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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335835 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/01/2020 |
| NAME OF PROVIDER OF SUPPLIER ISLAND NURSING AND REHAB CENTER | | STREET ADDRESS, CITY, STATE, ZIP 5537 EXPRESSWAY DRIVE NORTH HOLTSVILLE, NY 11742 | |
| 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 0836 Level of harm - Potential for minimal harm Residents Affected - Some | <p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review during an onsite COVID-19 Focused Infection Control Survey (Complaint # NY 00 7) the facility did not ensure that it was in compliance with all applicable Federal, State, and Local Laws, Regulations, and Codes. Specifically, the facility did not consistently comply with New York State Executive Order (EO) 202.18 and ensure that residents' family and/or their next of kin were notified of either a single confirmed infection of COVID-19 or COVID-19 death within 24 hours from the date of occurrence for 2 of 2 families interviewed. Specifically, the facility did not notify residents' family members of two resident deaths on [DATE] and [DATE] related to COVID-19 within 24 hours as specified in the EO 202.18. The findings are: The Executive Order #202.18 dated [DATE], documented the following: Any skilled nursing facility, nursing home, or adult care facility licensed and regulated by the Commissioner of Health shall notify family members or next of kin if any resident tests positive for COVID-19, or if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death. The facility's policy dated [DATE], titled Communication/Notification During COVID-19 Pandemic Policy, documented it is the intention of the facility to implement effective, frequent, and accurate communication with family members, designated representatives and residents during the COVID-19 pandemic. The COVID-19 expiration listing from [DATE]-[DATE] documented two positive COVID-19 expirations on [DATE] and [DATE]. An interview was held with Resident # 3's family member on [DATE] at 2:55 PM. The family member stated that she received a letter last month from the facility to inform her that there were residents diagnosed with [REDACTED]. The family member stated the letters did not include any residents expired from COVID-19. An interview was held with Resident # 1's family member on [DATE] at 4:13 PM. The family member stated she received a letter about a month ago from the facility to inform her that there were residents diagnosed with [REDACTED]. The family member stated the letter did not document any residents who expired from COVID- 19. The Administrator was interviewed on [DATE] at 1:45 pm. He stated the facility used robocalls and mailed letters to families to communicate resident status updates regarding COVID-19. He stated he did not communicate to all families, only the affected families, and he stated he did not include information on deaths related to COVID-19 because he did not want to create hysteria. 400.2</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.