

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335573	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER LOCKPORT REHAB & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 909 LINCOLN AVE LOCKPORT, NY 14094	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews conducted during the COVID-19 Focused Infection Control Survey (#NY 917) on 6/18/20, the facility did not inform residents by 5:00 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Specifically, the facility did not provide verbal or written notification when a resident at the facility tested positive for COVID-19 or a resident suffered a COVID-19 related death for two (Residents #4 and #5) of two residents interviewed. This is evidenced by the following: The facility policy and procedure, COVID-19 Communication, dated May 2020, included CMS guidance that facilities must inform residents, their representatives, and families by 5:00 p.m. the next calendar day following the occurrence of either: a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours of each other. A Robo call will be sent to the families/next of kin to comply with this guidance. Review of the facility's discharge report and Robo call scripts revealed that one staff member tested positive for COVID-19 following testing of all staff on 5/21/20, three staff members tested positive for COVID-19 on 5/30/20, one resident tested positive for COVID-19 on 5/31/20, there was one resident death related to COVID-19 on 6/4/20, two residents tested positive for COVID-19 on 6/7/20, and one staff member tested positive for COVID-19 on 6/8/20. 1. Resident #4 has [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) Assessment, dated 5/1/20, revealed the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15. The facility could not provide documented evidence that the resident was notified of new cases of COVID-19 or COVID-19 related deaths in the facility. When interviewed on 6/18/20 at 11:13 a.m., Resident #4 stated the facility contacts their son and daughter about new cases and deaths related to COVID-19. Resident #4 said they get their information from talking with their children. Resident #4 said that no one from the facility has given them any information personally. 2. Resident #5 has [DIAGNOSES REDACTED]. The MDS Assessment, dated 5/2/20, revealed the resident was cognitively intact with a BIMS score of 15. The facility could not provide documented evidence that the resident was notified of new cases of COVID-19 or COVID-19 related deaths in the facility. When interviewed on 6/18/20 at 11:19 a.m., Resident #5 stated the facility has not informed them of any new cases of COVID-19 or COVID-19 related deaths, and they would like to know. Resident #5 said they did not know if the facility was trying to protect them, but they like to know what is going on. When interviewed on 6/18/20 at 11:32 a.m., the Director of Social Work stated that she has not been notifying residents about new COVID-19 cases or related deaths. She said if residents inquired, she would let them know. She said she was not informed that she was responsible for notifying residents. In an interview on 6/18/20 at 11:32 a.m., the Director of Activities stated she has not been notifying residents about new COVID-19 cases or related deaths. She said the activities staff would not be notifying residents of that information during 1:1 visits. She said she was not informed that she was responsible for notifying residents. In an interview on 6/18/20 at 11:35 a.m., the Director of Nursing stated that she was not aware of the requirement to notify residents of new cases of COVID-19 or related deaths prior to that day. She said she realized it was an issue and the facility has tried to keep up with regulation changes as best they can. When interviewed on 6/18/20 at 11:43 a.m., the Administrator stated that she was not aware of the requirement to notify residents of new cases of COVID-19 or related deaths prior to that day. She said the facility does not have a process for notifying residents at that time. (CFR 483.70(b))</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.