

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335680</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EDDY MEMORIAL GERIATRIC CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2256 BURDETT AVENUE TROY, NY 12180</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review conducted during the COVID-19 Infection Control Focus Survey completed on 5/13/20, the facility did not ensure an infection prevention and control program (IPCP) designed to help prevent the development and transmission of communicable disease and infection was maintained. Specifically, the facility did not ensure hand hygiene was completed after resident care for 1 of 1 resident reviewed. Specifically, the facility did not ensure multi-resident use equipment was cleansed after use on a resident and prior to returning item to a clean area to prevent the risk cross-contamination. This is evidenced by: A policy titled Standard/Universal Precautions revised on 12/12/2019 documented hand washing shall occur regardless of whether gloves are worn, after glove removal and between resident contact. A policy titled equipment cleaning and sanitizing dated 5/8/2020, documented an oximeter (an instrument for measuring continuously the degree of oxygen saturation of the circulating blood) should be cleansed with disinfecting agent, super Sani-wipes after each use and remain on the nursing medication cart. During an observation on 5/13/20 at 10:40 AM, LPN #1 was observed with gloved hands utilizing a pulse oximeter on a resident in a common area. LPN#1 returned to the medication (med) cart, and placed the pulse oximeter on top of the med cart. LPN #1 did not remove her gloves before using the laptop, mouse, multi use pill crusher, multi-use pudding container and multi-use thickened liquid container. During an interview on 5/13/20 at 10:45 AM, LPN #1 stated she should have cleaned the pulse oximeter immediately after resident use and prior to returning this item to a clean area. LPN #1 stated after each resident contact, she should remove gloves and cleanse hands, prior to touching a clean area or multi-resident use containers. LPN #1 stated she did not clean the pulse oximeter, as she did not have sani-wipes on her med cart, but could have obtained them from a room down the hall from the med cart. LPN #1 stated it was her habit to not remove gloves and cleanse hands immediately after resident use. During an interview on 5/13/20 at 12:20 PM, the Administrator stated, the expectation was that staff would remove their gloves and cleanse their hands immediately after resident contact and prior to touching a clean area. He stated the expectation is that all multi -resident use medical devices would be cleansed after each resident use and prior to returning them to a clean area. During an interview on 5/13/20 at 2:00 PM the Director of Nursing stated LPN #1 received a full orientation, including return demonstration of hand hygiene and infection control practices. 10NYCRR415.19 (b)(2)(4)</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.