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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315374 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/16/2020 |
| NAME OF PROVIDER OF SUPPLIER DE LA SALLE HALL | | STREET ADDRESS, CITY, STATE, ZIP 810 NEWMAN SPRINGS RD LINCROFT, NJ 07738 | |
| 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 - Many | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, it was determined that the facility failed to screen a visitor prior to entering the facility and failed to screen employees for symptoms of COVID-19 prior to beginning their workday. This deficiency occurred during the COVID-19 pandemic and affected 25 of 25 residents. This deficient practice was evidenced by the following: 1. On 07/16/2020 at 9:45 AM, the surveyor arrived at the front door to the facility. The front door was locked, with a sign requesting for the intercom doorbell to be rung. No one spoke through the intercom to ask who the surveyor was or why the surveyor was at the facility. The electronic doors were opened. For the next seven minutes, the surveyor was able to wander around the facility without question. The surveyor walked past two staff members who did not say anything. Once at the nurses' station, the Licensed Practical Nurse (LPN #1) questioned how the surveyor got into the facility. LPN #1 asked the surveyor to go with her back to the front entrance for screening. At the front door, she took the surveyor's temperature, recorded it on a log and asked the surveyor to perform hand hygiene. LPN #1 then escorted the surveyor to a conference room. LPN #1 failed to screen the surveyor for symptoms of COVID-19. LPN #1 stated, I do not know how you got in when our front door is always locked. Whoever pushed the button to open the door knows better. Once in the conference room, LPN #1 asked the surveyor to fill out a DLSH (De La Salle Hall) COVID-19 Visitor Screening form. The form asked 1. Have you had any international travel within the last 14 days to restricted countries? (as of 3/03/2020) include China, Iran, Italy, Japan, South Korea. 2. Do you currently have an acute respiratory infection or fever? 3. Have you had contact with someone with or under investigation for COVID-19? The facility's undated policy and procedure for COVID-19 Visitor Screening, procedure section, read as follows: 1. Upon entrance to the facility, visitors will sign in at the front door. 2. Visitors will complete a COVID-19 Visitor Screening Tool prior to accessing resident areas. 3. Upon completion, the COVID-19 Visitor Screening Tool will be submitted to facility staff to review. 4. The facility staff member will review for any positive responses. 5. A positive response is considered as a Yes response to any of the questions. 6. For the health and safety of our residents and employees, visitors will be restricted from access with any positive responses. 7. The facility will retain copies of COVID-19 Visitor Screening Tools. On 07/16/2020 at 10:22 AM, LPN #1 was interviewed. She stated their process was not to allow visitors into the facility; however, their front door was always locked and when the doorbell was rung, the person should have been questioned through the intercom, and then a staff member would go up to the front door for their screening. The person arriving at the front door would have their temperature taken and then would be asked to wash their hands. On 07/16/2020 at 11:10 AM, the Administrator was interviewed. The Administrator stated their visitor screening process was to come to the door after someone rang the doorbell. The visitor would have their temperature taken and would be asked to wash their hands. She then referred to the DLSH COVID-19 Visitor Screening form and stated a visitor would be asked to fill it out. The Administrator stated she did not know why anyone opened the door when this surveyor arrived. A review of the Centers for Disease Control's (CDC) guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 6/25/2020, indicated, Screen visitors for fever (temperature greater than/equal to 100 degrees Fahrenheit), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. 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. 2. On 07/16/2020 at 11:10 AM, the Administrator was interviewed about the screening process for employees. She stated that employees were asked to come through the front door, ring the doorbell and wait for someone to come up front to screen them. The screener would take their temperature and then the employee was asked to wash their hands. On 07/16/2020 at 11:50 AM, a Certified Nursing Assistant (CNA #1) was interviewed about the screening process for employees. CNA #1 stated, when we arrive at work, we ring the doorbell and wait for a nurse to come let us in. The nurse will take our temperature and then watch us wash our hands. After that, we are allowed to go to work. On 07/16/2020 at 12:07 PM, the Housekeeping Supervisor (HS) was interviewed about the screening process for employees. The HS stated, we all use the front door to come in to work. We are instructed to use the doorbell and wait for the nurse to come let us in. The nurse takes our temperature and we wash our hands, then go to work. On 07/16/2020 at 12:18 PM, the Certified Dietary Manager (CDM) was interviewed about the screening process for employees. The CDM stated all staff were required to come through the front door. They ring the doorbell and wait for the nurse to come let them in. The nurse would take their temperature and they would wash their hands. The nurse would ask, how are you feeling? On 07/16/2020 at 12:40 PM, the Activity Director (AD) was interviewed about the screening process for employees. The AD stated, the nurse would come to the front door to let me in. The nurse would take my temperature, watch me wash my hands and I go to work. I've never had anyone ask me about specific symptoms (of COVID-19). On 07/16/2020 at 1:03 PM, the Maintenance Director was interviewed about the screening process for employees. The Maintenance Director stated, we only use the front door when we arrive at work. The door is locked, and we wait for a nurse to come open it. The nurse takes your temperature, and we wash our hands. Then I go to work. I'm asked if I feel OK, not anything more specific. On 07/16/2020 at 2:05 PM, the Director of Nursing (DON) was interviewed about the screening process for employees. The DON stated they had not been asking specific COVID-19 symptom questions, because they assumed the employees would tell them if they were not feeling well. 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, Evaluate and Manage Healthcare Personnel (HCP), Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. 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. 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.