

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335812	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER HUDSON PARK REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 325 NORTHERN BOULEVARD ALBANY, NY 12204	
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 0885	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 - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review conducted during the COVID-19 Infection Control Focus Survey completed on 08/10/20, the facility did not inform residents by 5:00 PM 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 for 2 (Resident #'s 2 and 3) of 2 residents reviewed. Specifically, the facility did not provide verbal or written notification when three facility staff members had tested positive for COVID-19. This is evidenced by: CMS guidance titled, Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (Ref: QSO-20-29-NH), dated May 6, 2020, provided that as part of a skilled nursing facility's COVID-19 reporting requirements, facilities must inform residents, their representatives, and families of those residing in facilities 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. Such requirements were made effective May 8, 2020 in regulatory amendments to 42 CFR 483.80 pursuant to 85 Fed. Reg. . . The Policy and Procedure titled, Communication during COVID-19, last updated on 5/2/20 documented that notification must be and will be made to all families (or Next of Kin) by 5 PM the next calendar day following the occurrence of staff testing positive for COVID-19. It documented that residents would be notified via meetings (resident council when in session), memos/letters, meetings and in person-visits. During an interview on 8/10/20 the Director of Nursing (DON) reported that three staff members tested positive for COVID-19 on 8/4/20 or 8/5/20. Resident #2: Resident #2 was admitted to the facility with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS - an assessment tool) dated 7/28/20, documented the resident had a moderate cognitive impairment. During an interview on 8/10/20 at 11:58 AM, Resident #2 stated he/she was not aware that there were staff at the facility that tested positive (for COVID-19). Resident #2 stated he/she had never received written or verbal notification from the facility about COVID-19 positive cases. Resident #3: Resident #3 was admitted to the facility with [DIAGNOSES REDACTED]. The MDS dated [DATE], documented the resident was cognitively intact. During an interview on 8/10/20 at 11:56 AM, Resident #3 stated he/she had never received written or verbal notification from the facility about COVID-19 positive cases. He/she stated his/her spouse had not been notified about any facility staff that had tested positive for COVID-19. During an interview on 8/10/20 at 2:40 PM, the Administrator stated robocalls were made to residents directly when they do not have a next of kin listed on their face sheet. He stated the Admissions Coordinator, or the Director of Activities were responsible for notifying the residents of COVID-19 at the facility. During an interview on 8/10/20 at 2:55 PM, the Director of Activities stated she was unaware of a specific process to notify each resident at the facility when a staff member tests positive for COVID-19. She stated she did not inform residents in August 2020 that staff members tested positive for COVID-19. During an interview on 8/10/20 at 3:23 PM, the Director of Nursing (DON) stated there were three staff members that tested positive for COVID-19 on 8/4/20 or 8/5/20. She stated the Social Worker assigned to the unit was responsible for informing each resident when a staff member tested positive for COVID-19. She stated if Social Work could not complete the task, they would communicate with nursing to ensure each resident was told. During an interview on 8/10/20 at 3:33 PM, Social Worker #1 stated she was assigned to Resident #'s 2 and 3. She stated she did not inform residents in writing or verbally, that facility staff had tested positive for COVID-19. She stated she was not aware that the Social Work Department was responsible for informing residents when a staff member tested positive for COVID-19 at the facility. During an interview on 8/10/20 at 3:53 PM, the Admissions Concierge stated she did not inform residents either verbally or in writing when staff tested positive for COVID-19. She stated she was told of this process and provided with a memo yesterday that should be printed and distributed to residents by the Activities Department with every confirmed positive of COVID-19 at the facility. During an interview on 8/10/20 at 4:20 PM, the DON stated she was not aware that the Social Work Department, Activities Director, Admissions Concierge or the Administrator were not aware of the process to notify residents when staff tested positive for COVID-19. The DON stated it was the responsibility of the Nursing Department to ensure education was provided to the staff to ensure residents were notified of a confirmed COVID-19 positive test result at the facility. The DON stated the facility did not have a process in place to ensure residents were notified of staff testing positive for COVID-19. 10NYCRR 400.2</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.