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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335831 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/15/2020 |
| NAME OF PROVIDER OF SUPPLIER FULTON COMMONS CARE CENTER INC | | STREET ADDRESS, CITY, STATE, ZIP 60 MERRICK AVENUE EAST MEADOW, NY 11554 | |
| 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, record review and interview during a COVID-19 Focused Infection Control Survey (Complaint # NY 940) the facility did not ensure an Infection Control program was maintained to prevent the development and transmission of communicable disease and infection. The staff did not consistently follow the recommended Centers for Disease Control (CDC) Infection Control transmission-based procedure for residents on precautions for three of six residents reviewed for Infection Control. Specifically, Housekeeper #1 was observed inappropriately using Personal Protection Equipment (PPE) while cleaning a room in the COVID-19 designated unit and CNA # 4 did not perform Hand Hygiene in-between transporting two different residents to their rooms. The finding is: The undated COVID-19 Policy documented that Housekeeping staff put appropriate PPE based on precautions in place. The undated Bioterrorism Pandemic/Influenza Policy and Procedure documented that staff should perform hand hygiene after touching contaminated items and between resident contacts. Hand Hygiene includes both handwashing with either plain or antimicrobial soap and water or use alcohol-based products (gels, rinses, foams) that contain an [MEDICATION NAME] and do not require the use of water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are prepared over antimicrobial activity, reduced drying of the skin, and convenience. The updated COVID-19 Hand Washing and PPE Application/Removal lesson plan documented staff were instructed on demonstrating proper technique when performing hand washing, and demonstrate proper technique when donning and removing PPE. The Housekeeping Supervisor was interviewed on 5/4/2020 at 10:20 AM. The Housekeeping Supervisor stated that his staff is expected to wear a white jumpsuit with a yellow gown over the jumpsuit, face mask, N95, and gloves in COVID-19 unit rooms. When leaving any room on the COVID-19 unit, their gloves are to be taken off and the staff should either wash their hands with soap and water or sanitize their hands with the sanitizer from the dispensers on the units. During an observation on 5/4/20 at 12:20 PM Housekeeper #1 was observed on the dedicated COVID-19 Unit entering a resident room with no precautions signage. Housekeeper #1 was wearing a Personal Protective Jumpsuit that was unzipped down to his waist, and the N95 mask was worn with only one strap around his head and the second strap was not secured and was hanging. Housekeeper #1 was not wearing any gloves. He mopped and cleaned and exited the room without washing his hands. Housekeeper #1 was interviewed on 5/4/2020 at 12:30 PM. He stated that the only time he has to wear a yellow gown, gloves, and N95 mask is for the resident rooms that have a droplet precaution sign outside their doors. He stated that he was never told to wear gloves in the other residents' rooms that did not have signs on their doors. He did open his jumpsuit because he was feeling hot. CNA #4 was observed escorting a resident from the common area to the resident's room on 5/4/20 at 12:50 PM. CNA #4 did not wash her hands and then escorted another resident from the common area to the resident room. CNA #4 was interviewed on 5/4/20 at 1:00 PM. CNA #4 stated that she works on the 7 AM-3 PM shift on the negative COVID-19 unit. She stated that she should have washed her hands but did not because she was rushing to bring the residents back to their rooms. She stated that she was in-serviced about PPE and handwashing by the Infection Control RN. The Infection Control Registered Nurse (RN) was interviewed on 5/4/2020 at 3:15 PM. The Infection Control RN stated that all residents on the COVID-19 unit are on droplet precautions. All other residents in the facility are on contact precautions. Housekeeper #1 should have had his jumpsuit zipped all the way up as it was not appropriate to expose his regular clothes underneath. The RN stated that the Housekeepers should also wear gloves in the residents' rooms, take them off before leaving the rooms, and then sanitize their hands in the hallway. The RN stated that the CNAs should wash and or sanitize their hands after escorting the resident in the hallway. The Infection Control RN stated that Infection Control in-services have been conducted in the facility. The last training was on 5/1/2020 and if an infraction is seen the individual staff person is re-in-serviced. 415.19(a)(1-3) 415.19(b)(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.