

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335840</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDFORD MULTICARE CENTER FOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3115 HORSEBLOCK ROAD MEDFORD, NY 11763</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 0836  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Some</b>	<p><b>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.</b></p> <p>Based on interview and record review during the COVID-19 Focused Infection Control survey (Complaint # NY 821) 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 comply with New York State Executive Order (EO) 202.18, and ensure that family members and/or their next of kin were notified of either a single confirmed infection of COVID19 or COVID19 death within 24 hours from the date of occurrence for three of three records reviewed for Infection Control. The findings is: The Executive Order #202.18 dated April 16, 2020 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 Policy and Procedure dated 3/2020 and updated 5/2020 titled Communication with Residents/Families documented that 1) residents' families will be notified by letter no less than monthly. 2) Residents' families will be called no less than weekly for the update on the resident status and facility updates, and Sky Media is being utilized to report to families and facility updates on a daily basis: a) positive COVID-19 residents, b) COVID-19 suspected, c) COVID-19 deaths, and d) COVID-19 graduates. A family member (#1) was interviewed on 5/14/20 at 2:00 PM. The family member stated that she has had no communication from the facility. The family member stated that she had never been called or received any letters with any updates on the COVID-19. A family member (# 4) was interviewed on 5/14/2020 at 2:15 PM. The family member stated that she has gotten three letters from the facility which updated her on the general status of the facility with regard to COVID-19. The family member stated that she was not aware of any daily calls or any website information to date. The Director of Nursing Services (DNS) was interviewed on 5/14/2020 at 9:10 AM. The DNS stated she thought the facility was meeting the guidelines by calling just the affected families, such as when a resident was diagnosed as positive COVID-19 or if a resident passed away from COVID -19. The DNS stated that it was a misinterpretation of the guidelines. The DNS stated that the COVID-19 information, as required by Executive Order 202.18, was provided on the facility's website starting on 5/8/2020. She stated the website is now updated daily. She stated that prior to 5/8/20 the facility was making weekly calls to update families. On 5/14/2020 at 1:30 PM, the Administrator was interviewed and stated that the Recreation Department informed the members of the Resident Council at the bedside the number of positive COVID-19 residents in the facility, but not the deaths. The Administrator also stated there was no policy in reference to this. 400.2</p>		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, during the COVID-19 Infection Control Focused Survey (Complaint # 821), 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 for 1 of 8 units reviewed. Specifically, the facility did not discontinue communal dining on unit 1B as required in the Health Advisory issued by the New York State Department of Health dated March 13, 2020. The findings are: The Executive Order #202.1 dated March 12, 2020 documented the following: Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 at nursing homes and adult care facilities, including but not limited to guidance on visitation, shall be effective immediately and shall supersede any prior conflicting guidance issued by the New York State Department of Health and any guidance issued by any local board of health, any local department of health, or any other political subdivision of the State related to the same subject. The Health Advisory issued by the New York State Department of Health dated March 13, 2020, documented At this time NHs (Nursing Homes) are required to take the following actions: If there are confirmed cases of COVID-19 in a NH cancel group activities and communal dining. The facility's Policy and Procedure dated 3/2020 and revised 5/2020, titled COVID-19 Food Safety, Infection Control and Sanitation, documented that in the event of an outbreak of COVID-19 guidelines which include # 7. Meals, Snacks and Dining Services, (a) there will be no communal resident dining. All residents will eat in their rooms. The COVID-19 Line List dated 05/13/2020 indicated first confirmed positive COVID-19 resident on 04/20/2020. On 5/13/2020 at 12:35 PM, 27 residents were observed seated in the 1B Unit Dining Room. Of these 27 residents, 18 residents were seated three each at six tables (42 inch square tables) within the dining room. The residents were not seated six feet apart and did not have any masks on. On 5/13/2020 at 12:40 PM, the Registered Nurse (RN) Supervisor for the 1B Unit was interviewed and stated that she had no idea why all these residents were in the dining room at one time and they should not have been because they were not spaced far enough apart from each other. On 5/13/2020 at 12:45 PM, the RN Clinical Care Coordinator (CCC) was interviewed and stated that the staff try to separate the residents as best they can. The RN CCC stated that at meals the residents are usually spaced out more with some residents eating in the wrap around area. The RN CCC stated that there should not be more than two residents seated at a table and stated he did not know why there were so many residents in the dining room. The RN CCC stated that he is the only nurse working on the 1B Unit and it was difficult to keep on top of everything. On 5/13/2020 at 12:55 PM, the Director of Nursing Services (DNS) was interviewed and stated that there should only be two residents seated at each table in the dining room and residents should also be seated in the wrap around area of the 1B Unit. The DNS stated that the residents should not be packed into the dining room like that. The Director of Housekeeping was interviewed on 5/14/20 at 2 PM. He stated he measured the tables in the 1B dining room, and they were 42 inches square. 415.19(a)(1-3)</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.