

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HOUGHTON REHABILITATION &amp; NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9876 LUCKEY DRIVE HOUGHTON, NY 14744</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, conducted during the Focused Infection Control COVID-19 Survey (Complaint #NY 469) completed on 6/11/20 the facility did not establish and maintain 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 for one (Unit 300) of four units. Specifically, the facility did not appropriately social distance (at least 6 feet apart) residents while communal dining. This involved Residents # 1, 2, 3, 4, 5, 6, 7, and 8. The finding is: Review of a CMS (Centers for Medicare and Medicaid) memorandum (QSO-20-28-NH) dated 4/24/20 documented residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least 6 feet apart. We note 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 a respiratory infection, and without confirmed [DIAGNOSES REDACTED]. Residents should remain at least six (6) feet or more from others if in a common area for meals. During an entrance interview on 6/11/20 at 7:40 AM, the Administrator stated, most of the residents have been tested and were negative for COVID-19. Some residents refused testing and a few residents were recently tested; these residents were placed on isolation/droplet/contact precautions pending their test results. The administrator further stated the facility did not have any confirmed COVID-19 residents. During an observation on 6/11/20 at 7:55 AM, there were 10 residents seated in the Unit 300 dining room. There were four tables with two residents sitting across from each other at each table. Resident #1, 2, 3, 4, 5, 6, 7 and 8 were not wearing face masks and they were not socially distanced six feet apart. During an observation and interview on 6/11/20 at 8:30 AM, Maintenance worker #1 measured the dining room tables and stated the three- square tables were 4 feet x 4 feet and the longer table was 3 feet in width. During an interview on 6/11/20 at 8:40 AM, LPN #1 stated there were three tables with two residents at each table and were 4 feet apart. The longer table with the two residents sitting across from each other were 3 feet apart. LPN #1 stated that it was inappropriate because all residents should remain at least 6 feet apart. During an interview on 6/11/20 at 10:39 AM, the Director of Nursing (DON) stated residents should maintain social distancing of 6 feet apart to prevent the spread of Coronavirus; droplets can travel, and it was a CDC (Centers for Disease Control) recommendation. The DON stated she was not aware the square tables in the dining room were 4 feet x 4 feet and the long table was only 3 feet. The DON stated the residents identified were sitting too close and were not at least 6 feet apart. During an interview on 6/11/20 at 10:41 AM, the Administrator stated she didn't realize the square tables were 4 feet x 4 feet and the other long table was only 3 feet. The Administrator stated the residents identified were sitting too close and they should have been at least 6 feet apart. 10 NYCRR 415.19(a)(1-3)</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.