

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER WILLOW POINT REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 3700 OLD VESTAL ROAD VESTAL, NY 13850	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review during an abbreviated and COVID-19 Focus Infection Control Survey (NY 948), the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for residents on 1 of 7 units (1 North Unit) reviewed for infection control, including Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 18, 19, 20, 21, and 22). Specifically, certified nurse aides (CNAs) #17 and #18 did not apply gloves or perform appropriate hand hygiene when entering and exiting the rooms of residents who were COVID-19 positive, including Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 18, 19, 20, 21, and 22. Findings include: The 4/15/20 modified Transmission-Based Precautions policy documents the following: - Droplet precautions included performing hand hygiene before and after touching the resident; and if substantial respiratory secretions were anticipated, gloves, gowns, goggles, and face shields are indicated. - While wearing PPE, staff were to keep hands away from their face, limit the surfaces they touched, change gloves when heavily contaminated, and perform hand hygiene. The 4/15/20 modified Standard Precautions & Use of Personal Protective Equipment (PPE) policy documents hand hygiene is to be performed before and after resident contact. Gloves were to be changed and hand hygiene performed after each resident contact. The 5/4/2020 COVID-19 policy documents the following: - If a resident is positive for COVID-19, staff were to wear PPE including a face shield, N95 mask, gown, and gloves when transporting a resident to the temporary negative pressure room. - The entire unit will be placed on droplet precautions and face shields will be required. - In an effort to preserve PPE, all PPE will be worn between residents, unless a resident is suspected of having COVID-19. On 6/2/20, the following was observed on the unit where all residents were COVID-19 positive: - At 12:15 PM, certified nurse aide (CNA) #17 was observed exiting a resident's room wearing gloves while holding a trash bag. The CNA #17 entered the dirty utility room, removed the gloves, performed hand hygiene and entered Resident #1's and #2's rooms, without wearing gloves. The CNA #17 exited the room, and applied gloves prior to entering another resident's room. - At 12:23 PM, CNA #18 entered Residents #3's and #4's room, without gloves on and adjusted the resident's bed and exited without performing hand hygiene. - At 12:25 PM, CNA #17 was observed entering Resident #5's room, without wearing gloves. The CNA #17 was observed walking out of the bathroom and exited the room. The CNA #17 put gloves on, entered Residents #6's and #7's room, and exited the room without taking off gloves or performing hand hygiene. At 12:27 PM, the CNA #17 entered Resident #8's and #9's room, wearing the same gloves used for residents #6 and #7 and did not perform hand hygiene. - At 12:29 PM, CNA #18 was observed without gloves in Resident #10's room. She pushed a mechanical lift out the door and stored the lift in the hall and did not perform hand hygiene. - At 12:33 PM, CNA #17 was observed not wearing gloves while assisting Resident #11 from the bathroom. The CNA #17 was assisting the resident by holding the back of the resident's gown as they walked to the bed. The CNA #17 asked the resident if the resident wanted water, grabbed the water pitcher with his ungloved hand and exited the room. The CNA #17 did not perform hand hygiene when exiting the room. - At 12:35 PM, CNA #18 took Resident #12's water pitcher from their room, then entered Residents #3's #4's room and picked up the water pitchers. The CNA #18 had three water pitchers in her hand and walked down the hallway. The CNA #18 was not wearing gloves and did not perform hand hygiene in either room. CNA #18 returned to Resident #3's and #4's room with 2 water pitchers in her ungloved hands. She was not observed performing hand hygiene when she exited. - At 12:40 PM, CNA #18 entered Resident #12's room without wearing gloves and dropped off the water pitcher to the resident. The CNA #18 then entered Resident #18's room and Residents #19's and #20's room without wearing gloves or performing hand hygiene. She then entered Residents #8's and #9's room, Resident #21's and #22's room without gloves or performing hand hygiene and picked up water pitchers. During an interview on 6/2/20 at 12:50 PM, CNA #18 stated there was enough PPE available on the unit and she had read policies on putting on and removing PPE. She stated she was supposed to wash her hands before and after entering a resident's room. She did not wash her hands when entering rooms to get water pitchers and stated she had never been taught to do that; she only washed her hands when providing resident care or opening meal trays. During an interview on 6/2/20 at 1:00 PM, CNA #17 stated the expectation was to wear a N95 mask, goggles, gown, and gloves when caring for residents on the COVID-19 positive unit. He stated he was to perform hand hygiene and put on new gloves when entering a room, and discard gloves and perform hand hygiene when exiting the room. He stated he did not put gloves on when assisting Residents #5 and 11 in the bathroom and he did not think to put on gloves, and he should have. During an interview on 6/2/20 at 3:00 PM, the Infection Preventionist licensed practical nurse (LPN) stated she provided printed materials to the nursing units on donning and doffing PPE and she made weekly visits to the unit to answer any questions. When staff entered COVID-19 positive rooms, they were expected to wear a N95 mask, eye protection, gown and gloves. Hand hygiene was to be completed before they obtained the necessary PPE and when they left the room after removing their gloves. She stated it was unacceptable that CNA #18 touched her face, mask, and face shield, and she should have performed hand hygiene before and after touching her face. During an interview on 6/2/20 at 4:10 PM, the Director of Nursing (DON) stated staff were to wear full PPE including a N95 and surgical mask, face shield, gloves, and a gown when entering the room of a COVID-19 positive resident, and hand hygiene should be performed before and after leaving the room. She stated it was unacceptable for staff to not perform hand hygiene and to not don gloves before entering a resident's room. Education was provided from unit to unit on how to apply and remove PPE. The Infection Preventionist and Unit Managers were responsible for ensuring compliance. During an interview on 6/2/20 at 4:40 PM, LPN Unit Manager #15 of the COVID-19 positive unit, stated staff were expected to wear a gown, gloves, face shield, and N95 and surgical mask when entering rooms of COVID-19 positive residents. When staff exited the room, they were expected to remove their gloves and perform hand hygiene. She stated it was unacceptable for staff to be entering rooms without gloves on and not performing hand hygiene. It was not acceptable to provide hands on care without wearing gloves and not performing hand hygiene before and after. Staff should not be touching their face without performing hand hygiene. She stated staff redirection was needed. 10NYCRR 415.19(1)(1-3)(b)(1-4)</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.