

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335720	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER ATRIUM CENTER FOR REHABILITATION AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 630 E 104TH STREET BROOKLYN, NY 11236	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and staff interview conducted during the Recertification survey, the facility did not ensure infection control practices and procedures were maintained and followed to help prevent the development and transmission of communicable disease and infection. Specifically, a Certified Nursing Assistant (CNA) did not perform hand hygiene after his hand came in contact with the trash bin as he discarded a cup and before he served water to another resident. The CNA was also observed not performing hand hygiene after exiting the soiled utility room and before entering the dining room. This was evident for random observations of one CNA on 1 of 7 units (Unit 6). The findings are: The facility policy Hand Hygiene dated 11/15/2019 documented hand hygiene should be performed before and after patient care, whenever hands come into contact with the resident's environment. Facility in-service on Hand Hygiene competency documented that the Certified Nursing Assistant received training and was evaluated on 12/16/2019. On 03/06/2020 at 09:35 AM, a Certified Nursing Assistant (CNA) was observed giving a resident water in the dining room with bare hands. The CNA discarded the cup in the trash can making contact with the plastic liner of the trash container. The CNA then proceeded to hand water to another resident. The CNA was not observed performing hand hygiene after touching the trash can and before giving water to a resident. On 03/06/2020 at 10:31 AM, the CNA was observed leaving the soiled utility room pushing a cart with bare hands. The CNA walked into the dining room, handled a clipboard and pen, touched a resident's wheelchair and then took another resident to the bathroom. The CNA did not perform hand hygiene after leaving the soiled utility room and before performing other tasks. On 03/06/2020 at 10:57 AM, an interview was conducted with the CNA. The CNA stated he did not fully enter the soiled utility room as he handed the cart off to another staff member and usually does perform hand hygiene. The CNA also stated the resident in the dayroom wanted to go to the bathroom and he overlooked doing hand hygiene. The CNA further stated that hand hygiene is important to prevent the spread of infection. On 03/06/2020 at 10:57 AM, an interview was conducted with the Registered Nurse. The RN stated she expects staff to be [MEDICATION NAME] hand hygiene at all times including before entering day room and after coming from bathroom or soiled utility room. The RN also stated that all staff have received in-service on hand hygiene and should be utilizing what they were taught to protect the vulnerable population they work with. On 03/06/2020 at 11:37 AM, an interview was conducted with the Assistant Director of Nursing Services (ADNS)/ Facility Infection Control Representative. The ADNS stated hand hygiene is to be performed when hands come into contact with high touch surfaces in patient environment, before assisting with meals, after assisting with bathroom, and after leaving soiled utility room. The ADNS also stated that wall hand sanitizer dispenser units have been placed in every room, including day rooms and staff have been provided education on when hand hygiene should be performed.</p> <p>415.19(b)(4)</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.