

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LUTHERAN RETIREMENT HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>715 FALCONER STREET JAMESTOWN, NY 14701</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review conducted during COVID-19 Focus Infection Control Survey (Complaint #NY 978) completed on 6/3/20, it was determined that the facility did not establish and maintain an Infection Control Program to ensure the health and safety of residents to help prevent the transmission of COVID-19 for two (Units 1 A and Unit 2 B) of four Units. Specifically, the staff did not complete proper hand hygiene between residents and did not ensure proper face mask use when within six feet of residents. The findings are: On March 26, 2020, the Department of Health provided guidance to nursing homes and adult care facilities in the form of a presentation titled COVID-19 Infection Control Guidance for Nursing Homes and Adult Care Facilities, which is publicly available on the Department of Health website ( Infection Control Presentation). The presentation advised that standard precautions include hand hygiene for (e)very resident, every day. The Infection Control Presentation further directed facilities to review the U.S. Centers for Disease Control and Prevention (CDC) guidance for infection prevention and control in healthcare settings. The CDC guidance, titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, recommended the following additional strategies to minimize chances for exposure: Hand Hygiene: HCP (healthcare personnel) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Review of facility policy and procedure (P&amp;P) titled Hand Hygiene dated 4/20 documented hand hygiene is recognized as the most effective means to prevent the transmission of infection. Hand hygiene should be performed before and after each resident contact. Hand hygiene should be performed after touching a resident or handling his or her belongings. a.) During an interview on 6/3/20 at 7:59 AM Registered Nurse (RN) #1 Unit Manager (UM) stated that all of Unit A1 residents were on contact and droplet precautions for possible exposure to COVID-19. All staff wear gowns, masks, and gloves; the gowns and masks are used as extended use. Gloves are changed between residents and staff was to perform hand hygiene between glove changes. Observations on 6/3/20 on Unit 1A revealed the following: - 8:05 AM Maintenance worker #1 while wearing gloves (in addition to a gown and face mask) provided Resident #1 with breakfast meal set up by opening the cereal container, pouring milk into the cereal and handing Resident #1 a spoon. While wearing the same gloves Maintenance worker #1 then handed Resident #2 a drink, added brown sugar to a bowl of hot cereal and stirred the hot cereal with the resident's spoon. Wearing the same gloves Maintenance worker #1 then assisted Resident #3 with meal set up by removing lids from drinks and the hot cereal. After providing hands on set up assist to the three different residents, Maintenance worker #1 removed her gloves, performed hand hygiene for approximately 10 to 12 seconds and applied new gloves. During an interview at 8:15 AM on 6/3/20, Maintenance worker #1 stated she was educated on how to deliver a meal tray, provide set up and provide assist where she can. She usually sanitizes her hands more when she was not wearing gloves and stated, I try to change my gloves and wash my hands if food gets on the gloves or the gloves get dirty. The Maintenance worker #1 stated hand hygiene should be performed for at least 20 seconds. Observation on 6/3/20 on Unit 2B (per the Director of Nursing, there were no COVID-19 positive residents on this unit) revealed the following: - 8:24 AM Dietary Supervisor #1 was observed to pass breakfast trays and provide set up set up which included opening packages, removing lids to food/drinks for residents (#9,10, 11, and 12) in their rooms without changing their gloves or washing their hands. At 8:30 AM the Dietary Supervisor then moved the food cart to the hall near the activity room, continued to pass trays wearing the same gloves and without completing hand hygiene. - 8:24 AM Activity worker #1 was observed to pass breakfast trays and provide set up up which included opening packages, removing lids to food/drinks for residents (#13 and #14) in their rooms without changing their gloves or washing their hands; then proceeded to move the beverage cart to the hall near the activity room, continued to pass trays wearing the same gloves and without completing hand hygiene. During an interview on 6/3/20 at 8:32 AM, Dietary Supervisor #1 stated she did not change her gloves or wash her hands while passing breakfast trays and providing set up between residents, and she should have to prevent cross contamination. During an interview on 6/3/20 at 8:33 AM, Activity worker #1 stated she did not change her gloves or wash her hands while passing breakfast trays and providing set up between residents, and she should have to prevent cross contamination. During an interview on 6/3/20 at 8:24 AM, RN #2 Infection Control Nurse/Nurse Educator stated for infection control purposes, gloves need to be changed and hand hygiene performed between residents if there is any tray prep completed. 2. Review of the Health Advisory from NYSDOH Bureau of Healthcare Associated Infections (BHA): Memorandum dated March 13, 2020, to all Nursing Homes and Adult Care Facilities, provided: All HCP (health care personnel) and other facility staff shall wear a facemask while within 6 feet of residents. Extended wear of facemasks is allowed; facemasks should be changed when soiled or wet and when HCP go on breaks. Review of facility P&amp;P titled COVID-19 dated May 2020 documented [MEDICAL CONDITION] is most likely spread to people who are in close contact (within about six feet) with an infected person. [MEDICAL CONDITION] is in droplets that are sprayed when a person coughs or sneezes, and possibly, when they talk. All necessary personnel in the nursing home must wear a mask when they are within six feet of a resident. b.) During an observation on 6/3/20 at 8:03 AM on Unit A1 Certified Nurse Aide (CNA) #1 was observed within six feet of residents and staff with her face mask below her nose. During an interview on 6/3/20 at 8:03 AM CNA #1 stated, I was educated to wear the mask over the nose, but my glasses fog up and I can't see. I keep it under my nose so I can see. During an observation on 6/3/20 at 12:04 PM of the Unit A1 servery, Dietary Aide #1 was within six feet of staff speaking to them, plating the lunch meal, and his face mask was below his chin. During an interview on 6/3/20 at 12:04 PM Dietary Aide #1 stated, It's hard to breathe back here (behind the steam table) so I put it (face mask) under my chin. 415.19(a)(1)</p>		

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