

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN HILL NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 99 GOLDEN HILL DRIVE KINGSTON, NY 12401	
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	Provide and implement an infection prevention and control program. Based on interview and record review during the COVID-19 Focused Infection Control Survey (Complaint #NY 994) the facility did not ensure it established and maintained 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 on 2 (Units A2 and A3) of 7 units. Specifically, the facility did not ensure staff wore face masks over their mouth and nose when within six feet of residents. This is evidenced by: The Policy and Procedure titled Coronavirus (COVID-19) dated 3/5/2020, and revised on 4/9/2020, documented a surgical mask was to be worn by all staff and students that come within 6 feet of residents. Finding 1: During an observation on 6/19/20 at 3:00 PM, on Unit A3, LPN #2 was standing at a medication cart near the nurses' station wearing a face mask under his chin and was not covering his nose or mouth. LPN #2 then walked down the hall, passing within 3 feet of a resident ambulating in the hallway, then LPN #2 entered room A317. While entering the room, another resident was in a wheelchair at the doorway, LPN #2 passed within 2 feet of the resident. Upon entering room A317, LPN #2 filled a cup with water at the sink and stood at the head of the bed within 3 feet of the resident on the left side of the room. During an interview on 6/19/20 at 3:05 PM, LPN #2 stated he had just returned from break and forgot to put his facemask over his nose and mouth. LPN #2 stated it was the facility policy that staff always wear a facemask over the nose and mouth while in the facility. Finding 2: During an observation on 6/19/20 at 3:15 PM, on Unit A2, Activities Aide (AA) #2, was standing at a table, talking to, and playing a bean bag toss game with 3 residents sitting at the table. AA #2's face mask was placed below his chin, not covering his nose or mouth. AA #2 was standing 3-4 feet from the residents and was leaning forward. During an interview on 6/19/20 at 3:05 PM, LPN #2 stated he had just returned from break and forgot to put his facemask over his nose and mouth. LPN #2 stated it was the facility policy that staff always wear a facemask over the nose and mouth while in the facility. During an interview on 6/19/20 at 3:20 PM, AA #2 stated he was always supposed to have his facemask covering his mouth and nose while in the building but was warm and moved it down on his face to breathe. During an interview on 6/19/20 at 3:45 PM, the Director of Nursing (DON) stated it was the all staff were to wear a facemask while in the building, and especially when they were within 6 feet of residents. 10 NYCRR 415.19		
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.