

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER MEADOW PARK REHABILITATION AND HEALTH CENTER L L C		STREET ADDRESS, CITY, STATE, ZIP 78-10 164TH STREET FLUSHING, NY 11366	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview conducted during the COVID-19 Focused Infection Control Survey (#NY 313), completed on 7/30/20 the facility did not ensure that infection control protocols were followed on 1 of 3 units (3rd Floor) reviewed. Specifically, staff did not complete proper hand hygiene and wear proper Personal Protective Equipment (PPE), gown and gloves, when in a room with a resident on contact precautions for [MEDICAL CONDITION] ([MEDICAL CONDITION] infection). The findings are: The facility policy on Infection Control [MEDICAL CONDITIONS] infection dated 02/2020 documented: Encourage hand washing with soap and water over alcohol-based hand sanitizers after contact with a resident with [MEDICAL CONDITION] or contact with his/her immediate environment. The policy further documented staff will be monitored for compliance/competency in hand washing. The facility policy on PPE revised 06/2020 documented the facility promotes appropriate use of personal protective equipment (PPE) to prevent the transmission of pathogens to residents, visitors and other staff. All staff who have contact with residents and/or their environments must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials is likely. PPE will be utilized as part of standard precautions regardless of a resident suspected or confirmed infection status. The red dot indicates that the staff should wear all PPE. The facility policy on Handwashing revised 05/2018 documented: All staff will receive education on proper hand washing technique and will be monitored for competency in hand washing techniques as the most effective method for preventing and spreading of infection. Hand sanitizers cannot be used when hands are visibly soiled, before attending to food, or after caring for residents with spore forming infections ([MEDICAL CONDITION]). Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS - an assessment tool) dated 7/29/20, documented the resident and total dependence for toilet use and extensive assistance with personal hygiene. Resident laboratory results on 07/27/2020 documented [MEDICAL CONDITION] DNA, Molecular-Positive result. On 07/30/2020 at 11:25 AM, an observation of room [ROOM NUMBER] was conducted, and the following was observed: The room door was labeled with a sign depicting a red dot, and a metal PPE bin containing gowns, gloves, and surgical masks was hanging on the room door of Resident #1. A Physical Therapy Assistant (PTA) was providing range of motion (ROM) exercises to Resident #1. The PTA was wearing only a surgical mask. The PTA exited the room without performing hand hygiene. A Recreation Leader (RL), wearing only a surgical mask, was also in the room taking menu choices from all four residents in the room. The RL exited the room without performing hand hygiene and proceeded to use the phone at the nurse's station. On 07/30/2020 at 11:41 AM, the PTA was interviewed, and she stated she did not notice the red dot sign or the PPE container on the room door upon entering the residents' room. She stated that she is aware that the red dot indicates the resident is on precautions and PPE should be worn when providing care. PTA also stated that she would do handwashing before seeing her next resident. On 07/30/2020 at 11:47AM, the RL was interviewed, and he stated that he did not notice the PPE container on the door before entering the room. He stated that he gets a daily update on resident status. He stated that the red dot on door means 100% caution and to use all PPE. He stated hand hygiene should be done before and after touching food and visiting rooms. On 07/30/2020 at 12:24PM, Registered Nurse (RN) # 1 was interviewed and stated residents on precautions are on the 24-hour report. The room is labeled with a red dot on the door, and the sign with the red dot indicates staff should wear all PPE. She stated that the resident in 317B is on contact precautions for [MEDICAL CONDITION]. On 07/30/2020 at 12:36PM, Infection Preventionist was interviewed and stated that the red dot sign on the room door informs staff there is someone on contact precautions in the room. She stated that there is a PPE bin at the door that was put in place when a resident was diagnosed with [REDACTED]. The resident tested positive for [MEDICAL CONDITION] on 07/27/2020 and was placed on contact precautions right away. She stated the resident was placed on the 24-hour report, and the nursing supervisor, interdisciplinary treatment team (IDTT) team, and department heads are informed of residents on contact precaution. She stated she audits all rooms of residents on precautions to ensure PPE is in place, staff are following PPE protocols, and proper cleaning is done. On 07/30/2020 at 1:03PM, Director of Nursing Services (DNS) was interviewed, and she stated staff providing care to Resident #1 should perform hand hygiene before providing care, after completion of care, and before moving on to the next resident. On 07/30/2020 at 2:25PM, the Physical Therapy Director was interviewed and stated that Resident #1 is provided physical therapy services 5 times per week. He stated that if there is a red dot on the door, staff should wear PPE, at all times, and practice handwashing. They should remove PPE before leaving room and practice hand hygiene with sanitizer or soap and water after providing care. He stated that there is a clear policy that signage with a yellow dot or red dot indicates staff should practice universal precautions and strict precautions. 415.19 (a) (1-3) (b)1</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.