

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315463</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ATRIUM POST ACUTE CARE OF MATAWAN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>38 FRENEAU AVENUE MATAWAN, NJ 07747</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 - Some</b>	<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 observation, interview and review of facility documentation, it was determined that the facility failed to ensure that staff used proper Personal Protective Equipment (PPE) when caring for newly admitted residents who were under observation for sign/symptoms of COVID-19. This deficient practice was identified for 4 of 4 staff members observed for infection control practices on the Observation Unit and was evidenced by the following: On 10/21/2020 at 11:20 AM, the surveyor conducted a tour of the facility's Observation Unit (a unit for newly admitted or readmitted residents, who came from the community or another healthcare facility, and are monitored for signs and symptoms of COVID-19). Upon entering the unit, the surveyor observed a staff member as she exited an occupied resident's room on the Observation Unit. The surveyor observed that the staff wore PPE which consisted of a surgical mask and goggles. When interviewed, the staff member identified herself as a Physical Therapist (PT). The PT stated that she was only required to wear a surgical mask and goggles while on the Observation Unit and that a surgical mask, goggles or face shield, and gloves were required when interacting with the residents in their rooms. According to the Admission record, Resident #5 was admitted to the facility on [DATE]. On 10/21/2020 at 11:26 AM, the surveyor interviewed a Licensed Practical Nurse (LPN) assigned to the Observation Unit. The LPN stated that she had worked approximately [AGE] years at the facility. The surveyor observed that the LPN's PPE consisted of a surgical mask and eye shield. When questioned about the required PPE for the Observation Unit, the LPN stated that staff were required to wear a surgical mask and goggles or face shields while on the unit. The LPN further stated that a surgical mask, goggles or face shield, and gloves were required when interacting and providing care for residents in their rooms. During an interview with the Certified Nursing Assistant (CNA) assigned to the Observation Unit on 10/21/2020 at 11:33 AM, the surveyor observed that the CNA's PPE consisted of a surgical mask and goggles. When interviewed, the CNA stated that staff were routinely educated about COVID-19 and that they were required to wear surgical mask, goggles or face shields while on the unit. When questioned about the PPE required when providing care, the CNA stated that she wore a surgical mask, goggles, and gloves when providing care to the residents on the unit. The CNA further stated that N95 masks were readily available to staff and that they wore a N95 mask when caring for residents who were COVID-19 positive. On 10/21/2020 at 11:40 AM, the surveyor observed a Housekeeping Aide (HA) removing trash from the bins located on the Observation Unit. The surveyor observed that the HA's PPE consisted of a surgical mask and eye shield. When questioned about the PPE required while working on the Observation Unit, the HA stated that staff were required to wear a surgical mask and face shields while on the unit and that housekeeping staff were required to wear a surgical mask, eyes shields, and gowns when entering the resident's room. During an interview with the Administrator on 10/21/2020 at 12:50 PM, the Administrator confirmed that staff wore surgical masks and eye shields when providing care to the residents on the Observation Unit. The Administrator also stated that there were 14 residents on the Observation Unit and that none of these residents had symptoms of COVID-19 or other respiratory illnesses. The Administrator stated that the facility had no shortage of PPE. She added that not using a N95 mask and gown on the Observation Unit was based on the advice of the facility's Infection Preventionist (IP) consultant and not due to lack of PPE. On 10/21/2020 at 1:50 PM, the surveyor observed the CNA in Resident #4's room, providing incontinence care. The surveyor observed that the CNA's PPE consisted of a surgical mask, goggles, and gloves. According to the Admission Record, Resident #4 was admitted to the facility on [DATE]. During an interview with Resident #2 on 10/21/2020 at 1:52 PM, Resident #2 stated that staff wore blue clothing and could not recall staff ever using a gown when they assisted him/her with care. According to Resident #2's Admission Record, the resident was admitted on [DATE]. During an interview with the facility's Registered Nurse/Infection Preventionist (RN/IP) on 10/21/2020 at 2:00 PM, the RN/IP stated that the facility's guidelines were changed in August 2020 and required staff to wear surgical mask and goggles/face shield on the Observation Unit. When questioned about the new guidelines, the RN/IP stated the new guidelines instructed the CNAs to wear surgical masks, goggle/shields, and gloves when caring for residents on the Observation Unit. The RN/IP further stated that the new guidelines came from the facility's corporate office in collaboration with Center for Disease Control and prevention (CDC) guidelines. The RN/IP stated that N95 masks were required when caring for residents who were COVID-19 positive. Review of the facility's Cohorting Patient/PPE education, dated 10/02/2020, revealed that Cohort consisted of all persons from the community or other healthcare facility who were newly admitted or readmitted. The education further indicated that staff should use surgical mask and eye protection (goggles or face shield). The education did not address the use of N95 mask and gown when caring for residents on the Observation Unit. Review of the facility's Guidelines (SOG) for caring for COVID-19 residents, with a revision date of 07/01/2020, indicated that All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. The surveyor reviewed the facility's tracking and surveillance process, including testing and noted that the facility routinely tested all residents and staff weekly and received the results within 48-72 hours. The surveyor also noted that the most recent COVID-19 testing done on residents and staff were all negative for COVID-19. According to the CDC guidance titled, Responding to Coronavirus (COVID-19) in Nursing Homes, Considerations for the Public Health Response to COVID-19 in Nursing Homes, last updated 04/30/2020 and found at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>, last updated 04/30/2020, included the following: .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. .However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. NJAC 8:39-19.4</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.