

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/09/2020
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD LIVING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1624 HIGHLAND DRIVE WASHINGTON, NC 27889		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 880 SS=K	<p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted from 10/1/20 to 10/2/20. Additional information was obtained on 10/5/20 and 10/9/20. Therefore, the exit date was changed to 10/9/20. The facility was not found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 Three of the eleven complaint allegations were substantiated resulting in a deficiency. Event ID # 94C911.</p> <p>Immediate Jeopardy was identified at:</p> <p>CFR 483.80 at tag F 880 at a scope and severity of K</p> <p>Immediate Jeopardy began on 10/1/20 and was removed on 10/6/20.</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program</p>	F 880		10/23/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/20/2020

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.

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F 880	<p>Continued From page 1</p> <p>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on CDC (Centers for Disease Control) guidance, facility policy, observations and staff interviews (1.) the facility failed to keep PPE (personal protective equipment) readily available on one (Covid-19 Unit B) out of two Covid-19 units. (2.) The facility failed to stop the meal service during a toilet overflow in the hallway on one (Covid-19 Unit A) of two Covid-19 units. (3.) The facility failed to do hand sanitation in one (Covid-19 Unit A) out of two Covid-19 units. Nurse aide (NA #2) failed to perform hand hygiene in-between residents during the meal service on Covid-19 Unit A. (4.) The facility failed to wear eye protection in two (Covid-19 Unit A and B) out of two Covid-19 units. Nurse aide (NA #1)</p>	F 880	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; On 10/01/20, Covid-19-unit B was closed and resident #3, #18, #20, #22 and #23 were transferred to Covid -19-unit A. Residents #17, #19, and #21 were assessed by the Physician and Director of Nursing and were able to return to general population on 10/01/20. On 10/05/20, the Director of Nursing validated that the hand sanitizer dispenser on hallway 300 was functioning properly and each room has a hand sanitizer</p>		

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F 880	<p>Continued From page 3</p> <p>and Housekeeper (HK #1) failed to wear eye protection on Covid-19 Units A and B. (5.) The facility failed to wear face masks the CDC (Centers for Disease Control) recommended number of times for 3 (Nurses #3, #4, and #6) of 3 nurses interviewed about mask use. (6.) The facility failed to store clean linens separately from the housekeeping cart on one (Covid-19 Unit A) of two Covid-19 units. (7.) In addition, the facility failed to keep resident room doors closed on one (Covid-19 Unit B) out of two Covid-19 units. This occurred during a Covid-19 pandemic and a Covid-19 outbreak in the facility. Twenty-one residents (Residents #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23) were on Covid-19 Units A and B. Findings included:</p> <p>Immediate Jeopardy began on 10/1/20 when observations and staff interviews revealed numerous infection control breaches during a Covid-19 pandemic and outbreak in the facility. Observations revealed Covid-19 positive Unit B did not have PPE readily available per CDC guidelines. Staff were observed continuing a meal service while cleaning up a toilet overflow on the Covid-19 positive Unit A. A nurse aide was observed not performing hand hygiene prior to entering and exiting resident rooms on Covid-19 positive Unit A. Staff were not wearing eye protection in Covid-19 positive Units A and B. Staff were wearing face masks for more than the recommended number of times. Staff were storing clean linens next to the housekeeping cart on Covid-19 positive Unit A. Resident Room doors were open on Covid-19 positive Unit B. The Immediate Jeopardy was removed on 10/6/20 when the facility provided and implemented an acceptable credible allegation for Immediate</p>	F 880	<p>dispenser.</p> <p>On 10/06/20, the housekeeping supervisors verified the placement of gloves and hand sanitizer stations throughout the Covid-19 Unit A. The Director of Nursing and the Nursing supervisors completed education for all current licensed nurses on 10/06/2020, regarding the protocol for single use of N95(KN95) masks and the use of protective shield for the use of an aerosol generating treatment. The facility has a respiratory protection program and staff has been medically evaluated to be fit tested. The protocol indicates that single use will occur and be disposed of following the treatment and the shield will be cleaned with CDC approved disinfecting agents or wipes and allow to dry. Following completed of the aerosol generating procedure, the nurse will wipe down surfaces in the room with the approved disinfectant. The nurse will then remove the gown and gloves immediately prior to exiting the room (discard in trash can at door), perform hand hygiene and then go directly to the designated doffing area of the covid unit. This area may be called the Anteroom. It is located on the Covid unit and is where the staff removes their PPE safely, without potential exposure. The staff member will remove the soiled mask and discard, wash their hands then return to the donning area which is also in a safe area at the entrance of the Covid unit. The staff member will then don a new N95(KN95) mask before re-entering the Covid unit. The Director of Nursing and administrator</p>		

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F 880	<p>Continued From page 4</p> <p>Jeopardy removal. The facility remains out of compliance at a lower scope and severity level of "E" (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring systems put into place are effective.</p> <p>1. CDC guidelines, dated 7/26/19, stated that PPE, including gowns and gloves are to be made available immediately outside of the resident room on enhanced barrier precautions.</p> <p>CDC guidelines titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019(Covid-19) Pandemic," dated 7/15/20, stated in part, "Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location."</p> <p>The facility Covid-19 policy, dated 5/11/20, stated under Covid-19 Outbreak Precautions, "Contact and droplet precautions are implemented during care of residents with suspected or confirmed cases, in addition to standard precautions used with all residents regardless of symptoms.</p> <p>Observations were made of Covid-19 Unit B on an initial tour on 10/1/20 from 10:17 AM to 10:30 AM. Covid-19 Unit B was located on the 300-hallway with a zippered plastic barrier with a sign titled "Enhanced Barrier Precautions" posted on the plastic barrier. On the sign were the instructions to wear a gown and gloves for high contact resident care activities. On the other side of the zippered plastic barrier to Covid-19 Unit B was an area in between another zippered plastic</p>	F 880	<p>provides replacement PPE daily and as needed to include gowns, masks, eye shields and gloves at the PPE station at the entrance of the COVID unit. The Housekeeping supervisors verified the placement of gloves and sanitizer stations throughout the COVID unit on 10/6/20. All rooms were supplied with hand sanitizer and gloves. The director of nursing and nursing supervisors provided education and in-servicing to all staff members on 10/06/2020 to the location and availability of PPE throughout the COVID unit and upon entrance of the COVID unit. The director of nursing and nursing supervisors provided education and in-services to all supervisor to audit areas of PPE storage to ensure adequate supply of all items prior to the shift seven days per week. The director of nursing and supervisors provided in-servicing to all staff that they would alert supervisor when the PPE supplies were getting low prior to running out throughout their shifts so that items can be refilled throughout the shift as needed. This education was provided to all staff since all staff wear PPE on 10/06/2020</p> <p>The director of nursing and nursing supervisors educated all staff to the use of eye shields/goggles while working in an COVID unit. The director of nursing and nursing supervisors verified availability and supplied staff members with eye shields on 10/06/2020 if they did not already have them. This in-servicing education was provided on 10/06/2020 by the director of nursing and nursing supervisors.</p>		

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F 880	<p>Continued From page 5</p> <p>barrier. The area in between the zippered plastic barriers did not contain gowns, gloves, hand sanitizer, face masks, face shields, and/or goggles. The area in between did contain a plastic drawered bin which did not contain any PPE. On the other side of the second zippered plastic barrier were resident rooms with Covid-19 positive residents. The hallway within the Covid-19 unit contained one plastic drawered bin outside of Room 313 (Covid-19 Unit B Nurses Station) that did not contain any PPE. Residents #3, #17, #18, #19, #20, #21, #22, #23 room doors were open. Loud coughing could be heard coming from the room of Resident #3, who resided across the hall from Resident #19. According to the annual Minimum data set assessment (MDS) dated 7/29/20, Resident #19 had a feeding tube and received oxygen therapy, suctioning, and tracheostomy care. The hallway had one hand sanitizer dispenser on the wall, but it was observed to be nonfunctional.</p> <p>An interview was conducted with Nurse #2 inside Covid-19 Unit B on 10/1/20 at 10:30 AM. Nurse #2 was observed at the time of the interview to be wearing a head covering, goggles, an N-95 mask, shoe coverings, and a cloth gown. Nurse #2 stated that she had a bottle of hand sanitizer on the medication cart that everyone could share because the hand sanitizer dispenser on the wall was clogged. Nurse #2 put the hand sanitizer bottle on the railing underneath the wall hand sanitizer dispenser. Nurse #2 revealed that she obtained her gown and N-95 mask at the beginning of the shift when she entered the facility. Nurse #2 stated that no gowns were kept at the Covid-19 Unit B and that to obtain a gown the Director of Nursing would have to be called. Nurse #2 stated that she always obtained her</p>	F 880	<p>The director of nursing and nursing supervisors received and provided education to all staff members on 10/06/2020 for hand washing through UTUBE Clean hands videos and supporting documentation as well as review of Ridgewood policy and procedure regarding handwashing prior to and following the care of residents. The director of nursing and/or administrator provided in-service education to all staff members in housekeeping and nursing on 10/06/2020 regarding the proper storage and use of linen supplies. The director of nursing moved storage to the hallway in the contained unit space of the COVID unit on 10/06/2020. Dirty linen storage and the housekeeping cart would be contained just on the other side of the curtain within the unit and used throughout the shift by designated housekeeping personnel, returning to this storage area when not in use. All housekeeping and nursing staff received training on 10/06/2020 regarding the safe handling of clean and dirty linens. The administrator and Director of nursing provided in-service education and training to all housekeeping, maintenance and nursing staff of the protocol to follow should a toilet overflow during meal service on 10/06/2020. Staff members that were involved in the toilet overflow were directed to disinfect their shoes on 10/6/20. Nursing and housekeeping staff were educated on the cleaning and disinfecting of soiled clothing/shoes. They were educated if their shoes or clothing becomes contaminated, they should</p>		

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F 880	Continued From page 6 gown prior to the start of the shift when she entered the facility. Nurse #2 stated that if her gown got dirty, she would have to call out of the unit for someone to bring her one from the front of the building. Nurse #2 stated that all the resident room doors were kept open because everyone was Covid-19 positive on the unit. Nurse #2 stated that the supply staff member was very good at providing gloves to the Covid-19 Unit B but that the supply person had no control over the PPE (personal protective equipment). Nurse #2 unlocked the treatment cart and opened a drawer that contained two boxes of gloves. Nurse #2 stated that she saves some boxes of gloves and keeps them locked so they don't "migrate." Nurse #2 locked the gloves back up in the treatment cart. Nurse #2 pointed out that the unit had a box of gloves on her medication cart that everyone could share. Nurse #2 further explained the process for obtaining a KN-95 mask at the facility. Nurse #2 revealed that in the front lobby there were file folders with staff member names on them. Inside the individual file folders were three KN-95 masks, each in a paper bag. Each KN-95 mask was to be rotated for use every three days until each mask was used twenty times. Nurse #2 stated that the staff member was to put the date on each paper bag to show when it was last used. After the mask was used twenty times then a new KN-95 mask could be obtained from the Director of Nursing. Nurse #2 was questioned what she would do if her KN-95 mask were to get soiled during her shift such as in tracheotomy care of Covid-19 positive Resident #19. Nurse #2 replied that she had a system to avoid getting the KN-95 mask soiled. Nurse #2 explained that she would go to the bathroom in the Covid-19 Unit room that was designated for staff to eat or take a break. She stated she would then remove her	F 880	obtain the disinfectant cleaner to sanitize their shoes, but would need to return home to change clothing and or shoes. Staff were educated by the Administrator/DON on 10/6/20 regarding how to turn off the water at the toilet using the toilet water valve located at the base of each toilet, turning valve to the right to turn water off and contact the maintenance director or assistant maintenance director. One staff member will be sure to contain the water from spilling into other resident areas. Should food trays, meal delivery carts or other clean items be in the area they will be removed to a safe location. Any items that are soiled, will be discarded and clean items will be prepared for the residents use/consumption. Should employee(s) <input type="checkbox"/> clothing become soiled or otherwise in contact with wastewater, they will be instructed to leave the facility, and return with clean clothing and disinfect their clothing and shoes using current CDC guidelines. The facility administrator and Director of nursing was provided with in-service education on 10/05/2020 by the regional director of clinical operations regarding the appropriate use of N95(KN95) during a national pandemic in accordance with CDC guidelines for appropriate reuse for a period of 5 uses. These masks may be reused up to 5 uses so long as they are not otherwise soiled, damaged etc. The director of nursing and nursing supervisors provided education to all facility staff on 10/06/2020 regarding the update policy of appropriate usage of up		

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F 880	<p>Continued From page 7</p> <p>KN-95 mask, put it on a paper towel, and put on a "duck bill" mask (N95 mask). She stated she would then provide tracheostomy care to Resident #19, go back into the bathroom, retrieve her KN-95 mask and dispose of the "duck bill" mask.</p> <p>An interview was conducted with Nurse #3 on 10/1/20 at 12:20 PM, who worked the 7:00 AM to 3:00 PM shift outside of the Covid-19 units. Nurse #3 confirmed that PPE was available and if she needed PPE, she could contact the staff member who distributed supplies.</p> <p>An interview was conducted with the staff member who distributes supplies on 10/1/20 at 12:26 PM. This staff member revealed that she distributed PPE to the Covid-19 units on Mondays to make sure they had enough. The staff member confirmed that she did not have access to the PPE, but the Director of Nursing and Administrator had access. This staff member stated she did not know if the Covid-19 units needed hand sanitizer in the area between the zippered enclosures, and that the staff inside the Covid-19 units would need to let her know if they needed anything.</p> <p>An interview was conducted on 10/1/20 at 12:49 PM with Nurse #4, who worked on the 11:00 PM to 7:00 AM shift. Nurse #4 confirmed that if more PPE was needed, the Director of Nursing needed to be called to retrieve the PPE from the locked storage and bring it to the staff.</p> <p>An interview was conducted on 10/1/20 at 4:40 PM with Nurse #6, who worked on the 3:00 PM to 11:00 PM shift. Nurse #6 also stated that if she needed PPE, she would contact the Director of</p>	F 880	<p>to 5 uses in accordance with current CDC guidelines. Masks are maintained in paper bags labeled with employees' name and dates of each use. The Director of Nursing and/or Administrator will change out and replaced the masks, in accordance with current policy.</p> <p>The director of nursing and nursing supervisors provided education to all staff on 10/06/2020 that resident doors are to remain closed except for entering and departure of resident rooms for all residents who reside on the COVID unit. Staff working on the Covid unit will monitor residents to assure they remain in the room and safe and will redirect as necessary to maintain a safe environment on the Covid unit. Residents that are identified as a high fall risk will have appropriate interventions in place to reduce the risk of falls and staff will increase monitoring for those residents.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice; Current facility residents that reside on the Covid-19 units are at risk for the alleged deficient practices of 1) failure of the facility to keep PPE readily available on the Covid-19 units. 2) failure to stop meal service during toilet overflow on the Covid-19 unit 3) staff failure to perform hand hygiene between residents during meal service 4) staff failure to wear eye protection while working on Covid-19 unit 5) facility failure to follow CDC recommendations for number of times of use of face mask 6) failure to properly</p>		

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F 880	<p>Continued From page 8</p> <p>Nursing to obtain it.</p> <p>An interview was conducted on 10/1/20 at 2:25 PM with Nurse # 5, the staff member responsible for infection control and staff development. Nurse #5 stated that the infection control policies and procedures for the facility were updated with the most current CDC guidelines. Nurse #5 stated that staff members should have full PPE on when they enter the Covid-19 units in the facility. Nurse #5 stated that the Administrator or the Director of Nursing needed to be called if at the change of shift PPE was not available. Nurse #5 stated that she did not have any control over the PPE and the Administrator, and the Director of Nursing were the only ones with access to the PPE storage.</p> <p>An interview with the Director of Nursing on 10/2/20 at 9:15 AM revealed that the corporate policy was for the PPE to be kept in a locked room with only the Director of Nursing or the Administrator would have access, due to theft of the PPE. If the staff needed PPE, they could request it from the Administrator or the Director of Nursing.</p> <p>In an interview on 10/5/20 at 9:15 AM, the Administrator revealed that if the facility staff really needed PPE immediately, they could call the Administrator or the Director of Nursing to obtain the code to get into the locked door with the PPE, because the code on the locked door could be changed later.</p> <p>Interview with the Director of Nursing on 10/5/20 at 9:15 AM revealed the nursing procedure of changing a KN95 mask to an N95 mask prior to care for a tracheostomy patient was the facility</p>	F 880	<p>store clean linens and housekeeping cart on Covid 19 unit and 7) failure to keep resident room doors closed on Covid-19 unit.</p> <p>On 10/14/20, the facility closed all Covid-19 units, as all residents residing on the units had improved and were moved back to regular rooms.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>If the facility should require initiating a Covid-19 unit, the unit will be set up using plastic walls. There will be two sets of plastic walls, with the area between the two walls designated as a clean and dirty side. The left side of the area will be set up with personal protective equipment (PPE) to include gowns, gloves, face shields/goggles, and face masks. On the left side, staff will don the PPE before entering into the Covid unit. All staff going into the unit will wear the required PPE. The central supply staff will check the PPE supplies at least 3 times a day to ensure adequate supply of PPE is available. On nights and weekends when central supply staff member not available, the nursing supervisor/coordinator will be responsible to check and restock as necessary to maintain sufficient supplies. The right side of the area is the designate doffing area. The staff will remove the PPE in the area and discard into the designated barrels before leaving the unit. Should PPE become soiled while on the unit, the staff will return to the designated</p>		

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F 880	<p>Continued From page 9 policy to conserve PPE.</p> <p>2. CDC guidelines, dated 7/15/20, stated under "Recommended infection prevention and control practices when caring for a patient with suspected or confirmed SARS-COV-2 (Covid-19) infection" stated that management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.</p> <p>Observations were made of the meal service on Covid-19 Unit A on 10/1/20 beginning at 11:50 AM. A metal cart with open slats containing Styrofoam meal trays arrived was brought into the unit and NA #1 and NA #2 began to deliver the meal trays to each room. NA #1 opened the door to Room 120 with a meal tray in her hand. Upon opening the door to Room 120 NA #1 exclaimed as a flood of water began to pour out into the hallway. Nurse aide #1 set the meal tray down in the room. An occupational therapist (OT #1) exited the room and announced that the toilet was overflowing in Resident #13's room. The OT #1 went into the employee break room across the hall and obtained linens from the clean linen cart and handed them to the Nurse #1. Nurse #1 began to put towels on the floor in the flooded water while HK #1, whose cart was already in the hallway at the beginning of meal service, began to mop up the water with a mop. The flow of water continued out into the hallway as the HK #1 and Nurse #1 attempted to manage the water with towels and a mop. OT #1 exited out the back door, which led to outside the building. Nurse #1 obtained a large plastic bag and put the wet linen in the bag. NA #1 and NA #2 continued to pass out meal trays stepping in and around the water to deliver the rest of the meal trays to that end of</p>	F 880	<p>doffing area to discard of the soiled PPE and then go to the donning side to replace with clean PPE.</p> <p>The Director of Nursing and the Nursing supervisors completed education for all current licensed nurses on 10/06/2020, regarding the protocol for single use of N95(KN95) masks and the use of protective shield for the use of an aerosol generating treatment. The facility has a respiratory protection program and staff has been medically evaluated to be fit tested. The protocol indicates that single use will occur and be disposed of following the treatment and the shield will be cleaned with CDC approved disinfecting agents or wipes and allow to dry. Following completed of the aerosol generating procedure, the nurse will wipe down surfaces in the room with the approved disinfectant. The nurse will then remove the gown and gloves immediately prior to exiting the room (discard in trash can at door), perform hand hygiene and then go directly to the designated doffing area of the covid unit. This area may be called the Anteroom. It is located on the Covid unit and is where the staff removes their PPE safely, without potential exposure. The staff member will remove the soiled mask and discard, wash their hands then return to the donning area which is also in a safe area at the entrance of the Covid unit. The staff member will then don a new N95(KN95) mask before re-entering the Covid unit. Newly hired staff will be educated during new hire orientation.</p> <p>The director of nursing and nursing</p>		

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F 880	<p>Continued From page 10</p> <p>the hall. After the meal trays were passed out NA #1 stayed on Covid-19 Unit A and NA #2 exited out the back door to go to Covid-19 Unit B. Nurse #1 and HK #1 continued to clean up the water in the hallway while NA #1 assisted residents with the meal.</p> <p>An interview was conducted with the Administrator and the Director of Nursing on 10/5/20 at 9:15 AM. The Administrator expressed that he thought his staff did the best they could in the situation. The Administrator stated he was aware of the toilet overflow that occurred on 10/1/20 during the meal service because OT #1 told him about it. The Administrator stated he asked OT #1 if the overflow was cleaned up and OT #1 assured him it had. The Director of Nursing indicated she was unaware of the toilet overflow on 10/1/20 on Covid-19 Unit A but the meal service should have been stopped until the toilet overflow was cleaned up.</p> <p>3. CDC guidelines titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019(Covid-19) Pandemic," dated 7/15/20, stated in part, "HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location."</p> <p>A facility policy titled, "Infection Control Guidelines for all Nursing Procedures" dated 1/24/19, read in part, "employees must wash their hands before and after all patient contact."</p>	F 880	<p>supervisors educated all staff to the use of eye shields/goggles while working in an COVID unit. The director of nursing and nursing supervisors verified availability and supplied staff members with eye shields on 10/06/2020 if they did not already have them. This in-servicing education was provided on 10/06/2020 by the director of nursing and nursing supervisors. Newly hired staff will receive education during new hire orientation. The director of nursing and nursing supervisors received and provided education to all staff members on 10/06/2020 for hand washing through UTUBE Clean hands videos and supporting documentation as well as review of Ridgewood policy and procedure regarding handwashing prior to and following the care of residents. Newly hired staff will receive education during new hire orientation.</p> <p>The director of nursing and/or administrator provided in-service education to all staff members in housekeeping and nursing on 10/06/2020 regarding the proper storage and use of linen supplies. The director of nursing moved storage to the hallway in the contained unit space of the COVID unit on 10/06/2020. Dirty linen storage and the housekeeping cart would be contained just on the other side of the curtain within the unit and used throughout the shift by designated housekeeping personnel, returning to this storage area when not in use. All housekeeping and nursing staff received training on 10/06/2020 regarding the safe handling of clean and dirty linens.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 11</p> <p>During a meal time observation on Covid-19 Unit A on 10/1/20 at 11:50 AM, Nurse Aide (NA #2) was observed NA #2 was observed to be wearing a gown, KN-95 face mask, and goggles. NA #2 was observed taking a meal tray into Resident #7 and setting up the meal tray for the resident. NA #2 was then observed to leave the room without performing any hand sanitation and put on gloves. NA #2 was observed to remove a meal tray from the cart and bring the meal tray into Resident #8 with the same gloves on and set up the meal tray for the resident. NA #1 was observed to remind NA #2 that she needed to perform hand hygiene when she came out of each room. NA #2 was observed to retrieve a meal tray from the cart with the same gloves and brought the meal tray to Resident #12. NA #2 was observed to set up the meal tray and retrieve a blanket giving it to Resident #12. NA #2 then left Resident #12 and retrieved another meal tray from the cart without removing her gloves or performing hand hygiene. NA #2 was observed to bring a meal tray into Resident #14 without removing her gloves and set up the meal tray.</p> <p>NA #2 was interviewed on 10/1/20 at 11:59 AM. NA #2 stated that she was supposed to use hand sanitizer or wash her hands every time she came out of a resident room. She revealed she forgot to use hand hygiene in between rooms during the meal service but that today was her first day on the Covid-19 unit and her first week in the facility.</p> <p>Documentation on an orientation hand hygiene competency validation dated 9/17/20 revealed NA #2 was competent in hand hygiene with soap and water as well as hand hygiene with alcohol-based hand rub.</p>	F 880	<p>Newly hired staff will receive education during new hire orientation.</p> <p>The administrator and Director of nursing provided in-service education and training to all housekeeping, maintenance and nursing staff of the protocol to follow should a toilet overflow during meal service on 10/06/2020. Staff members that were involved in the toilet overflow were directed to disinfect their shoes on 10/6/20. Nursing and housekeeping staff were educated on the cleaning and disinfecting of soiled clothing/shoes. They were educated if their shoes or clothing becomes contaminated, they should obtain the disinfectant cleaner to sanitize their shoes, but would need to return home to change clothing and or shoes. Staff were educated by the Administrator on 10/6/20 regarding how to turn off the water at the toilet using the toilet water valve located at the base of each toilet, turning valve to the right to turn water off and contact the maintenance director or assistant maintenance director. One staff member will be sure to contain the water from spilling into other resident areas. Should food trays, meal delivery carts or other clean items be in the area they will be removed to a safe location. Any items that are soiled, will be discarded and clean items will be prepared for the residents use/consumption. Should employee(s) clothing become soiled or otherwise in contact with wastewater, they will be instructed to leave the facility, and return with clean clothing and disinfect their clothing and shoes using current CDC</p>		

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F 880	<p>Continued From page 12</p> <p>An interview was conducted with the Director of Nursing on 10/2/20 at 9:15 AM. The Director of Nursing stated that her facility was currently out of compliance with the infection control due in part to concerns with a lack of hand sanitation and that she had initiated in-services with her staff.</p> <p>4. Centers for Disease Control (CDC) guidelines entitled "Use Personal Protective Equipment (PPE) when caring for patients with confirmed or suspected Covid-19" dated 6/3/20 read in part, "PPE must be donned correctly before entering the patient area (e.g. Isolation room, unit if cohorting). PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas." The same CDC guidelines indicated that both preferred and acceptable PPE included a face shield or goggles when caring for patients with confirmed or suspected Covid-19.</p> <p>CDC guidelines, updated 8/4/20, recommend all environmental services personnel who clean and disinfect rooms of Covid-19 residents should wear all the recommended PPE when in the room.</p> <p>The facility Covid-19 policy, dated 5/11/20, stated under Covid-19 Outbreak Precautions, "Contact and droplet precautions are implemented during care of residents with suspected or confirmed cases, in addition to standard precautions used with all residents regardless of symptoms. The same facility policy under surveillance stated in part, "Infection Preventionist shall ensure visible signage at entrances/exits that include instruction on hand hygiene, limiting surfaces touched, social distancing, use of hand sanitizer and PPE as well as signage to discourage, limit, or restrict visits as</p>	F 880	<p>guidelines. Newly hired staff will receive education during new hire orientation. The facility administrator and Director of nursing was provided with in-service education on 10/05/2020 by the regional director of clinical operations regarding the appropriate use of N95(KN95) during a national pandemic in accordance with CDC guidelines for appropriate reuse for a period of 5 uses. These masks may be reused up to 5 uses so long as they are not otherwise soiled, damaged etc. The director of nursing and nursing supervisors provided education to all facility staff on 10/06/2020 regarding the update policy of appropriate usage of up to 5 uses in accordance with current CDC guidelines. Masks are maintained in paper bags labeled with employees' name and dates of each use. The Director of Nursing and/or Administrator will change out and replaced the masks, in accordance with current policy. Newly hired staff will receive education during new hire orientation.</p> <p>The director of nursing and nursing supervisors provided education to all staff on 10/06/2020 that resident doors are to remain closed except for entering and departure of resident rooms for all residents who reside on the COVID unit. Staff working on the Covid unit will monitor residents to assure they remain in the room and safe and will redirect as necessary to maintain a safe environment on the Covid unit. Residents that are identified as a high fall risk will have appropriate interventions in place to reduce the risk of falls and staff will</p>		

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F 880	<p>Continued From page 13 appropriate.</p> <p>Nurse Aide (NA #1) was observed to enter Covid-19 Unit B with glasses on and no face shield or goggles on 10/1/20 at 10:52 AM. NA #1 was interviewed at the time of this observation and she stated she was told she could wear her glasses as eye protection in the Covid-19 unit instead of a face shield or goggles. NA #1 was observed to then subsequently the room of Residents #22 and #23 vocalizing she was ready to give the resident a bath. NA #1 was observed on 10/1/20 at 11:10 AM to enter the room of Resident #17 without any goggles or face shield on. NA #1 was observed on 10/1/20 at 11:20 to enter Resident #3 without any goggles or face shield on.</p> <p>Housekeeper #1 (HK #1) was observed on 10/1/20 at 11:45 AM to be cleaning room for Resident #5 without any goggles or face shield on. HK #1 was interviewed at the time of the observation and stated that her goggles were in her lunch container and she was not wearing them because they fog up. HK #1 was observed on 10/1/20 from 11:45 AM to 12:00 PM to perform her duties as a housekeeper without goggles or a face shield to include cleaning up an overflow of water from a toilet in the hallway.</p> <p>An interview was conducted on 10/1/20 at 2:25 PM with Nurse #5, the staff member responsible for infection control and staff development. Nurse #5 stated that the infection control policies and procedures for the facility were updated with the most current CDC guidelines. Nurse #5 stated that it was not appropriate to wear glasses as a substitute for goggles or a face shield on the Covid-19 units. Nurse #5 stated that when a staff</p>	F 880	<p>increase monitoring for those residents. Newly hired staff will receive education during new hire orientation.</p> <p>The Quality Assessment and Performance Improvement Committee created a Performance Improvement Group to complete a Root Cause Analysis for the problems identified by the DHSR Surveyor on 10/01/20. Root causes identified included The Director of Nursing and the Staff Development Coordinator/Infection Control Preventionist plan to complete in-service education for facility staff on October 6, 2020. The Quality Assessment and Performance Improvement Committee created a Performance Improvement Group to complete a Root Cause Analysis for the problems identified by the DHSR Surveyors on 10-01-2020. Root causes identified for each problem included:</p> <ol style="list-style-type: none"> 1. Problem: Ridgewood Rehabilitation & Living Center (RGWD) failed to keep Personal Protective Equipment (PPE) readily available on one of two COVID-19 Units (Unit B) <ol style="list-style-type: none"> a. Housekeeping did not have washable gowns up from laundry until after the start of the 7-3 shift. b. Housekeeping delivered all the washable gowns to COVID-19 Unit A. c. Staff in the unit don't monitor the supply of PPE between the zippered walls. d. Other disciplines use PPE, i.e. therapists, doctors, and nurses rounding with doctors. e. Central supply aide is not on duty at 		

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F 880	<p>Continued From page 14</p> <p>member entered a facility Covid-19 unit, he or she should have on full PPE to include goggles or a face shield. Nurse #5 stated that if PPE was not available at the start of the shift, then the Administrator or the Director of Nursing should be called. Nurse #5 confirmed that housekeeping staff needed to wear the same PPE as the nursing staff. Nurse #5 stated that all the staff received infection control training and hand hygiene competency validation at the start of the pandemic. Nurse #5 also stated that the Director of Nursing completed audits to make sure the staff were following facility policies and procedures.</p> <p>An interview was conducted with the facility Director of Nursing on 10/2/20 at 9:15 AM and again on 10/2/20 at 11:43 AM. The Director of Nursing stated that glasses are not a substitute for goggles, or a face shield and she did not know who told NA #1 glasses were eye protection on the Covid-19 units. The Director of Nursing stated that the facility policies are based on the CDC guidelines. The Director of Nursing provided audits along with infection control training she had completed to make sure the facility staff were following the facility policies and procedures.</p> <p>5. CDC guidelines dated, 4/2/20, stated under Limited re-use of N95 respirators, "If no manufacturer guidance is available, data suggest limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin."</p> <p>The facility undated policy for "Personal Protective Equipment - Reusing Face Masks (N95 or KN95) during a Pandemic" stated in part,</p>	F 880	<p>the beginning of 7-3 shift</p> <p>2. Problem: RGWD failed to stop the meal service during a toilet overflow in the hallway on one of two COVID-19 Units (Unit A).</p> <p>a. Resident in room 120 put paper towels in toilet which caused toilet to overflow.</p> <p>b. Water to toilet was not immediately turned off to prevent bowl from overflowing.</p> <p>c. Overflow was at opposite end of the hall from the meal cart (6 doors down).</p> <p>d. All meals were covered. There was no risk of contamination.</p> <p>e. Overflow was cleaned up before meals were delivered at the end of the hall affected. Residents' rights to receive hot meals preserved.</p> <p>3. Problem: RGWD failed to perform hand sanitization in one of two COVID-19 Units (Unit A).</p> <p>a. NA #2 is a Temporary NA still on orientation. Observation by a DHSR Surveyor caused the TNA to be anxious. Therefore, she forgot to use hand hygiene between rooms.</p> <p>b. NA #2 (TNA) stated that 10-01-20 was her 1st day on the COVID Unit & her 1st week working as a TNA.</p> <p>c. The surveyor's notes do not indicate that NA #2 had direct contact w/resident #7 or any article in the room when setting up the resident's tray. Per the CDC employees must wash their hands before and after all patient contact.</p> <p>d. NA #1 was observed by DHSR surveyor giving proper instruction to new hire TNA (NA #2) to perform hand hygiene</p>		

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F 880	<p>Continued From page 15</p> <p>"Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. Employee shall write name and date on the brown bag when receiving a new mask. Masks are to be worn in a 3 (three) day rotation, each mask may be worn up to 20 (twenty) uses unless soiled or damaged. The brown bags will be stored at (this part of the policy was left blank). Employees are required to leave their masks in their designated brown bags when leaving the facility at the end of their shift and retrieved from their designated bag in the storage container on their next incoming shift."</p> <p>An interview was conducted with Nurse #3 on 10/1/20 at 12:20 PM, who worked the 7:00 AM to 3:00 PM shift outside of the Covid-19 units. Nurse #3 also confirmed she was following the facility policy on wearing each of her three masks 20 times before she could obtain another one.</p> <p>An interview was conducted on 10/1/20 at 12:49 PM with Nurse #4, who worked on the 11:00 PM to 7:00 AM shift. Nurse #4 confirmed that she was given three masks that were each put in paper bags and kept in the front lobby. Nurse #4 said the staff were using too many masks, so the system was initiated of wearing the masks 20 times before a new one was obtained. Nurse #4 said that glue and a stapler were kept at the front desk to repair the masks for continued use of 20 times.</p> <p>An interview was conducted on 10/1/20 at 4:40 PM with Nurse #6, who worked on the 3:00 PM to 11:00 PM shift. Nurse #6 confirmed that she too followed the facility policy of wearing each of her 3 face masks 20 times, storing each mask at the</p>	F 880	<p>when she came out of each room.</p> <p>e. ABHR hand hygiene stations in each resident room by the needle box. NA #2 reported that DHSR surveyor did not observe her in the resident room and did not see her using ABHR in the room.</p> <p>4. Problem: RGWD failed to wear eye protection in two of two COVID-19 Units (Units A & B).</p> <p>a. NA #1 thought the eyeglasses she purchased with the larger lens provided adequate protection.</p> <p>b. Some staff thought eye protection was only required in the rooms of the COVID-19 positive residents and not in the hall of the COVID-19 Unit.</p> <p>c. HK #1 stated that she did not wear her eye protection because they fog up.</p> <p>d. PIP group members indicated that the goggles and face shields are hot, make it difficult to breathe, and cause problems seeing the computer screen which could cause med errors.</p> <p>e. It confuses staff that the rules for wearing eye protection in the COVID-19 Unit are not the same as for residents in the rest of the building.</p> <p>5. Problem: RGWD failed to wear face masks the Centers for Disease Control (CDC) recommended number of times.</p> <p>a. RGWD followed the policy provided by corporate leaders.</p> <p>b. Corporate leaders based the policy on current CDC guidelines.</p> <p>c. CDC guidelines have changed frequently during the COVID-19 pandemic making it very difficult to keep abreast of the most recent rule revisions.</p> <p>d. Nationally there has been a shortage</p>		

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F 880	<p>Continued From page 16 front of the facility in paper bags.</p> <p>An interview was conducted on 10/1/20 at 2:25 PM with Nurse # 5, the staff member responsible for infection control and staff development. Nurse #5 stated that the infection control policies and procedures for the facility were updated with the most current CDC guidelines. Nurse #5 confirmed that it was facility policy to reuse face masks for up to 20 times but denied the staff would need to repair masks with glue and/or staples. Nurse #5 stated that the Administrator or the Director of Nursing would give a staff member a new mask if their mask was soiled or in disrepair.</p> <p>An interview was conducted with the Director of Nursing on 10/2/20 at 11:43 AM. The Director of Nursing confirmed that the staff were following the facility policy on reusing face masks (N95 or KN95 since the start of the facility Covid-19 outbreak in August 2020. The Director of Nursing stated that she thought the corporate policy came from a Centers for Medicare and Medicaid (CMS) transmittal. The Director of Nursing was not able to provide the CMS transmittal at the time of the investigation.</p> <p>6. CDC guidelines, dated 7/15/20, stated under "Recommended infection prevention and control practices when caring for a patient with suspected or confirmed SARS-COV-2 (Covid-19) infection" stated that management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.</p> <p>Observations were made in Room 119 on Covid-19 Unit A on 10/1/20 at 3:57 PM. The room</p>	F 880	<p>of PPE.</p> <p>e. RGWD was attempting to be good stewards of scarce PPE resources while providing adequate protection for staff and residents.</p> <p>6. Problem: RGWD failed to store clean linens separately from the housekeeping cart in the nurses station on one of two COVID-19 Units (Unit A).</p> <p>a. This was an isolated event caused by moving residents from COVID-19 Unit A to COVID-19 Unit B.</p> <p>b. The linen and housekeeping carts were pushed off the hall hastily to allow movement of beds in the unit.</p> <p>7. Problem: RGWD failed to keep resident room doors closed on one of the two COVID-19 Units (Unit B).</p> <p>a. Room doors do not have windows to protect the residents right to privacy.</p> <p>b. Multiple residents in COVID-19 Unit B that were not stable and needed close observation.</p> <p>c. Multiple residents on the COVID-19 Unit that were confused, agitated and difficult to keep confined to their room.</p> <p>d. Placing a resident in involuntary seclusion is a violation of resident rights.</p> <p>e. Considering the above and the fact that all residents had the same virus, staff determined that the safest practice was to keep doors open</p> <p>Indicate how the facility plans to monitor its performance to make sure that</p>		

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F 880	<p>Continued From page 17</p> <p>was observed to have a small table and chairs against one wall of the room. On the other side of the room was a covered linen cart against the wall with a housekeeping cart stored next to it.</p> <p>NA #1 was interviewed at the time of the observation in Room 119 on Covid-19 Unit A. NA #1 stated that the room was used as an employee break room where the staff could eat because they were not allowed to leave the unit once they entered. NA #1 stated that the linen cart and the housekeeping cart were both also usually stored in the employee break room.</p> <p>An interview was conducted with the Administrator and the Director of Nursing on 10/5/20 at 9:15 AM. The Administrator and the Director of Nursing did not know the facility policy on storing the housekeeping cart and the clean linens in the employee Covid-19 break room.</p> <p>7. CDC guidelines, dated 7/15/20, stated under "Recommended infection prevention and control practices when caring for a patient with suspected or confirmed SARS-COV-2 (Covid-19) infection" that if admitted a patient with suspected or confirmed SARS-CoV-2 infection in a single person room with the door closed.</p> <p>Observations were made of Covid-19 Unit B on an initial tour on 10/1/20 from 10:17 AM to 10:30 AM. Covid-19 Unit B was located on the 300-hallway with a zippered plastic barrier with a sign titled "Enhanced Barrier Precautions" posted on the plastic barrier. On the other side of the zippered plastic barrier to Covid-19 Unit B was an area in between another zippered plastic barrier. On the other side of the second zippered plastic barrier were resident rooms with Covid-19</p>	F 880	<p>solutions are sustained;</p> <p>The DON and/or nursing supervisor will observe the Covid-19 unit and/or the isolation rooms 5 x week for 4 weeks then 3 x week for 2 months to validate that PPE supplies are readily available for staff use.</p> <p>The DON, ADON or Infection Control nurse will observe a licensed nurse 3 x week for 4 weeks then weekly for 2 months, while providing an aerosol generating treatment to resident, to validate donning and doffing of face mask according to CDC guidelines and facility protocol.</p> <p>The Unit coordinator, ADON or the Director of Nursing will observe on hallways during meal times 3 x week for 4 weeks then weekly for 2 months, to validate that staff responds appropriately if a toilet overflows.</p> <p>The DON and/or the Infection Control Nurse will observe 10 staff members per week for 4 weeks, then 5 staff members per week for 4 weeks then 10 staff members per month for 3 months, to validate staff members are washing hands/hand hygiene upon entering and exiting resident rooms and between each resident contact.</p> <p>The DON, Infection Control Nurse and Nursing supervisors will observe 2 staff members on the Covid 19-unit or isolation room 5 x week for 4 weeks then 3 x week for 2 months, to validate that staff members are wearing protective eyewear when in the Covid-19 unit or when entering an isolation room.</p> <p>The Housekeeping supervisor and/or</p>		

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F 880	<p>Continued From page 18</p> <p>positive residents. Residents #3, #17, #18, #19, #20, #21, #22, #23 room doors were open. Loud coughing could be heard coming from the room of Resident #3, who resided across the hall from Resident #19.</p> <p>An interview was conducted with Nurse #2 inside Covid-19 Unit B on 10/1/20 at 10:30 AM. Nurse #2 stated that all the resident room doors were kept open because everyone was Covid-19 positive on the unit.</p> <p>An interview was conducted with the Director of Nursing on 10/5/20 at 9:15 AM. The Director of Nursing did not know the facility policy on if the resident doors on the Covid-19 Unit needed to be closed or could be open.</p> <p>On 10/5/20 at 2:38 PM, the Administrator was informed of the immediate jeopardy. The facility provided a credible allegation of immediate jeopardy removal on 10/7/20 at 11:27 AM. The allegation of compliance indicated:</p> <p>Credible Allegation of immediate jeopardy removal:</p> <p>Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.</p> <p>The alleged deficient practice has the potential to affect all residents at the facility.</p> <p>Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.</p>	F 880	<p>nursing supervisor will observe storage of linen carts and housekeeping carts 5 x week for 4 weeks then 3 x week for 2 months, to validate that clean linen carts and housekeeping or soiled carts are not stored together and housekeeping carts are removed from the hallways during meals or when not in use.</p> <p>The DON and/or nursing supervisors will observe Covid-19 unit and/or isolation rooms 5x week for 4 weeks then 3x week for 2 months, to validate that the door to the resident room are closed in order to follow the CDC recommendations for isolation precautions.</p> <p>The Administrator and /or DON will audit 15 employee mask storage bags weekly x 4 weeks, then 30 per month x 2 months to validate bags are dated and labeled with employee names and dates of use and are discarded after 5 uses.</p> <p>The DON and/or the Administrator will review the audits/observations to identify patterns/trends and will adjust the plan as necessary to maintain compliance.</p> <p>The DON and/or the Administrator will review the plan during the monthly QAPI meeting and the audits/observations will continue at the discretion of the QAPI committee.</p>		

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F 880	<p>Continued From page 19</p> <p>The Director of Nursing and the Nursing supervisors completed education for all current licensed nurses on 10/06/2020, regarding the protocol for single use of N95(KN95) masks and the use of protective shield for the use of an aerosol generating treatment. The facility has a respiratory protection program and staff has completed the OSHA Respirator Medical Evaluation Questionnaire. The protocol indicates that single use will occur and be disposed of following the treatment and the shield will be cleaned with CDC approved disinfecting agents or wipes and allow to dry. Following completed of the aerosol generating procedure, the nurse will wipe down surfaces in the room with the approved disinfectant. The nurse will then remove the gown and gloves immediately prior to exiting the room (discard in trash can at door), perform hand hygiene and then go directly to the designated doffing area of the Covid unit. This area may be called the "Anteroom." It is located on the Covid unit and is where the staff removes their PPE safely, without potential exposure. The staff member will remove the soiled mask and discard, wash their hands then return to the "doffing" area which is also in a safe area at the entrance of the Covid unit. The staff member will then don a new N95(KN95) mask before re-entering the Covid unit.</p> <p>The Director of Nursing and administrator provides replacement PPE daily and as needed to include gowns, masks, eye shields and gloves at the PPE station at the entrance of the COVID unit. The Housekeeping supervisors verified the placement of gloves and sanitizer stations throughout the COVID unit on 10/6/20. All rooms were supplied with hand sanitizer and gloves. The director of nursing and nursing supervisors</p>	F 880			

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F 880	<p>Continued From page 20</p> <p>provided education and in-servicing to all staff members on 10/06/2020 to the location and availability of PPE throughout the COVID unit and upon entrance of the COVID unit. The director of nursing and nursing supervisors provided education and in-services to all supervisor to audit areas of PPE storage to ensure adequate supply of all items prior to the shift seven days per week. The director of nursing and supervisors provided in-servicing to all staff that they would alert supervisor when the PPE supplies were getting low prior to running out throughout their shifts so that items can be refilled throughout the shift as needed. This education was provided to all staff since all staff wear PPE on 10/06/2020.</p> <p>The director of nursing and nursing supervisors educated all staff to the use of eye shields/goggles while working in an COVID unit. The director of nursing and nursing supervisors verified availability and supplied staff members with eye shields on 10/06/2020 if they did not already have them. This in-servicing education was provided on 10/06/2020 by the director of nursing and nursing supervisors.</p> <p>The director of nursing and nursing supervisors received and provided education to all staff members on 10/06/2020 for hand washing through UTUBE "Clean hands" videos and supporting documentation as well as review of Ridgewood policy and procedure regarding handwashing prior to and following the care of residents.</p> <p>The director of nursing and/or administrator provided in-service education to all staff members in housekeeping and nursing on 10/06/2020</p>	F 880			

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F 880	<p>Continued From page 21</p> <p>regarding the proper storage and use of linen supplies. The director of nursing moved storage to the hallway in the contained unit space of the COVID unit on 10/06/2020. Dirty linen storage and the housekeeping cart would be contained just on the other side of the curtain within the unit and used throughout the shift by designated housekeeping personnel, returning to this storage area when not in use. All housekeeping and nursing staff received training on 10/06/2020 regarding the safe handling of clean and dirty linens.</p> <p>The administrator and Director of nursing provided in-service education and training to all housekeeping, maintenance and nursing staff of the protocol to follow should a toilet overflow during meal service on 10/06/2020. Staff members that were involved in the toilet overflow were directed to disinfect their shoes on 10/6/20. Nursing and housekeeping staff were educated on the cleaning and disinfecting of soiled clothing/shoes. They were educated if their shoes or clothing becomes contaminated, they should obtain the disinfectant cleaner to sanitize their shoes but would need to return home to change clothing and or shoes. Staff were educated by the Administrator on 10/6/20 regarding how to turn off the water at the toilet using the toilet water valve located at the base of each toilet, turning valve to the right to turn water off and contact the maintenance director or assistant maintenance director. One staff member will be sure to contain the water from spilling into other resident areas. Should food trays, meal delivery carts or other "clean" items be in the area they will be removed to a safe location. Any items that are soiled, will be discarded and clean items will be prepared for the residents use/consumption.</p>	F 880			

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F 880	<p>Continued From page 22</p> <p>Should employee(s)' clothing become soiled or otherwise in contact with wastewater, they will be instructed to leave the facility, and return with clean clothing and disinfect their clothing and shoes using current CDC guidelines.</p> <p>The facility administrator and Director of nursing was provided with in-service education on 10/05/2020 by the regional director of clinical operations regarding the appropriate use of N95(KN95) during a national pandemic in accordance with CDC guidelines for appropriate reuse for a period of 5 uses. These masks may be reused up to 5 uses so long as they are not otherwise soiled, damaged etc. The director of nursing and nursing supervisors provided education to all facility staff on 10/06/2020 regarding the update policy of appropriate usage of up to 5 uses in accordance with current CDC guidelines. Masks are maintained in paper bags labeled with employees' name and dates of each use. The Director of Nursing and/or Administrator will change out and replaced the masks, in accordance with current policy.</p> <p>The director of nursing and nursing supervisors provided education to all staff on 10/06/2020 that resident doors are to remain closed except for entering and departure of resident rooms for all residents who reside on the COVID unit. Staff working on the Covid unit will monitor residents to assure they remain in the room and safe and will redirect as necessary to maintain a safe environment on the Covid unit. Residents that are identified as a high fall risk will have appropriate interventions in place to reduce the risk of falls and staff will increase monitoring for those residents.</p>	F 880			

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F 880	<p>Continued From page 23</p> <p>The Director of Nursing, Nursing supervisors and Administrator will monitor Covid unit daily to assure sufficient PPE available, staff are wearing appropriate PPE while on unit, handwashing, proper location/storage of the housekeeping and linen carts and monitor for broken toilets that may result in water overflow.</p> <p>The Facility alleges the removal of the immediate jeopardy on 10/06/20.</p> <p>The credible allegation was verified on 10/9/20 at 11:38 AM as evidenced by observations, staff interviews, and record review. Observations of the availability of PPE, storage of linens and the housekeeping cart, goggle/face shield use, and face mask use on the Covid-19 Unit. Interviews were conducted with the licensed nursing staff regarding the protocol for N95/K95 mask use and disposal for aerosol generating treatments. Interviews were conducted with dietary, housekeeping, nursing, and supply staff on the location and availability of PPE, handwashing, googles/face shield use, and face mask use of up to 5 times. Interviews were conducted with nursing supervisors on the auditing of PPE storage and adequate supply. Interviews were conducted with housekeeping, maintenance, and nursing staff regarding the protocol for handling a toilet overflow during the meal service. Record review was conducted of in-service records and current policies and procedures for protocol of N95/K95 masks for aerosol generating treatments, location/availability of PPE, face shield/goggle use, handwashing, storage of linens/housekeeping cart, protocol for toilet overflow during meal service, and use of a face mask up to 5 times. The immediate jeopardy was removed on 10/6/20 after the credible allegation</p>	F 880			

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