

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335705	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER ELLIS RESIDENTIAL & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 600 MCCLELLAN STREET SCHENECTADY, NY 12304	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of facility policy during the COVID-19 Infection Control Focus Survey (Complaint #NY 398) conducted on 08/17/20, 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. Specifically, the facility did not ensure that staff performed hand hygiene when donning and doffing isolation gloves and gowns. The findings are: The facility's policy and procedure titled Novel Coronavirus (COVID-19) with a revision date of April 2020 directed the staff to perform hand hygiene before and after all resident contact, contact with potentially infectious matter and before putting on and after removing PPE. Hand hygiene is performed by using ABHR with 60-90% alcohol or washing hands with soap and water for at least 20 seconds. On 8/16/20, the Hospital Electronic Response Data System (HERDS) report listed the following information: Facility census- 68, 2 COVID-19 positive residents, 1 COVID-19 related death, and 68 residents on isolation. Finding #1 Observation on 8/17/20 at 12:15 PM, revealed Certified Nursing Assistant (CNA) #2 exited room [ROOM NUMBER], removed gown and gloves and placed them in trash can inside the resident's room. CNA #2 donned a new gown and gloves from the isolation cart. CNA #2 did not perform hand hygiene. CNA #2 removed a lunch tray from the meal cart and carried the lunch tray into the next room. During an interview on 8/17/20 at 12:23 PM, CNA #2 stated that he/she had forgotten to perform hand hygiene. During an interview on 8/17/20 at 12:50 PM, the Unit Manager (UM), stated that two (2) employees from this unit recently tested positive for COVID 19. All units were on droplet/contact precautions since the recent exposure. Staff are expected to perform hand hygiene when donning and doffing PPE. Finding #2 During an observation on 8/17/20 at 12:24 PM, Licensed Practical Nurse (LPN) #1 exited the medication room carrying a medication cup with applesauce and a dark blue medication injection pen. LPN #1 was wearing a gown, gloves, surgical mask and face shield. After administering the medication, LPN #1 exited the room, returned to the medication cart and removed the gown and gloves. LPN #1 did not perform hand hygiene prior to donning a new gown and gloves. During an interview on 8/17/20 at 12:30 PM, LPN #1 stated she should have performed hand hygiene after doffing PPE and prior to donning PPE. LPN stated that she could have used the hand sanitizer station located in the hallway. During an interview on 8/17/20 at 2:49 PM, the Director of Nursing (DON) stated staff were expected to perform hand hygiene prior to donning PPE. 10 NYCRR 415.19(a)(1-3), (b)(4).		

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.