

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER ABSOLUT CTR FOR NURSING & REHAB AURORA PARK L L C		STREET ADDRESS, CITY, STATE, ZIP 292 MAIN STREET EAST AURORA, NY 14052	
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 conducted during the COVID-19 Focus Infection Control Survey (Complaint # NY 083) completed on 6/9/20, the facility did not establish and maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections for 1 of 7 units reviewed. Specifically, the facility did not discontinue communal dining as required in the Health Advisory issued by the New York State Department of Health dated March 13, 2020. In addition, the facility did not appropriately social distance (at least 6 feet apart) resident's as required. The findings are: The Executive Order #202.1 dated March 12, 2020 documented the following: Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 at nursing homes and adult care facilities, including but not limited to guidance on visitation, 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 Health Advisory issued by the New York State Department of Health dated March 13, 2020, documented At this time NHs (Nursing Homes) are required to take the following actions: - If there are confirmed cases of COVID-19 in a NH cancel group activities and communal dining. The facility policy and procedure (P&P) titled Coronavirus (COVID-19) revised 5/14/20 documented it shall be the policy to utilize accepted infection control measures to prevent and control the spread of a respiratory illness caused by Novel Coronavirus (Covid-19). The primary goals of COVID-19 prevention and control in long term care facilities are preventing the transmission of COVID-19 to residents. Large gathering areas will be closed. There will be no communal dining. Residents will eat meals in rooms or on units with at least 6 feet between other residents. Review of an undated facility document titled Watch List revealed there were 26 residents in the facility that tested positive for COVID-19. During an observation on 6/4/20 at 12:05 PM, Residents # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and 18 were seated in the station A lounge. Some of the residents were already eating their meal. There were nine 4- foot by 4-foot tables observed with two residents sitting at each table. The residents were not socially distanced (6 feet apart) or wearing face masks. During an interview on 6/4/20 at 12:43 PM, Licensed Practical Nurse (LPN #2) Unit Manager stated residents who required assistance and supervision started eating in the unit A lounge two weeks ago. According to LPN#2, the residents weren't eating well in their rooms and eighteen residents go to the lounge regularly to eat. LPN#2 further stated the residents in the lounge at lunch were not 6 feet apart. During an interview on 6/4/20 at 5:21 PM in the presence of the Administrator, the Director of Nurses (DON) stated, initially they tried keeping residents in their rooms for meals and the mealtimes were staggered but didn't work. The DON added the residents were losing weight and not only had been isolated from family but from other residents on the unit as well and the residents need socialization. During an interview on 6/4/20 at 5:27 PM, the Administrator stated she was aware of the Executive Order and communal dining was suspended on 3/11/20 then resumed on 5/26/20. The elimination of communal dining had affected residents quality of life as residents were losing weight. The team opted to avoid negative effects and promote normal nutrition. In addition, the Administrator stated she directed Unit Manager, LPN #2 to seat 2 residents at each table and residents were not 6 feet apart. The Administrator further stated, Since the unit was all COVID positive residents, I did not feel it was an issue. 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.