

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER COMPREHENSIVE REHAB & NURSING CTR AT WILLIAMSVILLE		STREET ADDRESS, CITY, STATE, ZIP 147 REIST STREET WILLIAMSVILLE, NY 14221	
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>Based on interview and record review conducted during the COVID-19 Infection Control Focus Survey completed on 10/7/20, it was determined the facility did not establish and maintain an Infection Control Program to ensure the health and safety of residents to help prevent the transmission of COVID-19. Specifically, the facility did not ensure staff were checked for COVID-19 symptoms (e.g., fever, cough, difficulty breathing, or other respiratory symptoms), including temperature checks every 12 hours while on duty. The finding is: New York State Executive Order 202.1 provides: 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. Review of a NYS DOH (New York State Department of Health) Commissioner of Health letter to Nursing Home (NH) Administrators, dated 4/29/20, documented As care pertains specifically to COVID-19, state and federal rules and regulations require nursing homes must adhere to appropriate safety measures including, but not limited to: . Requiring all staff to be checked for COVID-19 symptoms (e.g., fever, cough, difficulty breathing, or other respiratory symptoms), including temperature checks upon the start of each shift and every 12 hours while on duty. Review of a NYS DOH DAL (Dear Administrator Letter) NH-20-07, dated 5/11/20, documented This Directive supplements . the DAL sent on April 29, 2020. The DAL further documented With respect to COVID-19, state and federal rules and regulations require that NHs adhere to appropriate safety measures including, but not limited to: . Requiring all staff to be checked for COVID-19 symptoms (e.g., fever, cough, difficulty breathing, or other respiratory symptoms), including temperature checks upon the start of each shift and every 12 hours while on duty. The facility policy and procedure (P&P) titled Infection Control -part of for emergency for epidemic or pandemic dated 1/1/20 documented the facility shall follow the regulations issued and mandated by the governing entities to ensure the highest level of safety for employees and residents. The facility P&P titled Preventing the spread of COVID-19 Infection Control dated 3/2020 documented it is the policy of the company to comply with Center for Disease Control (CDC) and State Department of Health (DOH) guidelines regarding awareness and prevention of the spread of Coronavirus 2019. The facility will take every precaution to identify signs and symptoms of the COVID-19 disease for all contacts including residents, individuals, staff and visitors and anyone else that enters the facility and to implement infection control (IC) strategies to avoid any possible spread of the disease. Monitor residents, individuals and employees for fever or respiratory symptoms. If there is transmission of COVID-19 in the community, facilities should also consult with public health authorities for additional guidance. The policy does not address re-screening of employees every 12 hours while on duty. The facility P&P titled Covid Testing and Reporting dated 8/1/20 documented regardless of the frequency of testing being performed or the facility's COVID-19 status, the facility should continue to screen all staff (each shift) for signs and symptoms of COVID-19. The policy does not address re-screening of employees every 12 hours while on duty. During an interview on 10/7/20 at 8:50 AM, the Administrator stated the facility census was 98 with 49 COVID-19 positive residents cohorted on Unit Five. He stated there were 18 facility staff and four agency staff out of work related to COVID-19 and also stated Unit One, Two and Six were yellow zones (residents that have been potentially exposed to COVID-19 due to outbreak in facility). During an interview on 10/7/20 at 12:08 PM, Certified Nurse Aid #3 (CNA #3) stated their temperature gets taken and they answer screening questions upon entry to the building. CNA #3 further stated she has sometimes worked 14 hours in the facility and was not re-screened or had temperature retaken. During an interview on 10/7/20 at 12:10 PM, Licensed Practical Nurse (LPN) #1 stated she will sometimes work a double shift (16 hours) and the last time she worked a double shift was a couple of weeks ago. LPN #1 stated she may take her own temperature again but is not re-screened by the facility during her double shift. During an interview on 10/7/20 at 12:19 PM, Graduate Practical Nurse (GPN) #1 stated if she works overtime for a double shift the facility does not re-screen the employees. Sometimes, staff will check their own temperatures but the facility does not re-temperature check or re-screen the employee if staying over 12 hours. During an interview on 10/7/20 at 2:01 PM, the Director of Environmental Services stated he gets his temperature checked and screening questions at the start of his shift. He stated his normal hours are 7:00 AM to 3:00 PM, but will work longer sometimes. He stated when he works more than 12 hours or long days he is never re-screened or re-temped by the facility. During an interview on 10/7/20 at 2:21 PM, the facility receptionist stated she takes staff temperatures and asks screening questions when there is no staff to man the screening table in the lobby. She stated she has worked in the past until 9:00 PM. She stated temperatures are not retaken if staff are working longer hours and she was not aware they were to be done every 12 hours while on duty. The receptionist asked the surveyor if she should be taking temperatures again. During an interview on 10/7/20 at 2:17 PM, with Administrator and Infection Preventionist Registered Nurse #1 (IP RN #1) present, IP RN #1 stated they were not aware of the 12-hour screening requirement until today and now they know it is supposed to be done every 12 hours, which they were not doing. The Administrator stated they have a bunch of regular staff that are always willing to help out and work overtime, but have not been re-screening or taking temperatures after working 12 hours. The IP RN #1 also stated, when staff come in for the start of their shift they are screened, temperature is taken and they sign the employee log sheet. They have some staff who pick up extra time and know that staff will be working over eight hours from the start of the shift but they do not get re-screened or re-temped when working over 12 hours. 415.19(a)(1); 400.2</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		(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.