

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Atlas Rehabilitation and Healthcare at Maywood		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Magnolia Avenue Maywood, NJ 07607	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604</p> <p>Based on observation, interview, record review, and review of the facility's policies, the facility failed to maintain an effective infection control program for one of four residents (Resident (R) 5) reviewed for transmission-based precautions (TBP) out of 29 sampled residents. Staff failed to wear the required personal protective equipment (PPE) while performing catheter care for R5 on enhanced barrier precautions.</p> <p>Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions, dated 03/20/24, provided by the facility, revealed Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities . 4. High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens</p> <p>f. Changing briefs or assisting with toileting g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes h. Wound care: any skin opening requiring a dressing</p> <p>Observation on 04/16/24 at 1:25 PM revealed signage posted on R5's bedroom door indicating the resident was on Enhanced Barrier Precautions, a STOP sign was posted below the resident's name plate, and a three-drawer PPE cart with yellow gowns in the first and second drawers located outside of the room. Continued observation revealed, while not wearing the appropriate PPE (gown), Certified Nursing Assistant (CNA) 2 placed an incontinence brief under R5 with gloves on while R5's indwelling urinary catheter was exposed.</p> <p>Interview at time of observation with CNA2 confirmed she did not wear a gown while performing catheter care to R5 because she did not see the three-drawer PPE cart outside of the room, the STOP sign, or the Enhanced Barrier Precautions sign on the door.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Atlas Rehabilitation and Healthcare at Maywood		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Magnolia Avenue Maywood, NJ 07607	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R5's undated Admission Record located in the Electronic Medical Record (EMR) under the Profile tab stated R5 was admitted to the facility on [DATE] with diagnoses which included multiple sclerosis, obstructive and reflux uropathy (disorder that blocks normal flow of urine through the urinary tract).</p> <p>Review of R5's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/30/24, located in the EMR under the MDS tab, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating he was cognitively intact. The MDS assessment indicated he had an indwelling catheter and a diagnosis of obstructive uropathy.</p> <p>Review of R5's comprehensive Care Plan undated, located in the EMR under the Care Plan tab, revealed I am on enhanced barrier precautions r/t [related to] foley catheter with an intervention to Have protective equipment available for use. Use gowns and gloves when performing high-contact resident care activity.</p> <p>Review of R5's Physician's Order dated 03/26/24, located in the EMR under the Orders tab, revealed Enhanced Barrier Precautions every shift for foley catheter.</p> <p>Review of the facility's staff training titled Enhanced Barrier Precaution in Nursing Homes, dated 03/25/24, provided by the facility, revealed staff were trained on the facility's Enhanced Barrier Precautions Policy and CNA2 attended the training.</p> <p>During an interview on 04/17/24 at 11:53 AM, the Director of Nursing (DON) confirmed R5 was on enhanced barrier precautions due to having an indwelling urinary catheter and staff were required to wear a gown and gloves while performing catheter care for it was a high contact activity.</p> <p>During an interview on 04/17/24 at 12:52 PM, the Infection Preventionist (IP) verified enhanced barrier precautions were required for residents that had an indwelling urinary catheter, open wounds, feeding tubes, and central lines and staff must wear a gown and gloves during high-contact activities such as dressing, bathing, and during wound care and catheter care.</p> <p>NJAC 8:39-19.1(a)(b)</p> <p>NJAC 8:39-19.4(a)(b)</p>		