

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BROOKSIDE MULTICARE NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7 ROUTE 25A SMITHTOWN, NY 11787</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, during a COVID-19 Focused Infection Control Survey (Complaint # NY 735), conducted on 6/15/20, 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, the facility did not follow the cohorting requirements documented in the Dear Administrator Letter (DAL) dated April 29, 2020 for 1 of 3 residents reviewed. The findings are: The Executive Order 202.11 dated March 27, 2020 documented the following: Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 shall be effective immediately and shall supersede any prior conflicting guidance issued by the New York State Department of Health and any guidance issued by any local board of health, any local department of health, or any other political subdivision of the State related to the same subject. The New York State Department of Health DAL dated April 29, 2020 documents the following: As care pertains specifically to COVID-19, state and federal rules and regulations require nursing homes must adhere to appropriate safety measures including, but not limited to: Having protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and non-positive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term care facility, or to another non-certified location if they are unable to successfully separate out patients in individual facilities. The facility's policy entitled Isolation - Categories of Transmission Based Precautions revised 4/28/2020, documented: Droplet precautions- Resident Placement: place the resident in a private room if possible. When a private room is not available, residents with the same infection with the same microorganisms but with no other infection may be cohorted. COVID-19 positive residents who continued to test positive after 14 to 21 days may continue to remain with previously positive room cohort if both residents are asymptomatic when a private room is not available. If cohorting is not achievable use a curtain and maintain at least three feet of space between the infected resident and other residents and visitors. During an observation on 6/15/20 at 10:45 AM, a sign outside Resident # 3's room door indicated the resident was on droplet precautions. Resident #4 was observed sharing the room with Resident #3. The Lab Report for Resident #3, diagnostic results dated 6/5/20 and 6/15/20 documented COVID-19 PCR (polymerase chain reaction) detected indicating Resident#3 was positive for COVID-19. The Lab Report for Resident #4, diagnostic results dated 6/5/20 documented COVID-19 PCR (polymerase chain reaction) not detected indicating Resident #4 was negative for COVID-19. The Registered Nurse Supervisor (RNS) was interviewed on 6/15/2020 at 10:50 AM and stated Resident #3 was positive COVID-19 and Resident #4 was tested negative (could not recall when). The RNS stated that both residents (#3 and # 4) were kept in the same room as they were asymptomatic and could stay in the same room. The Director of Nursing Services (DNS) and the Assistant Director of Nursing Services (ADNS) were interviewed on 6/15/20 at 2 PM concurrently and stated that there was no other room on the unit to transfer the resident and both the residents were asymptomatic. The ADNS (who is also the Infection Control Nurse) stated she had revised the Isolation Infection Control Policy related to transmission-based precautions, as documented in the 4/28/20 revised policy. The policy was also reviewed by a Pulmonologist who found the policy to be acceptable. The ADNS stated that both residents were cohorted as per the policy. She stated since both residents were asymptomatic and a minimum space of 3 feet was maintained between the residents and these measures were adequate to limit transmission of infection. The Administrator was interviewed on 6/15/20 at 4:45 PM and stated that both residents (Resident #3 and Resident #4) were asymptomatic and remained in the same room. He stated he was unaware that the Isolation Policy documented 3 feet of space should be maintained between the infected residents and other residents and he believed the correct space to maintain between residents should be a minimum of 6 feet. 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.