

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335378</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SODUS REHABILITATION &amp; NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6884 MAPLE AVE SODUS, NY 14551</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 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interviews and record reviews conducted during the COVID-19 Focused Infection Control Survey (#NY 851) conducted on [DATE], the facility did not inform all residents and/or resident representatives by 5:00 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other for five (Residents #1, #2, #3, #4, and #5) of five residents reviewed. Specifically, the facility did not provide verbal or written notification when three staff and one medical provider recently tested positive for COVID-19 and one resident that was positive for COVID-19 had expired. This is evidenced by, but not limited to, the following: CMS guidance titled, Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (Ref: QSO-[DATE]-NH), dated [DATE], provided that as part of a skilled nursing facility's COVID-19 reporting requirements, facilities must inform residents, their representatives, and families of those residing in facilities by 5:00 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Such requirements were made effective [DATE] in regulatory amendments to 42 CFR 483.80 pursuant to 85 Fed. Reg. . . . The facility did not have a policy or procedure related to the notification of residents and their representatives of COVID-19 infections. The Infection Control Focused Survey Information Requested form provided to and completed by the facility, dated [DATE], included three staff members (LPN, HR, and Housekeeping) and one contract physician (dentist) who tested positive for COVID-19. The first staff (LPN) confirmed case was on [DATE]. The other two staff members and contract physician (dentist) were confirmed positive on [DATE]. 1. Resident #1 had [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) Assessment, dated [DATE], revealed the resident was cognitively intact. Review of progress notes, from [DATE] through [DATE], revealed no documentation that Resident #1 was notified of the four cases of staff testing positive for COVID-19 in the facility or the one resident who recently passed away and was positive for COVID-19. During an interview on [DATE] at 11:25 a.m., Resident #1 stated that they were not notified of any resident or staff cases of positive COVID-19 infections. 2. Resident #3 had [DIAGNOSES REDACTED]. The MDS Assessment, dated [DATE], revealed the resident had severely impaired cognition. Review of progress notes, from [DATE] through [DATE], revealed no documentation that Resident #3's representative had been notified of any positive COVID-19 cases in the facility. During an interview on [DATE] at 1:15 p.m., Resident #3's Health Care Proxy stated they had not been notified of any positive cases of COVID-19 of residents or staff members. 3. Resident #5 had [DIAGNOSES REDACTED]. The MDS Assessment, dated [DATE], revealed the resident was cognitively intact. Review of the progress notes, from [DATE] to [DATE], revealed that Resident #5 had not been notified of any positive COVID-19 cases in the facility. During an interview on [DATE] at 10:00 a.m., Resident #5 stated they came to the facility for rehabilitation on [DATE] and they were told there was no COVID-19 in the facility. Resident #5 said that they heard through the grapevine that a staff member had been positive for COVID-19 a long time ago but nothing recent. During an interview on [DATE] at 10:29 a.m. and again at 11:15 a.m., the Director of Nursing (DON) stated that they were notified on [DATE] of two staff members who recently tested positive for COVID-19 and a medical provider who recently worked at the facility was COVID-19 positive. The DON said that they also had a Licensed Practical Nurse (LPN) who tested positive a few weeks ago ([DATE]). She said the facility was in the process of sending out a letter to families to inform them of the COVID-19 cases. When asked if anyone was informing the residents of the COVID-19 cases, she said not that she was aware of. She said that the Administrator takes care of all the family notification. The DON said she was not aware of a specific policy regarding notification of all residents and families of all positive cases in the facility. During an interview on [DATE] at 12:06 p.m., the Social Worker (SW) stated that residents and families who were exposed to the medical provider (approximately ten residents) were notified that their rooms were being changed due to the COVID-19 exposure. The SW said she did not call any other families related to any positive cases in the facility. During an interview on [DATE] at 2:00 p.m., the Administrator stated they were in the process of sending letters to families regarding the positive COVID-19 cases of the staff in the facility. (10 NYCRR 42 CFR 483.80)</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.