

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER SAFIRE REHABILITATION OF NORTHTOWNS, L L C		STREET ADDRESS, CITY, STATE, ZIP 2799 SHERIDAN DRIVE TONAWANDA, NY 14150	
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 - Some	<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, interview, and record review during the COVID-19 Infection Control Focus Survey (Complaint #NY 537) completed on 6/18/20, the facility did not 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 appropriately social distance (at least six feet apart) residents while communal dining on two (Unit 2 and Unit 3) of two units as required. The findings are: Review of a CMS (Centers for Medicare and Medicaid Services) memorandum dated April 24, 2020, with Reference ID QSO-20-28-NH, provided: Residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart. We note that social distancing should be practiced at all times not just while dining. We further note that eating in dining areas with appropriate social distancing only applies to residents without signs or symptoms of respiratory infections and without a confirmed [DIAGNOSES REDACTED]. staff and residents of the communicable disease pandemic and the need to modify communal activities and practice social distancing and infection control policies and procedures. 1. On 6/12/20 at 12:21 PM on Unit 2 seven residents were observed seated in an open lounge area for the lunch meal. Four (Resident #1, #2, #3, and #4) of seven residents were seated at one table less than six feet apart. During interview on 6/12/20 at 12:26 PM, Licensed Practical Nurse (LPN) #1 stated residents should be six feet apart, and they are not currently six feet apart. LPN #1 said she needed to ask someone if they are still doing the six feet distancing. LPN #1 left the area and returned one minute later and stated they were not sure if they were still [MEDICATION NAME] that. 2. On 6/12/20 at 12:29 PM on Unit 3 three residents were observed in an open lounge area seated for the lunch meal. Two (Resident #5 and Resident #6) of three residents were seated at one table less than six feet apart. During interview on 6/12/20 at 12:29 PM, LPN #2 stated residents must be six feet apart. LPN #2 approached the table with Resident #5 and Resident #6 and stated they were less than six feet apart then proceeded to re-position them. During an interview on 6/12/20 at 2:20 PM, the Director of Nursing (DON) who is also the Infection Control Preventionist, stated residents are still dining in their own rooms and only residents needing assistance with feeding are to eat in the open lounge areas. The DON further stated the facility has not yet been given the go-ahead for communal dining because of social distancing requirements. Additionally, the DON stated the facility could not fit more than five or six residents in each dining area, one per table at a minimum of six feet apart. The DON was unaware that communal dining occurred today on the Second and Third Floors. 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.