

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ELDERWOOD AT AMHERST</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4459 BAILEY AVE AMHERST, NY 14226</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on interview, and record review conducted during the COVID-19 Infection Control Focus Survey completed on 10/8/20, 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 ensure staff were checked for COVID-19 symptoms (e.g., fever, cough, difficulty breathing, or other respiratory symptoms), including temperature checks every 12 hours while on duty. The finding is: Executive Order 202.11, dated March 27, 2020, documented the following: Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 shall be effective immediately and shall supersede any prior conflicting guidance issued by the New York State Department of Health and any guidance issued by any local board of health, any local department of health, or any other political subdivision of the State related to the same subject. The NYS DOH (New York State Department of Health) Commissioner of Health letter to Nursing Home (NH) Administrators, dated 4/29/20, documented As care pertains specifically to COVID-19, state and federal rules and regulations require nursing homes must adhere to appropriate safety measures including, but not limited to: Requiring all staff to be checked for COVID-19 symptoms (e.g., fever, cough, difficulty breathing, or other respiratory symptoms), including temperature checks upon the start of each shift and every 12 hours while on duty. The NYS DOH DAL (Dear Administrator Letter) NH-20-07, Required COVID-19 Testing for all Nursing Home and Adult Care Facility Personnel, dated 5/11/20, documented This Directive supplements the prior DOH Advisory concerning hospital discharges to NHs, as well as the DAL sent on April 29, 2020. The directive documented With respect to COVID-19, state and federal rules and regulations require that NHs adhere to appropriate safety measures including, but not limited to: Requiring all staff to be checked for COVID-19 symptoms (e.g., fever, cough, difficulty breathing, or other respiratory symptoms), including temperature checks upon the start of each shift and every 12 hours while on duty. The facility policy and procedure (P&amp;P) titled Preventing the spread of COVID-19 dated 9/4/2020 documented it is the policy of our company to comply with Center for Disease Control (CDC) and State Department of Health (DOH) guidelines regarding awareness and prevention of the spread of Coronavirus 2019 (COVID-19). Preventing the introduction of respiratory germs into the facility will include screening of individuals entering the facility (employees, contract staff, medical staff, operators, volunteers, vendors, etc.). Everyone will be screened prior to entry into the facility. Screening will include assessment of travel history, exposure history, fever and respiratory symptoms (cough, shortness of breath, or sore throat) and a temperature assessment. The policy did not include re-screening of employees every 12 hours while on duty. During an interview on 10/8/20 at 8:45 AM, Registered Nurse (RN) #2 stated that facility census was 51 residents including two COVID-19 positive residents on Unit Three. During an interview on 10/8/20 at 9:35 AM, Certified Nurse Aide (CNA) #2 stated she has worked overtime and double shifts. She stated employees get screened when they enter the facility at the start of their shift and do not get re-screened or have temperature re-taken when working a double shift (which are two 8-hour shifts, totaling 16 hours). During an interview on 10/8/20 at 2:13 PM, CNA #1 stated she has worked double shifts and worked one the previous night. The facility does not rescreen her after working 12 hours and this is the first she heard of the requirement. During an interview on 10/8/20 at 2:16 PM, RN #1 stated she works two 16-hour shifts and one eight-hour shift per week. She stated she doesn't get re-screened or have her temperature re-checked when working a 16-hour shift because she does not leave the building. RN #1 further stated she doesn't get re-screened if she stays in the building the whole shift and was never told she had to do that. During an interview on 10/8/20 at 2:00 PM, the Director of Nursing (DON) stated she was unsure but would have to check on the process for how often staff are screened for signs or symptoms of COVID-19 and have temperatures taken when working a double shift or over 12 hours. During an interview on 10/8/20 at 2:10 PM, the Regional Consultant RN Infection Preventionist (IP), in the presence of the DON, stated they do not log temperatures or re-screen staff when they work a double shift and it is not logged anywhere. They stated there was no additional documentation of screening of staff or temperature re-checks when staff work a double shift or overtime. During an interview on 10/8/20 at 2:55 PM, the Regional Consultant RN IP and DON stated they were not aware of the NYS DOH Directive requiring all staff to be checked for COVID-19 symptoms (e.g., fever, cough, difficulty breathing, or other respiratory symptoms), including temperature checks upon the start of each shift and every 12 hours while on duty. They stated they were going to review the directive so the requirement could be implemented. 415.19(a)(1) 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.