

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315490</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COMMUNITY MEDICAL CENTER TCU</b>		STREET ADDRESS, CITY, STATE, ZIP <b>99 ROUTE 37 WEST TOMS RIVER, NJ 08755</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<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 staff interviews and record review, it was determined that the facility failed to adequately monitor residents, staff and visitors for signs and symptoms of COVID-19, and failed to restrict visitation of all visitors. This affected 14 of 14 residents in the facility during the COVID-19 pandemic. This deficient practice was evidenced by the following: 1. A review of the Centers for Disease Control's (CDC) guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 06/25/2020, indicated, Actively monitor all residents upon admission and at least daily for fever (T (temperature) (greater than/equal to) 100.0 (degrees) (Fahrenheit)) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. According to the CDC, symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. On entering the facility on 07/07/2020 at 8:35 AM, this surveyor was admitted without being asked any screening questions. A physician was then observed entering the facility without being asked any screening questions. On 07/07/2020 at 8:45 AM, an interview was completed with the Chief Nursing Officer (CNO). The CNO stated, Anyone who is not an employee should be screened with questions. She confirmed that employees were not being asked screening questions. An interview was completed with the Director of Nursing (DON) on 07/07/2020 at 9:00 AM. The DON said that staff were not being asked screening questions when they arrived for work. Staff know if they have any symptoms, they don't come to work. The DON also reported that residents were asked screening questions about symptoms at the time of admission, but not on an ongoing basis. On 07/07/2020 at 10:35 AM, an interview was completed with Nurse #1. Nurse #1 said at the time of admission, residents were asked about COVID-19 symptoms, but residents were not asked screening questions routinely. On 07/07/2020 at 10:45 AM, an interview was completed with Nursing Assistant #1 (NA #1). NA #1 reported that she was not asked any screening questions as she came to work. A review of the COVID-19 Outbreak policy did not note a process for asking staff, visitors or residents screening questions for COVID-19. A review of Resident #1's medical record revealed no screening questions related to COVID-19. 2. A review of the New Jersey Department of Health, Recommendations for Long-Term Care Facilities during COVID-19 Pandemic, updated 5/11/2020, indicated, On March 13, 2020 the Center's for Medicare &amp; Medicaid Services (CMS) instructed that facilities should restrict visitation of all visitors and non-essential HCP (healthcare personnel), except for certain [MEDICATION NAME] care situations, such as an end-of-life situation. On 07/07/2020 at 10:00 AM, an interview was completed with the Therapeutic Recreation Director (TRD, activities director). The TRD reported the center had started allowing families to visit face to face with residents. We have started visitation back. They can have one visitor a day for an hour. They come up to the rooms. During an interview on 07/07/2020 at 10:35 AM, Nurse #1 said, We follow the hospital policy for visitors. Right now, visiting hours are 12 (PM) - 8 (PM), they can visit for an hour, one person at time. On 07/07/2020 at 11:48 AM, an interview was completed with the DON. The DON said, For family visits, the Medical Center has a visitation policy. The residents can have one visitor at a time, and they stay in the room. Hours are 12 (PM) to 8 PM. The DON reported that there had been two to three visitors in the center in the last week. NJAC: 8:39-13.1 (c)</p>		
F 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p>Based on staff interview and record review, it was determined that the facility failed to develop a process for providing weekly cumulative updates on COVID-19 cases or cluster of respiratory symptoms to residents, resident representatives, and families. The deficiency occurred during the COVID-19 pandemic. This deficient practice was evidenced by the following: On 07/07/2020 at 9:00 AM, an interview was completed with the Director of Nursing (DON). The DON reported that COVID-19 notifications were sent out only if there was a new positive case or there were new symptomatic staff or residents. If there were no changes, weekly updates were not being sent out. A review of the facility's policy on the COVID-19 outbreak did not address requirements to notify residents, resident representatives and families about COVID-19 cases or cluster of respiratory symptoms. NJAC: 8:39-13.1 (c)</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.