

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FAIRVIEW NURSING CARE CENTER INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>69 70 GRAND CENTRAL PARKWAY FOREST HILLS, NY 11375</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> - Few	<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 observations interviews and record review during a Focused Infection Control Survey (#NY 776) on 7/3/20, 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. Specifically, Physical Therapy Assistant #1 (PTA #1) and Nursing Rehabilitation Aide #1 (NRA #1) were observed performing Range of Motion (ROM) on a resident who was on contact precaution. Both staff members were not wearing an isolation gown. This was evident for 1 of 2 residents (Resident #1) reviewed. The findings are: The Centers for Disease Control and Prevention (CDC) guidelines, under the section titled Contact Precautions, provides: on the use of personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. The facility Policy titled Transmission Based: Contact Precaution dated 02/17/2017 and last revised 07/03/2020 documented residents identified with infections such as [MEDICAL CONDITIONS] ([MEDICAL CONDITION]) (bacteria that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon), [MEDICAL CONDITION]-resistant Staphylococcus aureus (MRSA), [MEDICATION NAME]-Resistant [MEDICATION NAME] (VRE) are to be placed on contact precautions. The policy further stated, health care worker providing direct care must wear appropriate Personal Protective Equipment (PPE). The facility may allow other personnel not wear appropriate PPE if there will be no direct contact with the resident and its surroundings. The facility policy did not document what appropriate PPE was. Resident #1 was diagnosed with [REDACTED]. The Minimum Data Set 3.0 ((MDS) dated [DATE] documented that Resident #1 was receiving Occupational and Physical Therapy. The physician's orders [REDACTED].#1. A sign stop see the nurse was posted on the outside of the room door. PTA #1 and NRA #1 were observed in the room without wearing isolation gowns. PTA #1 was observed performing ROM exercises on Resident #1, making direct physical contact with the Resident. During an interview with PTA #1, on 07/03/2020 at 11:29 am, she stated she was not wearing a gown because she was not in close contact with the resident. She stated that she was only touching Resident #1 occasionally. She stated that Licensed Practical Nurse #1 (LPN #1) instructed her to wear a gown only when in close contact with resident on contact precaution. During a subsequent interview with PTA #1 at 4:14 pm, she verbalized she is aware that [MEDICAL CONDITION] is contagious and can be found on surfaces. She stated that she should have worn a gown. However, LPN #1 told her that she did not need to wear a gown unless there is direct patient care and to just double glove. NRA #1 was interviewed on 07/06/2020 at 1:33 pm and stated that he received in-services on infection control and is aware of the requirements. He verbalized that gown and gloves must be worn for residents on contact precaution. Upon inquiry, he stated that he observed the sign (stop see nurse) on the residents' door and that he went to LPN #1, who instructed him to only wear double gloves. During an interview with LPN #1 via telephone on 07/06/2020 at 2:24 pm she stated that gown and gloves must always be worn for residents on contact precaution. LPN #1 stated she did not instruct PTA #1 and NRA #1 to only wear double gloves. The Infection Control Preventionist (ICP) was interviewed on 07/03/2020 at 4:05pm and stated, staff must wear a gown and gloves for residents on contact precaution. PPE must always be worn in the resident's room even when direct contact is not required. She verbalized that the same contact precaution rule is applied for residents with [MEDICAL CONDITION]. The ICP stated that the 2 staff members (PTA #1 and NRA#1), breached infection control practices and that all staff would be in-serviced as a result. 415.19(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.