

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335600	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER THE GRAND REHABILITATION AND NURSING AT UTICA		STREET ADDRESS, CITY, STATE, ZIP 1657 SUNSET AVE UTICA, NY 13502	
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 observation, record review, and interview during the COVID-19 Focus Infection Control Survey and abbreviated survey (NY 949), the facility did not 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 residents on 2 out of 7 units observed (Units 5 and 6), and for 1 of 3 employees interviewed (Employee #4). Specifically, 5 staff members were observed not wearing face masks appropriately and as directed in the Dear Administrator Letter (DAL) issued March 13, 2020, when within 6 feet of residents. Additionally, the facility did not maintain appropriate documentation for staff COVID-19 testing as indicated in Executive Order 202.30 issued May 10, 2020 for Employee #4. Findings include: Review of the Health Advisory from New York State Department of Health (NYSDOH) Bureau of Healthcare Associated Infections (BHAI): Memorandum dated March 13, 2020 to all Nursing Homes and Adult care Facilities, provided; All HCP (health care personnel) and other facility staff shall wear a facemask while within 6 feet of residents. Extended wear of facemasks is allowed; facemasks should be changed when soiled or wet and when HCP go on breaks. The facility policy Guidance on COVID-19 revised 2/11/20, documented to ensure that health care personnel are educated, trained, and have practiced the appropriate use of personal protective equipment (PPE) prior to caring for a patient, including attention to the correct use of PPE. As of 6/1/2020, the facility was free of any positive COVID-19 cases. 1) On 6/2/2020 the following was observed on the 6th floor nursing unit: - At 9:47 AM, Unit helper #9 was observed wearing a face mask below her nose while she was directly next to Resident #5, who was sitting in a wheelchair in the room. On 6/2/2020 the following was observed on the 5th floor nursing unit: - From 12:05 PM to 12:09 PM, Certified Nurse's Aide (CNA) #7 was observed with her face mask below her nose, conversing with Resident #9 in the hallway, who was seated in a wheelchair directly next to the CNA #7. - At 12:16 PM the Registered Nurse (RN) Manager #14 was observed sitting at a table in the television lounge area with 2 unidentified residents that were closer than 6 feet to him. RN Unit Manager #14's fabric face mask was loose fitting and did not cover his nose. - At 2:43 PM, Dietary Aide #11 was observed sitting at the nursing station desk wearing her face mask below her nose while speaking with Resident #10, who was less than 6 feet away. During an interview on 6/2/20 at 2:43 PM Dietary Aide #11 stated face masks needed to be worn over the nose and mouth when residents were within 6 feet of staff. During an interview on 6/2/20 at 3:21 PM CNA #7 stated face masks should cover both the mouth and nose and should be worn properly at all times while residents are within 6 feet of staff. During an interview on 6/2/20 at 12:16 PM RN Manager #14 stated his fabric face mask was loose and he needed a new face mask. He stated the facility had adequate personal protective equipment (PPE) which was readily available on the 2nd floor. He stated face masks should be replaced when they were too loose or stretched out and did not cover both the mouth and nose. During the interview his fabric face mask continued to fall and did not cover his nose. During an interview on 6/2/20 at 3:16 PM the Infection Control Preventionist RN stated face masks should cover the mouth and come up over the bridge of the nose whenever staff were within 6 feet of a resident. Face masks should be discarded and replaced if they became soiled, damaged or were ill fitting. It was unacceptable for staff to have their mouth or nose exposed if a resident was within 6 feet. Unit Managers were responsible to complete rounds to ensure staff were wearing their face masks properly. She stated the facility had an adequate supply of PPE, including face masks. 2) Executive order 202.30, issued May 10, 2020, documented that nursing homes test all personnel, employees, contract staff, medical staff, operators, and administrators for COVID-19. Facilities must test twice per week pursuant to a plan filed with the Department of Health. Employee #4's timecard documented he was a full-time employee and worked 5/24, 5/25, 5/28, 5/29, 5/30, 5/31, and 6/2/20. During an interview on 6/2/20 at 11:47 AM Employee #4 stated he worked full time, had not been tested for COVID-19 at the facility yet and he chose to be tested at a pharmacy last week. He was aware that staff needed to be tested for COVID-19 twice a week and planned on returning to the pharmacy for another test on 6/3/20. During an interview on 6/2/20 at 3:50 PM the Infection Control Preventionist RN stated staff working 3 or more days a week should be tested for COVID-19 twice per week. Staff were able to be tested at the facility or in the community. Employees who opted to be tested in the community were expected to provide documentation of their testing. She reported she did not have any information regarding COVID-19 testing for Employee #4 and he was not tested at the facility yet. She stated if the facility did not have proof of COVID-19 testing, the employee should not be working until proof of testing was confirmed. During a follow up interview on 6/3/20 at 1:30 PM the Infection Control Preventionist RN stated she received documentation that Employee #4 was tested (in the community) for COVID-19 on 5/22/20 only. She had no other documentation of any testing for Employee #4 from 5/23/20 - 6/2/20 (11 days). 10NYCRR 415.19(a)(2)(b)(2)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.