STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335279	A. BUILDING _____ B. WING _____	**10/02/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MAYFAIR CARE CENTER	**100 BALDWIN ROAD HEMPSTEAD, NY 11550**

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 0659 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide care by qualified persons according to each resident's written plan of care.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview during the Recertification Survey, the facility did not ensure that services provided or arranged by the facility, as outlined by the Comprehensive Care Plan (CCP) were provided in accordance with each resident's written plan of care. This was evident for one (Resident # 55) of one resident reviewed for pressure ulcers. Specifically, Resident #55 who was assessed at high risk for develping Pressure Ulcers. The CCP documented Heel Booties to both feet as an intervention to prevent the development of Pressure Ulcers. On 9/28/20, on two seperate occasions, Resident #55 was observed out of bed, seated in a lounge chair wearing non-skid socks . The resident's heels were resting on the lounge chair and the heel booties were observed on the overbed table on both occasions. The finding is: Resident #55 was readmitted to the facility on [DATE] and has [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) assessment dated [DATE] documented the resident has long and short-term memory problems, had no mood or behavioral symptoms, and required total assistance of one to two staff members for all areas of activities of daily living (ADL)'s. The MDS documented the resident was at risk for developing Pressure Ulcers (PU), was on turning and positioning, and had PU devices in place for chair and bed. The CCP dated 2/24/20 documented the resident was at high risk for skin breakdown. The interventions included use of bilateral heel booties. Resident #55 was observed on 9/28/29 at 11:45 AM in her room seated in a lounge chair wearing non-skid socks and the resident's heels were resting on the lounge chair. The heel booties were observed on the overbed table at the foot of the bed. A second observation was conducted at 1:50 PM. The resident was observed seated in a lounge chair wearing non-skid socks and the resident's heels were resting on the lounge chair. The resident's heel booties were on the overbed table at the foot of the bed. The Resident Care Profile dated 7/23/20 documented heel booties on at all times remove for care. The Registered Nurse (RN) Manager #2A was interviewed on 10/2/20 at 9:41 AM and stated that the resident's heel booties should be taken off only during care. The RN stated the Certified Nursing Assistant (CNA) reported that she had removed the heel booties during care and forgot to put them back on for Resident #55. The RN stated that the heel booties are to be worn at all times in and out of bed. The RN further stated the CNAs are expected to review the Resident Care Profile for instruction on how to care for the residents. The 7:00 AM-3:00 CNA was interviewed on 10/2/20 at 10:23 AM and stated that she had cared for Resident #55 a few times in the past and was assigned to care for the resident on 9/28/20. The CNA stated that at 10:30 AM she removed the resident's heel booties to provide care and forgot to put them back on. 415.11(c)(3)(ii)
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview during the Recertification Survey completed on [DATE], the facility did not ensure expired and undated biologicals were removed and discarded according to the manufacturer's recommendations for 2 of 3 medication carts. Specifically, during observation of two medication carts on two separate units the glucose test Control Solutions used for calibration of the glucometer were opened and undated with an expiration date beyond the date listed on the container labels. The findings are: The Facility Policy titled Glucometer Quality Control Testing Policy dated [DATE] documented Check expiration date on the vial, do not use past 90 days after opening the vial. The (Glucose) Control Solution Manufacturer's Summary and Explanation documented the control solution may be used to check the performance of the meter and test strip or testing technique. The (Glucose) Control Solution Manufacturer's Instructions Warning and Precautions documented check the expiration date shown on the vial label, do not use it when expired, do not use beyond 3 months (90 days) after opening the vial. On [DATE] at 10 AM during an observation of the medication cart on Unit 2 South, the Control Solution bottles Level 1 solution, Lot Number CSRJ31AN, had an expiration date of [DATE], and the Level 2 solution, Lot Number CSQN14BM, had an expiration of [DATE]. Both bottles were opened and undated. LPN #1 was interviewed on [DATE] at 10:05 AM and stated that the expired Control Solution should be discarded as it may cause the inaccurate finger stick readings. On [DATE] at 10:10 AM during an observation of the medication cart on Unit 2 North, the glucose solution bottles Level 1 solution, Lot Number CSQN14AM, had an expiration date of [DATE]. The Level 2 solution, Lot Number CSQN06AN, had an expiration date of [DATE]. Both bottles were opened and undated. On [DATE] at 10:13 AM LPN #2 was interviewed and stated that the glucose solutions are changed monthly. She also added if the expired Control Solution is used to calibrate the glucometers it may cause the glucose reading to be inaccurate. On [DATE] at 11:53 AM the Director of Nursing Services was interviewed and stated that the staff should date the Control Solution vial when first opened. The Control Solution can be used for 90 days after opening as per the manufacturer's recommendations. The Control Solution should be discarded after 90 days of opening or when expired as per the label on the bottle, whichever comes first. 415.18(e)(,[DATE])
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation and staff interview during a Recertification Survey, the facility did not follow proper sanitation and food handling practices to prevent the outbreak of foodborne illness. Specifically, during a Kitchen tour on 9/28/20, the Ice Maker's ice receptacle lid was visibly soiled with dark brown stains and the inside walls of the ice receptacle were covered with black soil like material. The finding is: During a tour of the Kitchen on 9/28/20 at 10:30 AM, Ice Maker was inspected. The ice receptacle lid was visibly soiled. The inside walls of the ice receptacle holding the ice were soiled and black soil like material came off onto the paper towel when wiped off. The Food Service Director (FSD) was interviewed on 9/28/20 at 10:45 AM, he stated that the Ice Maker is cleaned monthly by an outside vendor service company. The FSD further stated that he did not have a cleaning schedule and or the cleaning logs for the Ice Maker. The FSD also stated that he thought that the Ice Maker in the kitchen was last cleaned in August 2020 and was currently due for another service. The Vendor Company Cleaning Service owner was interviewed on 9/30/20 at 11:56 AM and stated that he has a contract to service the Kitchen Ice Maker every three months and it was last serviced on 6/29/20. 415.14(h)

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.