

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335589 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/08/2020 |
| NAME OF PROVIDER OF SUPPLIER THE GRAND REHABILITATION AND NURSING AT ROME | | STREET ADDRESS, CITY, STATE, ZIP 801 NORTH JAMES STREET ROME, NY 13440 | |
| 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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review and interview during the COVID-19 Focus Infection Control Survey (NY 619) conducted on 9/8/2020, the facility did not 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 2 staff observed. Specifically, laundry aides #8 and 9 were not wearing face masks appropriately when within six feet of residents and there was no evidence the facility provided education and conveyed updates on COVID-19 to contracted laundry staff. Findings include: Review of the Health Advisory from NYSDOH Bureau of Healthcare Associated Infections (BHAH): Memorandum dated March 13, 2020, to all Nursing Homes and Adult Care Facilities, provided: All HCP (health care personnel) and other facility staff shall wear a face mask while within six feet of residents. Extended wear of face masks is allowed; face masks should be changed when soiled or wet and when HCP go on breaks. The facility Infection Control policy dated 7/2020 included: HCP must receive training on and demonstrate an understanding of when to use personal protective equipment (PPE), what PPE is necessary and how to properly don (put on), use and doff (take off) PPE. Supplies for respiratory hygiene including facemasks would be provided at the facility entrances. On 9/8/20 at 10:30 AM laundry aides #8 and 9 were observed walking through Wing 4 pushing a laundry cart. Their surgical masks were below their noses and resting on their lower lips. They passed the nursing station where four residents were seated. The laundry aides were less than 6 feet away from the residents. One resident was not wearing a mask, two residents had their masks below their noses and one resident's mask was covering their nose and mouth. On 9/8/20 at 11:00 AM laundry aides #8 and 9 were observed walking towards the Wing 3 entrance. Their surgical masks were worn below their nose and resting on their chins. During an interview on 9/8/20 at 11:00 AM laundry aide #9 stated she normally wears her mask the right way. She should be wearing her mask over her nose and mouth whenever she was near the residents to protect them from a respiratory illness like COVID-19. She was not aware she was not wearing her mask appropriately earlier when observed on Wing 4. She stated usually she was not given any masks and had to search for them and had not received guidance on where to obtain a mask. She stated she was told to wear the surgical masks until ragged before getting a new one. She stated she had not received any in-services on COVID-19. During an interview on 9/8/20 at 11:00 AM laundry aide #8 stated there were no masks available at 5:00 AM this morning when she came on shift and she had to search for a mask. If one laundry aide had a mask, they would send that person to the unit. She stated she had sinus problems which made mask wearing difficult, and this was why she was not wearing her mask appropriately earlier on Wing 4. She stated she was the laundry supervisor and worked for an agency contract service. She had not received any in-services on infection control or PPE. During an interview on 9/8/20 at 1:50 PM and 2:55 PM the infection preventionist (IP) stated laundry staff were tested for COVID-19 weekly and laundry aides #8 and 9 had never tested positive for COVID-19. She did not know who provided infection control or PPE in-services to the laundry staff and she had not. The facility did random quality assurance (QA) audits on staff for infection control purposes and she could not recall doing any random audits on laundry staff. The expectation was all staff should be wearing face masks appropriately whenever in the facility and within six feet of residents and staff. They stated when Wing 3 (step-down/isolation unit) was created in August 2020 they educated two laundry staff on Wing 3 on where to obtain PPE. The laundry supervisor was not present during this education and the staff education was not documented. They stated there was a sign posted by the staff time clock stating if a mask was needed, to call the supervisor. PPE, including surgical masks, was readily available on all units. During an interview on 9/8/20 at 3:05 PM the Administrator stated they called the Director of the laundry contract agency to ask about COVID-19 training for the laundry staff and was told that it has not been done yet. The Administrator was not aware of who in the facility had oversight of the laundry staff's infection control and PPE training. 10NYCRR 415.19(a)(2)(b)(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.