

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER PREMIER CADBURY OF CHERRY HILL		STREET ADDRESS, CITY, STATE, ZIP 2150 ROUTE 38 CHERRY HILL, NJ 08002	
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 - Immediate jeopardy Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Census: 89 Based on observation, interviews, and other pertinent facility documentation on 4/30/2020, it was determined that the facility staff failed to ensure that the appropriate transmission based precautions were practiced by healthcare staff while caring for both Covid-19 positive and PUIs (Persons Under Investigation), and non-ill residents by permitting health care staff to wear the same long sleeve paper isolation gowns from a Covid-19 positive resident room into a non-PUI, non-ill resident room. Health care staff were placing a short sleeve resident cloth gown over the long sleeve paper isolation gown, leaving the long sleeves exposed and providing care for a Covid-19 positive resident, removing the short sleeve resident cloth gown in the resident room, exiting the Covid-19 positive room, and caring for the non- PUI, non-ill residents leaving the contaminated long sleeves on the paper isolation gown exposed risking the likelihood of cross contamination. This deficient practice placed all residents at risk for contracting the Covid-19 virus in an immediate Jeopardy (IJ) situation. After office Supervisor review on May 5th, 2020, it was determined that due to the usage of short sleeve resident cloth gowns over the long sleeve paper isolation gowns in Covid-19 positive and non PUI, non-ill rooms, and the likelihood of cross contamination placed 46 Covid-19 negative residents out of an 89 census, at risk for contracting the Covid-19 virus in an Immediate Jeopardy (IJ) situation. The IJ was identified and reported to the Director of Nursing (DON) on 5/5/2020 at 2:24 p.m., when the IJ template was provided to the DON. The IJ ran from 4/30/2020, until the facility provided an acceptable Removal Plan on 5/6/2020 at 3:40 p.m. This deficient practice was further evidenced by the following: During a tour on 4/30/2020, of the Nelson 5 unit at 09:30 a.m., with the DON, the staff were observed wearing long sleeve paper isolation gowns on the unit. Also observed on tour was a stack of short sleeve resident cloth gowns folded at the nurses station. The Director of Nursing (DON) stated that the facility does not have enough gowns (Long sleeve paper isolation) and that the Administrator and the Central Supply manager have been in contact with the Local Department of Health. The DON further stated that the unit is mixed with Covid-19 positive residents, and residents not showing any signs of [MEDICAL CONDITION], and all staff were caring for all the residents on the unit. During an interview on 4/30/2020 at 10:23 a.m., a facility staff nurse stated that the Certified Nursing Assistants (CNA's) on the unit are wearing long sleeve paper isolation gowns and putting a short sleeve resident cloth gown over them when going into Covid-19 positive rooms, removing the short sleeve resident cloth gown upon exiting the rooms, then caring for non-PUI, non-ill residents still wearing the same long sleeve paper isolation gown with the contaminated sleeves exposed. During an interview on 4/30/2020 at 11:30 a.m., the Central Supply manager stated that the facility uses 50 to 60 long sleeve paper isolation gowns per day, and today the facility started directing the staff to save their gowns by putting them in a plastic bag when done with them. If the gowns were visibly soiled or ripped throw them out, go to the front desk and get another one from the Receptionist. The Central Supply manager further stated that they have been in contact with the Local Health Department (4/28/2020), and were told they are waiting for a gown shipment and when they arrive the facility will be contacted. During a tour of the Central Supply Department it was noted that there were approximately 300 long sleeve paper isolation gowns. During an interview on 4/30/2020 at 11:43 a.m., a CNA stated when entering a Covid-19 positive resident room compared to resident's that are asymptomatic is that they put on a short sleeve resident cloth gown over the long sleeve paper isolation gown, when they have completed the resident care, they put the short sleeve resident cloth gown in a red linen bag, and leave the room in the long sleeve paper isolation gown. During an interview with the DON on 4/30/2020, at 12:52: p.m., the DON stated that there is a gown shortage and care givers are putting short sleeve resident cloth gowns over long sleeve paper isolation gowns and her only concern at this time is gown supply. During an interview with the DON on 4/30/2020, at 1:35 p.m., the DON was asked what the facility was going to do about staff wearing long sleeve isolation gowns under a short sleeve resident cloth gown, since the sleeves of the isolation gown would be exposed as the CNA's are only changing the short sleeve resident cloth gown therefore it would lead to cross contamination when caring for Covid-19 positive resident, and residents that are non-PUI, non-ill. The DON responded by saying I don't know , I'll call corporate. At 2:30 p.m., the DON handed this Surveyor a written document titled Plan related to Covid-19 Positive Residents. The written plan included on April 30, 2020: All positive Covid residents on N (Nelson) 6 hall will be moved to N (Nelson) 5 hall 1. All asymptomatic or negative Covid on N5 hall 1 will be moved to N6. This action was not directed by the Surveyor. The written plan also included: May 1, 2020: All positive Covid residents on N6 hall 2 will be moved to N5 hall 2 and all negative/asymptomatic from N5 hall 2 will be moved to hall 2. May 4, 2020: All remaining Covid positive residents on N6 will be moved to N5 and all remaining N5 negative or asymptomatic residents will be moved to N6. Until this is accomplished all staff will be given an extra disposable gown to wear over their existing gown and will remove this gown in between rooms. Going forward all new admissions/readmissions or converted status residents will be placed on N5. After office Supervisor review on May 5th, 2020, it was determined that due to the usage of short sleeve resident cloth gowns over the long sleeve paper isolation gowns in Covid-19 positive and non- PUI, non-ill rooms, and the likelihood of cross contamination an Immediate Jeopardy (IJ) was cited at 2:27 p.m. The IJ ran from 4/30/2020, until the facility provided an acceptable removal plan on 5/6/2020 at 3:40 p.m. All residents were put at risk for contracting the Covid-19 virus by the staff placing a short sleeve resident cloth gown over a long sleeve paper isolation gown upon entering rooms to care for Covid-19 positive residents, and exiting the rooms after removing the short sleeve resident cloth gown while continuing to wear the long sleeve paper isolation gown with the sleeves expose while caring for PUI, and non-ill residents risking the likelihood of cross contamination. The IJ was identified and reported to the DON on 5/5/2020, at 2:24 p.m., and was lifted on 5/6/2020 when the facility provided an acceptable Removal Plan at 3:40 p.m. The removal plan was verified on the revisit of 5/11/2020. NJAC 19.4 (a)</p>		

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