room have the potential to be affected. 3.A new procedure has been implemented to ensure meal pass is completed at a timely manner. Previously meal trucks would brought up floor by floor for the entire unit (for example, the meal trucks would come in the following order 2nd Floor South then 2nd Floor North. Then 3rd floor South then 2rd floor North. Then 5th floor South then 5th floor North. Then 5th floor West). New procedure will complete all South first then North side afterwards (i.e 2S, 3S, 5S then 2N, 3N, and 5N). Changing the process will allow more staff to assist passing out trays during meal times. 4.Dietary Director/Designee will perform an audit of 10 random food temperatures prior to delivering trays to room. Audits will be done at least twice a week for 90 days and will be re-evaluated. All findings will be reported weekly to the Administrator and quarterly at the Quality Assurance Performance Improvement	

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F 804	Continued From page 2 -Orange juice 59.1°F -Milk 58.6°F -Strawberry shake 60.1°F The Registered Dietitian (RD), the Regional Registered Dietitian (RRD), and the EC were interviewed together on 12/17/2020 at 1:46 PM. The RRD said it was important to keep food out of the danger zone for the population of the residents at the facility to prevent the potential of spreading food borne illnesses. The RRD said the appropriate holding temperature for hot food items was 135°F or above and for cold food items was 41°F or below. The RRD said it was especially important for the facility to have a mechanism which ensured that room trays were held at the right temperature as there was the potential for delay in service due to factors which included time spent by staff in donning and doffing of personal protective equipment (PPE) when they went in the rooms of a person under investigation (PUI). The RRD said that with increased meal delivery time and the facility's failure to have a mechanism which held food at the recommended temperature, there was an increased risk of spreading food borne illness across the population of the vulnerable population of residents the facility served. The RRD said she would work more closely with the EC and the facility's administration to devise a strategy to serve meals at required temperature. The facility's Food Temperatures policy, dated October 2020, provided by RRD on 12/17/2020 at 4:12 PM, read in part: "All hot food items must be cooked to appropriate internal temperatures, held and served at temperature of at least 135 degrees F. Take	F 804	(QAPI) meeting for review and recommendation.	

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F 804	Continued From page 3 temperatures often to monitor for safe food holding temperature ranges of at or below 41 degrees for cold foods. Food sent to the unit for distribution (such as meals, snacks, nourishment, oral supplement) will be transported and delivered to maintain temperatures at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods."	F 804		
F 880 SS=F	NJAC 8:39-17.4(a)2 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 conducted according to §483.70(e) and following accepted national standards;	F 880		1/15/21

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F 880	Continued From page 4 §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 infection.	F 880		

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F 880	Continued From page 5 §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 observations, interviews, facility policy review, and review of New Jersey Department of Health (NJDOH) Executive Order No. 20-026-1, dated 10/20/2020, it was determined that the facility failed to ensure a resident in isolation for COVID-19 exposure (a person under investigation, PUI) wore a mask for source control when out of their room and off the PUI unit. This affected 1 (Resident #15) of 31 residents who were a PUI. The facility failed to ensure COVID-19 recommended personal protective equipment (PPE) was worn by staff on the PUI unit for 1 ([redacted] floor) of 3 PUI units observed. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents. Findings included: Reference: New Jersey Department of Health issued Executive Directive No. 20-026-1, dated 10/20/2020, revealed the following: 3. Cohorting, PPE and Training Requirements in Every Phase: ii. Facilities shall implement universal source control for everyone in the facility. All residents, whether they have COVID-19 symptoms or not, must practice source control when around others (surgical mask if supply is available) in accordance with CDC guidance at: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html. A face covering must NOT be worn by children under the age of two (2) or anyone who has trouble	F 880	1. Resident # 15, #26, #16 and #27 continued with weekly swabbing and continue exhibiting negative results. All RN's, LPN's, C.N.A's, Housekeepers, Rehab, Maintenance and dietary staff were all re-educated on the use of PPE. All employees in Nursing, Housekeeping, Rehab, Dietary, Maintenance and administrative staff were all reeducated on what PPE to utilize under Well, Observation, Persons Under Investigation (PUI) and COVID + units. 2. All residents during this pandemic have the potential to be affected. Consistent rounding of all units will continue, education daily will continue to all residents cognitively alert or impaired to adhere to the guidelines of masks and maintaining boundaries of their designated rooms if not residing on a well unit. 3.The current infection control committee will be expanded to include rotation of representatives from each department such as from Nursing, Dietary, Rehab, Maintenance and Housekeeping to meet every other week to discuss challenges within the facility regarding employees utilizing PPE, and residents utilizing	

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F 880	Continued From page 6 breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Source control may be provided with cloth face coverings or facemasks. 1. Resident #15's initial Minimum Data Set, dated 12/11/2020, indicated the resident's Brief Interview for Mental Status (BIMS) was [redacted] indicating the resident was cognitively intact. The resident's care plan identified the resident as a smoker. The approaches on the care plan were that designated smoking areas were shown Resident #15, the [redacted] was reviewed and signed by the resident. On 12/16/2020 at 4:20 PM, a resident (later learned to be Resident #15) was observed wheeling themself onto the elevator on the [redacted] floor. The resident was unattended. When asked where the resident was going so a floor selection could be made on the elevator for the resident, the resident responded, [redacted] Resident #15 informed the surveyor that he/she had just been to smoke. When asked where the resident lived, Resident #15 responded, [redacted] floor." The question was repeated, asking Resident #15 if (gender) lived on the [redacted] floor. Resident #15 responded, [redacted] [redacted] floor." Resident #15 was observed wearing a mask which did not cover his/her [redacted]. Resident #15 adjusted the mask several times while on the elevator. On 12/17/2020 at 12:30 PM, a visit was made to the [redacted] floor in search of the resident observed in the elevator (Resident #15). Staff were asked about the resident observed in the elevator. A staff member stated, "Yes, [Resident #15]." Upon	F 880	masks. Continue education directly with these representatives to help instill a better understanding of compliance, and assist with reinforcing that education within their peers. Ongoing education for all departments will continue regarding PPE, Symptoms of COVID + (fever, coughing shortness of breath, fatigue, headache, new loss of taste or smell, nausea, vomiting, and diarrhea). Infection control, understanding the various cohorts to better enact on utilizing proper PPE. 4.Weekly audits (minimum of 4 audits) for two months will be conducted by Infection Control Preventions or designee to ensure compliance with all PPE from all staff and residents. Then twice a month for two months to continue to re enforce compliance then quarterly thereafter. All audits will be submitted to the Director of Nurses and Administrator for all or any corrective action. All findings will be reported to Quality Assurance Performance Improvement (QAPI) committee quarterly.	

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F 880	Continued From page 7 speaking with Resident #15 from the doorway, the resident was asked if he/she was going to smoke. Resident #15 replied, "Not yet, I go down to the [redacted]-floor balcony. I don't want to start this place on fire and smoke where I'm not supposed to." An interview was conducted with the Director of Nursing (DON) on 12/17/2020 at 1:30 PM. The DON was asked about smokers in the facility. The DON indicated there were designated smoking times for the [redacted] floor. She indicated that residents were taken to the designated smoking area. According to the DON, a staff member stayed with the residents. The PUI unit had a designated time. The DON was asked if PUI residents could leave their room/floor. The DON responded, "They can leave their room with a mask on, but they can't leave the unit." The DON indicated the [redacted] floor had a curtain to separate the PUI from residents who had tested negative. A list of smokers on the [redacted] floor was requested from the DON. According to the DON, Resident #15 was the only smoker on the [redacted] floor. According to the DON, residents were taken down by staff and provided smoking paraphernalia. The staff then returned the residents to the [redacted] floor. Reference: NJDOH issued Executive Directive, No. 20-026-1, dated 10/20/2020, indicated: 3. Cohorting, PPE and Training Requirements in Every Phase: iv. Facilities must continue to follow current NJDOH orders, guidance and directives on admissions and readmissions. Facilities may receive residents who were tested prior to admission/transfer or shortly thereafter, in	F 880		

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accordance with NJDOH Guidance: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf...

Reference: NJDOH guidance, "Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities, " dated 10/22/2020, indicated, "Full Transmission-Based Precautions and all recommended COVID-19 PPE should be used for all patients/residents who are:
- COVID-19 positive
- Suspected of having COVID-19
- New and re-admissions
- Exposed to any COVID-19 positive person (e.g., HCP [healthcare personnel], visitor, roommate)
- On a wing/unit (or facility wide), regardless of presence of symptoms, when transmission is suspected or identified." It further indicated that new admissions and readmissions are placed in, "Cohort 4," which "serves as an observation area where persons remain for 14 days to monitor for symptoms that may be compatible with COVID-19." COVID-19 recommended PPE included, "N95 respirator or higher [or facemask if unavailable], eye protection, gloves, and isolation gown."

2. On 12/17/2020 at 2:30 PM through 2:33 PM, observations were conducted on the [redacted] floor, which was the PUI unit for COVID-19. An observation was conducted of Licensed Practical Nurse (LPN #2) in Resident #26's room without a gown on. Housekeeper #5 was observed in Resident #27's room. Housekeeper #5 was observed hanging a curtain. He/she was not wearing eye protection or a gown.

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F 880	Continued From page 9 On 12/17/2020 at 2:50 PM, an observation was conducted on the [redacted] floor. Registered Nurse (RN #6) was observed talking to Resident #16 in the hall. Resident #16 was wearing a mask under his/her [redacted]. The resident was a PUI resident. An observation was made of RN #6 within inches of Resident #16's [redacted]. RN #6 was not wearing eye protection or a gown. When RN #6 was asked about being near Resident #16 without proper personal protective equipment (PPE), RN #6 responded, "[He/She] was very upset, and I wanted to calm [him/her] down." An interview was conducted with the Director of Nursing (DON) on 12/17/2020 at 1:30 PM. She was asked about PPE requirements for staff. The DON said the [redacted] floor was where residents lived who were admitted within the last [redacted]. She indicated that staff were not required to wear eye protection or gowns on the PUI unit. The DON also indicated that on [redacted], where residents had tested negative, the staff only needed to wear a surgical mask. The DON reported it was facility policy for the PUI units to wear a N95 mask, and gowns were worn if staff were providing direct patient care. The gowns would have to be donned and doffed in between care of each resident. NJAC 8:39-19.4(a)	F 880		