

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315194</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST JOSEPH'S HEALTHCARE AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>315 EAST LINDSLEY ROAD CEDAR GROVE, NJ 07009</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and review of other facility documentation, it was determined that the facility failed to use disposable kitchen products on the COVID isolation unit. This deficient practice was identified for 1 of 2 COVID isolation units (1st floor South), in a facility experiencing a COVID-19 outbreak and was evidenced by the following: During a tour of the 1st floor South unit (COVID positive), on 06/02/2020 at 11:24 AM, the surveyor observed a food cart in the hallway between rooms [ROOM NUMBERS]. The cart had one washable hard-plastic tray, hard-plastic plate liner, plate, a dome lid, a hard-plastic bowl, hard-plastic coffee cup, and silverware. On 06/02/2020 at 12:30 PM, the surveyor observed the following on the 1st floor South unit (COVID positive): A food cart outside of room [ROOM NUMBER] which contained two washable hard-plastic trays, two hard-plastic plate liner, two plates, two dome lids, one hard-plastic coffee cup and silverware on both trays. Visible inside room [ROOM NUMBER] on the overbed table, there was a washable hard-plastic tray, plate, hard-plastic plate liner, dome, hard plastic cup, and silverware. Visible inside room [ROOM NUMBER] on the overbed table, there was a washable hard-plastic tray, plate, hard-plastic plate liner, dome, hard plastic cup, and silverware. During an interview with the surveyor on 06/02/2020 at 11:29 AM, the Registered Nurse (RN #1) on the 1st floor South unit stated both halls on the 1st floor South were for the COVID positive residents only. RN #1 stated all meals came on disposable products and were thrown out on the unit after the resident had finished eating. During an interview with the surveyor on 06/02/2020 at 12:23 PM, the Food Service Director (FSD) stated COVID positive residents received disposable paper products. The FSD stated he was not aware of a COVID unit on the 1st floor. RN #1 and the surveyor walked the 1st floor South unit and RN #1 confirmed a total of five resident lunches were served on non-disposable trays, plates, plate liners, dome lids, cups, and silverware. During an interview with the surveyor on 06/02/2020 at 12:30 PM, RN #1 stated the meals should not have been served on non-disposable products. RN #1 stated disposable products were used so they could be thrown out on the COVID unit and prevent the spread of infection. During an interview with the surveyor on 06/02/2020 at 12:38 PM, the Certified Nursing Assistant (CNA #1) stated that the meals should have been on disposable kitchen products but that some meals came up on non-disposable, washable kitchen products. CNA #1 stated she had reported this to RN #1. CNA #1 stated disposable kitchen products were important to prevent the spread of infection outside the COVID unit. During an interview with the surveyor on 06/02/2020 at 12:40 PM, the 1st floor South RN unit manager (RN/UM) stated she had reported the non-disposable kitchen products to the FSD and that the FSD told her he was unaware the 1st floor South unit was a COVID positive unit. During an interview with the surveyor on 06/02/2020 at 12:46 PM, the Director of Nursing (DON) stated COVID positive residents were communicated to the dietary department by email with the resident name and room number so the kitchen may supply disposable kitchen products. The DON stated the facility used disposable kitchen products because they don't know if even after a resident was 14 days without any symptoms, how the COVID disease may spread. The DON stated that all COVID positive residents were made known to the dietary department by email and the dietary department also would know from the weekly department head meetings. During an interview with the surveyor on 06/02/2020 at 12:48 PM, the FSD stated when he received an e-mail, he would note on the dietary slip paper products and that the facility had a sufficient amount of disposable kitchen products available. During an interview with the surveyor on 06/02/2020 at 1:10 PM, the cook stated that the COVID positive resident's meal tickets will display paper products on them so the staff know to use disposable kitchen products. During an interview with the surveyor on 06/02/2020 at 1:16 PM, the kitchen supervisor stated there were two COVID positive units. The kitchen supervisor stated she would be responsible for checking the trays before they left the kitchen but if the resident's meal ticket did not indicate paper products, she would follow the ticket instructions. During an interview with the surveyor on 06/02/2020 at 1:35 PM, the Dietary Aide (DA #1) stated that nursing informed the kitchen of any special instructions. DA #1 stated she was aware of two COVID positive units in the facility and that those units should have had all disposable kitchen products. DA #1 stated she would not know if any non-disposable meal trays that returned to the kitchen were from the COVID positive unit and that she wouldn't know of anything different that would need to be done for those trays. During an interview with the surveyor on 06/02/2020 at 1:39 PM, DA #2 stated that there were two COVID units in the facility. DA #2 stated that paper disposable kitchen products were used on the units because they can be thrown out and stop the spread of infection from leaving the COVID units. DA #2 stated that if any non-disposable meal trays returned to the kitchen from the COVID positive unit, she would not know of anything different to do to those meal trays and that she was unaware of any policy to do anything different for those meal trays. During an interview with the surveyor on 06/02/2020 at 1:52 PM, the RN Infection Control and Employee Education nurse stated both COVID positive units opened in March 2020. She stated she had been in-servicing the staff on Personal Protective Equipment (PPE) and hand hygiene but had not specifically in-serviced the dietary staff on the use of the disposable kitchen products because it was part of the facility policy and procedure for isolation. During an interview with the surveyor on 06/02/2020 at 2:35 PM, the Administrator stated the dietary department should have known about the two COVID positive units within the time from when they opened in March 2020. Review of the facility, Generalized Cleaning and Sanitizing of Foodservice Trays policy and procedure, dated April 2020, revealed residents that were identified by nursing to be COVID positive would receive isolation trays. Foodservice will deliver meals to the identified residents on paper good to be discarded on the nursing units after the meal was complete. Review of the facility, Use of Disposable trays for COVID Residents policy and procedure, dated 05/14/2020, revealed that the facility would ensure that all meals would be served on disposable kitchen products until a resident who was COVID positive was no longer considered infectious; when a resident tested positive for COVID-19, nursing shall notify the kitchen staff to advise the resident needed disposable trays. Review of the facility, Transmission based precautions procedures, dated 10/09, revealed Nutrition Services: All meals will be served using disposable kitchen products until the resident is no longer considered infectious. NJAC 8:39-19.4(a)(2); 19.4(l)</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.