

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER COLD SPRING HILLS CENTER FOR NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 378 SYOSSET WOODBURY ROAD WOODBURY, NY 11797	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review (Complaint #NY 325), 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 for one of nine units reviewed. Specifically, the facility did not ensure the door to resident rooms were closed if the resident tested positive for COVID-19 as required in the Health Advisory issued by the New York State Department of Health dated March 13, 2020 for COVID-19 Cases in Nursing Homes and Adult Care Facilities documented The resident must be isolated in a separate room with the door closed. The findings are: The Executive Order #202.1 dated March 12, 2020 documented the following: Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 at nursing homes and adult care facilities, including but not limited to guidance on visitation, 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 dated March 13th, 2020 for COVID-19 Cases in Nursing Homes and Adult Care Facilities from the New York State Department of Health (NYSDOH) Bureau of Healthcare-Associated Infection (BHAI) documented If there are suspected cases of COVID-19 in a NH Residents suspected of infection with COVID-19 should be given a facemask to wear, and the facility must immediately contact the NYSDOH. The resident must be isolated in a separate room with the door closed. The Facility COVID -19 Pandemic Specific Infection Control Plan Policy and Procedure dated 3/4/20 and last updated 4/30/20 did not include the above guidelines. Resident #1 has [DIAGNOSES REDACTED]. The Minimum Data Set ((MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) Score of 6 which indicated the resident had severe cognitive impairment. The resident required extensive assist of one to two staff members for all areas of Activities of Daily Living. During an observation conducted on 5/4/2020 at 12:40 PM on the 3rd Floor Nursing Unit, Resident #1's room door was observed wide open with the resident in the bed. The resident was identified as positive COVID-19 and was on droplet precautions. An interview was conducted on 5/4/20 at 12:40 with the Licensed Practical Nurse (LPN) she stated that she had not been closing the doors to the resident's room on her unit. The LPN stated that she was in service on COVID-19, however, she did not recall any instructions related to closing the doors of the positive COVID-19 resident rooms. An interview was conducted on 5/4/20 at 2:10 PM with the Director of Nursing Services (DNS). The DNS stated she expected the positive COVID-19 resident room doors to be closed or slightly ajar if the residents were identified as a fall risk. The DNS stated that the door should not be left wide open. 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.