

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335775	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER BRONX GARDENS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 2175 QUARRY RD BRONX, NY 10457	
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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, during a COVID-19 Focused Infection Control Survey and Complaint Investigation Survey (#NY 611) conducted on 7/17/20, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility did not follow the cohorting requirements documented in the Dear Administrator Letter (DAL) dated April 29, 2020, for 3 (#s 2, 6 and 7) of 6 units reviewed. The findings are. The Executive Order 202.11 dated March 27, 2020 documented the following: Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 shall be effective immediately and shall supersede any prior conflicting guidance issued by the New York State Department of Health and any guidance issued by any local board of health, any local department of health, or any other political subdivision of the State related to the same subject. The New York State Department of Health DAL dated April 29, 2020 documents the following: As care pertains specifically to COVID-19, state and federal rules and regulations require nursing homes must adhere to appropriate safety measures including, but not limited to: Having protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and non-positive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term care facility, or to another non-certified location if they are unable to successful separate outpatients in individual facilities. The facility policy and procedure titled, COVID-19 (Health Screening, Surveillance, Restrictions on Visitation, PPE's, Hand Hygiene, Resident Discharge/Admissions, Education, Administrative and Engineering Controls) last revised 05/11/2020 documented the facility has identified three categories for the delivery of care amidst the COVID-19 pandemic. They are confirmed COVID-19 positive as evident by testing, presumed COVID-19 positive as evident by COVID-19 related symptoms and asymptomatic/non-COVID-19. As such, no COVID-19 positive residents will be cohorted with presumed COVID-19 positive or asymptomatic/non-COVID-19 and/or vice versa. On 07/17/2020 the Director of Nursing (DON) reported a census of 178 residents, a bed capacity of 199 beds and there were no residents identified as either COVID-19 positive or presumed positive. The DON also reported residents #1, #2, #3, #4, and #5 had never been tested for COVID-19. During an observation on 7/17/20 from 04:00 PM to 04:08 PM, the following was revealed: 1) Resident #1 and #6 resided in a 2 bed room on unit #2. As per the DON's statement, Resident #1 was not tested for COVID-19 and status was unknown. Resident #6 tested negative for COVID-19 on 06/02/2020. 2) Resident #3 and #8 resided in a 2 bed room on unit #6. As per the DON's statement Resident #3 was not tested for COVID-19 and status was unknown. Resident #8 tested negative for COVID-19 on 06/01/2020. 3) Resident #4 and #9 resided in a 2 bed room on unit #7. A progress note dated 06/10/2020 documented Resident #4 refused to be tested for COVID-19 and COVID-19 status was unknown. Resident #9 tested negative for COVID-19 on 06/24/2020. During interview on 07/17/2020 at 1:35 PM, the DON stated the Department of Health completed COVID-19 testing for the facility on 05/22/2020. At that time all residents were tested except for 5 residents who refused to be tested (Resident #1, #2, #3, #4, #5). The DON also stated she was aware of guidelines sent by the Department of Health (DOH) regarding cohorting. The DON stated the 5 untested residents have been asymptomatic and are monitored every shift by checking their vitals including temperature, blood pressure, and oxygen saturation as are all other residents. The DON stated the 5 untested residents and the 5 roommates were not offered room changes. On 07/17/2020 at 03:45 PM and at 04:10 PM, an interview was conducted with the Administrator. The Administrator stated he was aware of DOH guidelines regarding cohorting however, the facility did not have the capacity to move those 5 residents to another room due to census and room availability. 415.19(b)(1)</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.