

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER PENFIELD PLACE		STREET ADDRESS, CITY, STATE, ZIP 1700 PENFIELD RD PENFIELD, NY 14526	
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 0607 Level of harm - Potential for minimal harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interviews and record reviews conducted during the COVID-19 Focused Infection Control Survey (complaint #NY 118), it was determined that the facility did not implement written policies and procedures to prevent abuse, neglect, exploitation and misappropriation of resident property related to screening prospective employees. Specifically, a Nurse Aide Registry abuse screening was not completed prior to hire for four (Employees #2, #3, #4, and #5) of five employee files reviewed. This is evidenced by the following: The facility policy, Abuse, Neglect, and Exploitation Prohibition, Training, Investigation, and Reporting Policy, included all staff that are being considered for hire must also be checked with the NYS Nurse Aide Registry for a history of findings. The printed web screen with verifications of date checked will satisfy the State and Federal requirements. On 8/12/20 at 2:45 p.m., the surveyor was provided with five employee Nurse Aide Registry screens and employee files. The files documented that Employees #2, #3, #4, and #5 were hired for Dietary, CNA (Certified Nursing Aide), Dietary, and Activities, respectively. The files also showed that Employees #2, #3, and #4 were hired on 7/29/20, and Employee #5 was hired on 6/24/20. The Nurse Aide Registry check for all four employees showed a date stamp of 8/12/20 with no findings of abuse. When interviewed on 8/12/20 at 2:45 p.m., the Human Resources Manager said they review the Nurse Aide Registry for abuse before hire, but they do not print them out or otherwise document. (10 NYCRR 415.4(b))		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, an interview, and record reviews conducted during the COVID-19 Focused Infection Control Survey (complaint #NY 118) completed on 8/12/20, the facility did not maintain an infection prevention and control program designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility did not comply with Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS), and New York State Department of Health (NYSDOH) guidance for visitation. This is evidenced by the following: The facility did not comply with Centers for Medicare and Medicaid Services (CMS) and New York State Department of Health (NYSDOH) visitation guidelines. The CMS Quality, Safety & Oversight Group (QSO-20-14-NH) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED), dated 3/13/20, documented that all facilities nationwide should, restrict visitation of all visitors and non-essential health care personnel, except for certain [MEDICATION NAME] care situations, such as an end-of-life situation. The NYSDOH Health Advisory: COVID-19 Cases in Nursing Homes and Adult Care Facilities, dated 3/13/20, directed facilities to suspend all visitation except when medically necessary. A NYSDOH Health Advisory: Skilled Nursing Facility Visitation, dated 7/10/20, documented that the Department will now permit outside visitation, and limited indoor visitation and activities, if the Nursing Homes (NH) meet specific benchmarks and develop a reopening plan via the NY Forward Safety Plan. Nursing Homes in Phase 3 regions may resume limited visitation and activities beginning five days after the release of this health advisory and only under ten conditions including, but not limited to the following: (4) The NH has completed the NY Forward Safety Plan and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov., and, (6) The absence of any new onset of COVID-19 among staff or residents as reported to the Department on the HERDS and staff testing surveys and as reported to the National Health Safety Network (NHSN) for a period of no less than 28 days. A review of the HERDS data submitted by the facility revealed the last COVID-19 positive staff member was on 7/31/20. There was no documentation that the facility submitted a NY Forward Safety Plan to resume visitation. In an observation on 8/12/20 at 12:53 p.m., Resident #1 was visiting with a family member approximately outside the main entrance. Further observations revealed the area was setup with a staff member screening area and social distancing for visitation. When interviewed on 8/12/20 from 1:30 p.m. to 1:45 p.m., the Administrator stated the facility's NY Forward Safety Plan was completed shortly after the advisory was released but was not submitted to NYSDOH because that was the direction from corporate. The Administrator stated that outdoor visitation only (no indoor) was resumed about a week ago and that they used their NY Forward Safety Plan for proper social distancing and infection control. He said the decision to resume visitation was made with the Acting Director of Nursing, and since the plan was good from an infection control perspective, they considered it an activity rather than a visit. The Administrator said that resuming visitation has dramatically improved the quality of life for the residents and everyone has been so happy. When asked about a positive COVID-19 test for a staff member reported on 7/31/20, the Administrator stated that they believed the test was a false positive because the person subsequently tested negative three other times. The Administrator said that they have not been able to get anything from the lab confirming that the test was a false positive. (10 NYCRR 415.19(a)(1-3))		
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.