

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335812</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HUDSON PARK REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>325 NORTHERN BOULEVARD ALBANY, NY 12204</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review during the COVID-19 Focused Infection Control Survey (Complaint #NY 59) conducted on 7/21/2020, the facility did not ensure it established and maintained 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 on 1 (Unit 2) of 4 units reviewed. Specifically, the facility did not ensure staff members performed proper hand hygiene. The findings are: The policy and procedure titled, Standard Precautions for Infection Control, undated, documented that hands are to be washed after touching contaminated items and between resident contacts. On 7/21/2020, the Hospital Electronic Response Data System (HERDS) report listed the following information; facility census as 160, one resident COVID-19 positive, and 160 residents on isolation. Finding #1 During an observation on 07/21/20 at 8:57 AM, CNA #2 removed a meal tray from a cart and entered Resident #5's room. CNA #2 was observed placing a meal tray on the resident's bedside stand and adjusting the bedside stand over the resident. CNA #2 removed the cover of the meal tray and prepared the items on the tray for the resident to eat. CNA #2 opened and closed 2 drawers in the resident's room. CNA #2 exited the resident's room without sanitizing her hands, walked to a clean linen cart in the hall, lifted the covering of the linen cart, removed a towel and re-entered the resident's room. CNA #2 placed the towel over the resident and exited the room without sanitizing her hands. CNA #2 returned to the meal cart in the hallway and removed another meal tray from the cart. During interview on 07/21/20 at 9:00 AM, CNA #2 stated she should have sanitized her hands prior to and immediately after coming in contact with a resident and or resident items. Finding #2 During an observation of a medication pass on 07/21/20 at 9:06 AM, LPN #2 pushed a medication out of a medication blister card that landed on the top of the med cart. LPN #2 picked up the pill with a bare hand and placed it into the medication cup. LPN #2 entered a resident room and administered the cup of medications to the resident. LPN #2 did not sanitize his hands prior to entering the resident's room. During interview on 07/21/20 at 9:12 AM, LPN #2 stated he should have disposed of the pill when it landed on the medication cart and should have sanitized his hands after touching a contaminated surface. During interview on 07/21/20 at 2:24 PM, the Director of Nursing (DON) stated the expectation was that a medication that touches a contaminated surface should be discarded. The LPN should not have touched the medication with a bare hand and the medication should have been disposed of per the facility policy and procedure. The DON also stated the expectation was that staff would wash their hands before and after contact with a resident or their environment to prevent the spread of infection 10NYCRR415.19(a)(1-3),(b)(4)		
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.