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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>335172</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                        | (X3) DATE SURVEY COMPLETED<br><b>05/20/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>COMPREHENSIVE REHAB &amp; NURSING CTR AT WILLIAMSVILLE</b>                                      |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>147 REIST STREET<br/>WILLIAMSVILLE, NY 14221</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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Some             | <p><b>Provide and implement an infection prevention and control program.</b><br/> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/> Based on observation, interview, and record review conducted during the COVID-19 Infection Control Focus Survey (Complaint #NY 016) completed on 5/20/20, it was determined 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. Specifically, the facility did not practice social distancing on two (Unit 5 and Unit 6) of 4 units, residents were not assessed for signs and symptoms of COVID-19 and there was a lack of proper hand hygiene (Residents # 1, 2 and 3). The findings are: Review of a CMS (Centers for Medicare and Medicaid Services) memorandum dated April 24, 2020, with Reference ID QSO-20-28-NH, provided: Residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart. We note that social distancing should be practiced at all times not just while dining. We further note that eating in dining areas with appropriate social distancing only applies to residents without signs or symptoms of respiratory infections and without a confirmed [DIAGNOSES REDACTED]. in accordance with previous CDC (Centers for Disease Control) guidance, every resident should be assessed for symptoms and have their temperature checked every day. Review of the facility's Policies and Procedures (P&amp;P) titled Activities- during biological disaster dated 03/2020 documented activities shall continue to occur in as practicable a way as possible. This may mean limiting crowds or residents. One on one visits shall continue by unit. Group activities may consist of residents remaining in their doorway as to maintain appropriate safe distance from each other. Part of the activities will be to educate the residents on the importance of physical distancing and wearing PPE (personal protective equipment). Review of the facility's P&amp;P titled Preventing the spread of COVID-19- Infection control dated 03/2020 documented the facility would take every precaution to identify signs and symptoms of COVID-19 disease and implement infection control strategies to avoid possible spread of the disease. Ensure employees clean their hands according to CDC guidelines including before and after contact with residents, after contact with contaminated surfaces and after removing PPE. 1. Intermittent observations of the Unit 6-day room on 5/19/20 between 9:45 AM and 10:05 AM revealed the following: - 9:45 AM there were nine residents sitting at three separate tables. The tables measured 3.5 feet by 3.5 feet and there were three residents seated at each table. The residents were not wearing face masks, had their breakfast trays in front of them and they were not social distancing (six feet apart). -10:05 AM Activity Aide #1 was distributing [MEDICATION NAME], pencils and paper to the residents sitting at the tables. The nine residents were seated in the same locations, were not wearing face masks and were not social distancing. The Activity Aide made no attempt to redirect or social distance the residents sitting at the tables. During interview on 5/19/20 at 11:26 AM Licensed Practical Nurse (LPN # 4) stated they try to make sure all residents are social distanced. We try our best. During an observation of the Unit 5-day room on 5/19/20 at 10:35 AM there were nine residents sitting at tables in the day room. The residents were without face masks and were not social distancing. During interview on 5/19/20 at 11:37 AM, Registered Nurse (RN) #2 stated, We try to social distance, but with fifty-three residents and all the behaviors, it's difficult. During an observation of the Unit 5-day room on 5/19/20 at 12:32 PM revealed there were 12 residents sitting at tables and were not socially distanced. There was one resident out of the 12 who was wearing a face mask. During interview on 5/19/20 at 1:57 PM, LPN # 9 stated the facility does not have a procedure in place for residents eating or watching television in the day room. They just sit in there like they always did, most cannot tolerate wearing a mask. During interview on 5/20/20 at 1:15 PM the Director of Nursing (DON) stated, Most residents could not tolerate masks. The DON then stated the facility had no confirmed positive COVID-19 residents in the building. During interview on 5/20/20 at 1:22 PM, the Administrator stated the facility had no active cases of COVID-19 (all residents asymptomatic and no test confirmed positives) and that staff do their best to socially distance the residents. 2. Resident #1 was admitted to the facility on [DATE] had [DIAGNOSES REDACTED]. The Minimum Data Set (MDS, a resident assessment tool) dated 4/26/20 documented the resident was cognitively intact, understands and was understood. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The MDS dated [DATE] documented the resident was cognitively intact, understands and was understood. Resident # 3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The MDS dated [DATE] documented the resident was cognitively intact, understands and is understood. Review of Resident #1, 2 and 3's Medication Administration Records (MAR) dated 4/1/20 through 5/20/20 revealed there was no documented evidence of daily temperature monitoring. Review of the facility 24-hour reports dated 4/1/20 through 5/20/20 revealed there was no documented evidence of daily temperature monitoring for Residents #1, 2 and 3. During an interview on 5/19/20 at 11:20 AM, CNA # 1 stated that typically the nurses were responsible to take residents' temperatures but occasionally the CNA's would. In addition, daily monitoring just started today. Normally the CNA's would take temperatures if someone felt warm, then report it to the nurse. Interview on 5/19/20 at 11:26 AM Licensed Practical Nurse LPN # 6 stated temperatures are not taken daily on the residents. Typically, temperatures are only taken when a resident is on 24-hour report or when symptoms of an upper respiratory infection are identified. During interview on 5/19/20 at 11:37 AM, RN # 2 stated temperatures are taken when residents are not feeling well. We don't take temperatures because of COVID-19. RN # 2 stated she was never told to monitor temperatures daily. During an interview on 5/20/20 at 9:13 AM, the DON stated residents are monitored by changes in their condition. We monitor for cough, congestion, and decreased appetite but do not take temperatures on all residents. We watch our residents daily; I didn't see anything about having to take temperatures every day. During interview on 5/20/20 at 9:15 AM, the Administrator stated that he expected residents' temperatures to be monitored daily. 3. Observations of Unit 2 on 5/19/20 at 12:44 PM revealed Certified Nurse Aide (CNA) #4 entered a resident's room who was presumed positive for COVID-19 and delivered a meal tray without wearing gloves. CNA #4 exited the room without completing hand hygiene, went to the meal delivery cart parked in the hallway, removed another meal tray from the cart, and entered a resident's room who was non-COVID-19 positive. CNA #4 exited the non-COVID-19 resident room and did not complete hand hygiene. During interview on 5/19/20 at 12:49 PM, CNA #4 stated the residents on Unit 2 were on precautions because they were new admissions to the facility and do not have COVID-19. CNA #4 was unaware that she should wash her hands in between delivering meal trays because she didn't physically touch the patients. During interview on 5/19/20 at 1:00 PM, the DON stated that all residents on precautions are assumed COVID-19 positive and hand washing should be completed while passing meal trays in between every resident. Observations of Unit 5 on 5/19/20 at 10:50 AM revealed Housekeeper # 2 entered a non COVID-19 resident room with gloved hands, cleaned the bathroom floor, changed their gloves, exited the resident's room and entered an additional non COVID-19 resident room without completing hand hygiene. During interview on 5/19/20 at 11:13 AM, Housekeeper #2 stated typically, she changes gloves in between cleaning resident rooms, and she should have completed hand hygiene after removing her gloves. Observations of Unit 5 on 5/20/20 at 11:34 AM Housekeeper #3 went into a resident's room who was not COVID-19 positive, emptied the trash bag from the waste basket and placed it in the hallway. Housekeeper #3 then entered another resident's room who was not COVID-19 positive and emptied the trash bag from the waste basket. Housekeeper #3 then re-entered the previous room and mopped the floor without performing hand hygiene. During an interview 5/20/20 at 11:34 AM, Housekeeper #3 stated she wears two pairs of gloves, discards the top pair, then reapplies another pair. Additionally,</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.

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| <p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>      | <p>(continued... from page 1)</p> <p>stated she should have changed her gloves and washed her hands after taking the garbage out of the first resident's room. During interview on 5/20/20 at 12:11 PM, the Director of Housekeeping Services stated hand hygiene was expected prior to exiting and re- entering any resident room. Double gloving is unacceptable. During interview on 5/20/20 at 2:00 PM, the DON stated hand hygiene was expected prior to entering or exiting every resident room to avoid contamination. 10 NYCRR 415.19(b)(1)</p> |   |   |