

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER BURLINGTON WOODS		STREET ADDRESS, CITY, STATE, ZIP 115 SUNSET ROAD BURLINGTON, NJ 08016	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to ensure: a.) staff followed proper infection control practices and performed hand hygiene to prevent the potential spread of COVID-19 and b.) that visitors were screened upon entrance to the facility to monitor for potential exposure to COVID-19. The deficient practice occurred for two visitors on 06/18/20 and three employees who worked the unit identified as containing residents who tested positive for COVID-19. The deficient practice was evidenced by the following: 1. At 1:10 PM, on the unit containing Covid + residents, two surveyors observed a Certified Nurse Aide (CNA #1) and a Nurse Aide (NA #1) emerge from a resident's room who was confirmed as being Covid +. The door to the room had a Stop sign that revealed perform hand hygiene before and after patient contact, contact with environment and after removal of PPE (personal protective equipment). CNA #1 and NA #1 were observed, directly outside of the resident's room where they both removed their gowns and proceeded to lift a lid on a receptacle for the soiled gowns. They were holding a meal tray and proceeded to walk out of the unit through a door toward a meal cart located outside the unit. Hand hygiene was not performed. At 1:13 PM, CNA #1 and NA #1 re-entered the unit and the surveyor interviewed both staff who stated they did not wash their hands after removing their gowns. The surveyor interviewed both staff regarding what should be done after removing a gown and CNA #1 stated they should have washed their hands after they removed the gowns. A review of an In-Service sign in sheet, dated 05/09 and 05/10/20, revealed CNA #1 and NA #1 were educated on on donning (putting on) and doffing (removing) PPE and hand hygiene. An In-Service sign in sheet, dated May, 2020 revealed CNA #1 was educated on Infection Control Policy for COVID-19 and Hand Hygiene. On 6/18/2020 at 1:27 PM, the surveyor accompanied by the Licensed Practical Nurse Unit Manager (LPN/UM), observed an employee emerge from a Covid-19 positive resident's room. The door to the room had signage posted to Stop and perform hand hygiene before and after patient contact, contact with the environment and after removal of PPE. The surveyor and LPN UM observed the employee taking off a disposable isolation gown in the hallway in front of the waste bins. The employee then touched the lid of the contaminated waste bin and threw the isolation gown in the bin. She proceeded to walk toward the medication cart, took keys out of her pocket to open the cart and touched the lock to the medication cart. The surveyor interviewed the employee at that time. The employee identified herself as a Licensed Practical Nurse (LPN). The LPN explained to the surveyor the proper technique for moving PPE and hand hygiene but admitted she did not perform hand hygiene after removal of the isolation gown, touching the contaminated waste bin lid, the keys and the lock to the medication cart. On 6/18/2020 at 1:35 PM, the surveyor interviewed the LPN/UM who stated that the LPN should have performed hand hygiene after removal of the isolation gown and touching the contaminated waste bin lid and med keys. I will have to re-educate the staff on hand hygiene. The surveyor reviewed an In-service Sign in Sheet dated 3/3/2020, which reflected LPN signature on wearing glasses in hallway, handwashing, enhanced barrier precautions and proper PPE. On 6/18/2020 at 4:37 PM, the surveyor interviewed the Director of Nursing who stated that all staff were educated on hand hygiene and that the three staff members observed not washing thier hands after touching contaminated surfaces were going to be re-educated. 2. On 06/18/20 at 8:30 AM, two surveyors entered the facility for a Covid-19 focused infection control survey. The receptionist proceeded to take the surveyors temperatures and failed to further screen the surveyors. At 8:45 AM, during the entrance conference with the Administrator and Director of Nursing (DON), the DON stated that upon the visitor's entrance to the facility, the receptionist is supposed to take the visitor's temperature and also have the visitor complete a questionnaire to determine potential exposure the Covid-19 virus. On 6/18/2020 at 4:30 PM, the surveyor interviewed the front Receptionist who stated that he should have did the surveillance interviews for the two surveyors at the front door, however he got distracted by the phone. The Screening Form-Tips for Screeners, dated 06/18/20, revealed screening must be done each time a visitor enters the center. The screener asks each person the screening questions and records the information on the form and takes each person's temperature. The Hand Hygiene policy, Revised 11/27/17, revealed adherence to hand hygiene practices is maintained by all center personal and hand hygiene should be performed .after patient care and after contact with the patient's environment. 8:39-19.49(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.