

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER MOUNTAINSIDE RESIDENTIAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 42158 STATE HIGHWAY 28 MARGARETVILLE, NY 12455	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review and interviews during the COVID-19 Focused Infection Control Survey (Case #NY 213) conducted on 6/24/20, 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 ensure all staff and visitors were adequately screened for respiratory related symptoms and illness upon entrance to the facility. This is evidenced by: 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 Health Advisory from New York State Department of Health (NYSDOH) Bureau of Healthcare Associated Infections (BHA) Memorandum dated March 13, 2020 to all Nursing Homes and Adult care Facilities, provided: Immediately implement health checks for all HCP and other facility staff at the beginning of each shift. HCP and other facility staff with symptoms or with a temperature greater than or equal to 100.0 F should be sent home, and HCP and other facility staff who develop symptoms or fever while in the facility should immediately go home. Any permissible visitors shall be checked as if they are staff. The Centers for Medicare & Medicaid Services (CMS) memo (Ref: QSO-20-14-NH) titled Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED) dated 3/13/2020, documented guidance to facilities to implement active screening of residents and staff for fever and respiratory symptoms; to screen all staff at the beginning of their shift for fever and respiratory symptoms; and to actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. The findings are: An untitled facility memo from their parent company dated March 9, 2020, documented the information desk would screen all patients and visitors that arrived and would ask screening questions, including recent travel, close contact with a positive COVID-19 person, and symptoms such as fever, cough, shortness of breath and sore throat. A review of the facility's Daily Temperature Log for Staff dated 6/24/20 was a pre-printed staff roster that staff used to document their temperatures upon entering and exiting the facility. The staff roster did not include the signatures of staff or documentation of the absence for COVID-19 or any respiratory related symptoms. During an interview on 6/24/20 at 9:25 AM, Receptionist #3 stated staff checked and documented their own temperatures 2 times per shift and staff were not screened for symptoms of respiratory illness or COVID-19 symptoms. She stated the absence of symptoms was not documented. During an interview on 6/24/20 at 10:15 AM, Registered Nurse (RN) #1 stated that screening occurred 2 times a day for staff; once before their shift and once after their shift. She stated the screening process was to wash their hands, take their temperature, and write their temperature on the log at the front reception desk. She stated employees were not asked screening questions regarding signs or symptoms of COVID-19 or respiratory illness. During an interview on 6/24/20 at 10:30 AM, Environmental Services staff member #1 stated employees took their own temperatures before and after their shifts and stated there were no questions asked of employees regarding respiratory symptoms or COVID-19 symptoms. During an interview on 6/24/20 at 10:40 AM, Certified Nursing Assistant (CNA) #1 stated employees were not asked any questions regarding COVID-19 or respiratory related symptoms. She stated the facility used to ask screening questions in the very beginning when COVID-19 first started, but the screening questions stopped a while ago. During an interview on 6/24/20 at 1:20 PM, the Administrator stated it was presumed that staff reporting to work did not have any other symptoms of COVID-19 when they signed the temperature log. He stated the employee was confirming he or she was not experiencing any symptoms of respiratory illness by signing the log. He stated the parent company sent emails to all employees, so they were all aware of the symptoms that should be reported. He stated their screening process did not include documentation of the absence of symptoms because it was each employee's responsibility to self-report signs and symptoms of respiratory illness or travel out of the area. During an interview on 6/24/20 at 1:30 PM, the Director of Nursing (DON) stated staff were required to check and document their own temperatures on the sign in log at the front desk at the beginning and end of each shift. The DON stated that when the employees signed their name after taking their temperature, they were confirming they were not experiencing any respiratory symptoms. The DON also stated the absence of COVID-19 related symptoms was not being documented. 10NYCRR 415.19</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.