

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER HUMBOLDT HOUSE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 64 HAGER STREET BUFFALO, NY 14208	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interview conducted during an COVID-19 Infection Control Focus Survey (Complaint #NY 199) completed on 9/17/20, the facility did not conduct testing and specimen collection in a manner that is consistent with current infection control measures during staff testing for COVID-19. Specifically, for two of two (#5, 11) employees observed, staff did not wear an N95 mask during specimen collection. The finding is: The facility policy and procedure titled COVID-19 Employee Testing with a revised date of 9/1/20 documented the facility operates to maintain the health and safety of the residents, patients, employees and visitors; in consideration of Department of Health and Centers for Disease Control (CDC) guidelines whenever possible. The testing occurs in a sequestered area of the facility, this area is wiped with a germicidal product in between employee tests and the tester remains minimally six feet away from the employee being tested / but dons (puts on) Personal Protective Equipment (PPE) including face shield for contacts closer than six feet. The policy does not include what PPE should be worn during COVID-19 specimen collection. Review of the CDC guidelines provided to the surveyor by Registered Nurse (RN) Director of Quality Assurance titled Performing Broad-Based Testing for [DIAGNOSES REDACTED]-CoV-2 (virus that causes COVID-19) in congregate settings Performing Broad-Based Testing Considerations for Health Departments and healthcare Providers dated 6/27/20 revealed CDC has published an overview of testing for [DIAGNOSES REDACTED]-CoV-2, and provided interim considerations for facility-wide testing in specific settings. This document is intended to help public health departments and healthcare providers prepare for broad-based vial testing in facilities after known or suspected [DIAGNOSES REDACTED]-CoV-2 exposure or when there is moderate to substantial transmission in the community, based on guidance for specific settings. A gown, N95 equivalent or higher-level respirator (or facemask if respirator is not available), gloves and eye protection are needed for staff collecting specimens or working within 6 feet of the person being tested . A CMS (Centers for Medicare & Medicaid) Memorandum dated August 26, 2020 (Reference QSO-20-38- NH) documented during COVID-19 specimen collection, facilities must maintain proper infection control and use recommended PPE, which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown when collecting specimens. During an observation on 9/17/20 at 9:18 AM Licensed Practical Nurse (LPN) #3 completed a nares (nasal) swab for COVID-19 on an employee (environmental service worker #11) while wearing a gown, goggles, gloves and a surgical mask. During an interview on 9/17/20 at 9:20 AM, LPN #3 stated she does not wear an N95 mask because she doesn't have to while collecting specimen swabs for COVID-19. During an interview on 9/17/20 at 11:30 AM, LPN #3 stated she has been responsible for conducting employee COVID-19 testing (specimen collection) since June and the testing was completed twice weekly. LPN #3 stated that she wears gloves, gowns, goggles and a surgical mask while conducting the COVID-19 testing. She further stated that she has never worn an N95 mask or been educated to wear an N95 mask while conducting the COVID-19 testing. During an observation on 9/17/20 at 11:39 AM LPN #3 completed a nasal swab for COVID-19 on an employee (unidentified CNA #5) while wearing a gown, goggles, gloves and a surgical mask. During an interview on 9/17/20 at 11:47 AM, the Director of Nursing (DON), Infection Preventionist (IP) stated LPN #3 has been collecting the employee COVID-19 specimen swabs for all three shifts. LPN #3 should have worn gloves, gown, face shield/ goggles and an N95 mask. The DON was informed by the surveyor that LPN #3 was not wearing an N95 while collecting specimens. The DON then stated she would need to check the facility policy. During further interview on 9/17/20 at 12:44 PM, the DON IP stated the person completing a COVID-19 swab specimen collection must wear a face shield or goggles, gown, gloves and a surgical mask but an N95 mask was not necessary for testing according to the facility policy. During an interview on 9/17/20 at 1:31 PM, Registered Nurse (RN) Director of Quality Assurance stated she developed the facility policy for testing procedures for COVID-19 swabbing and doesn't believe that an N95 mask was required and necessary. The Director of Quality Assurance stated the facility does have N95 masks available to staff. During an interview on 9/17/20 at 2:31 PM, the Director of Quality Assurance stated she had trained LPN #3 on the procedure, and the necessary PPE to wear while collecting a swab specimen for COVID-19 testing. She further stated the CDC web site indicates surgical masks are allowed if there are no N95 masks available. However, the facility has N95 masks available therefore LPN #3 should have had an N95 mask on while collecting nasal specimens for COVID-19 testing. 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.