

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MASSAPEQUA CENTER REHABILITATION &amp; NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>101 LOUDEN AVE AMITYVILLE, NY 11701</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interviews, and record review during a COVID-19 Focused Infection Control Survey (NY 236) conducted on 8/13/20 to 8/14/20, 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 (Resident #8) of 8 Residents reviewed. Specifically, Certified Nursing Assistant (CNA) #3 provided direct care to Resident #8 on 8/10/20. CNA #3 tested positive for COVID-19 on 8/12/20. The facility did not identify Resident #8 as being exposed and did not place the resident on the transmission-based precautions. The findings were: The facility's policy titled Coronavirus Disease 2019 (COVID 19) Prevention and Detection updated 6/10/20 documented the facility will conduct regular surveillance of resident and employee infectious diseases and track any infection/illness. The Rapid [DIAGNOSES REDACTED] Cov 2 COVID-19 [MEDICATION NAME] result for CNA #3 dated 8/12/20 documented positive. Resident #8 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) assessment dated [DATE] documented the resident's cognitive status as severely impaired. The Admission/Discharge/Transfer (ADT) history documented Resident #8 was moved from Peach to Dogwood unit on 8/10/2020. The Certified Nurse's Aide Documentation History dated 8/10/20 documented CNA #3 provided care to Resident #8 including bathing, bed mobility, dressing, eating, personal hygiene, transfer, toilet use, and locomotion. The medical records for Resident #8 lacked documented evidence for Contact/Droplet precautions before and after exposure to CNA #3. On 8/14/20 at 4:32 PM the Director of Nursing Service (DNS) was interviewed with the Registered Nurse Infection Preventionist. The DNS stated CNA #3 worked on the Peach unit on 8/10/20 and was assigned to Resident #8. On 8/12/20, DNS was notified that CNA #3 was positive for COVID-19. The DNS stated that all residents on the Peach unit were placed on Contact and Droplet Precautions and were swabbed. The DNS stated that she was responsible for surveillance/contact tracing and did not identify Resident #8 as being exposed to CNA #3. In addition, she stated that the facility should have traced all residents who came in contact with CNA #3 in the last 72 hours and should have placed those residents on Contact and Droplet Precautions. The DNS stated that Resident #8 should have been tested for COVID-19 and placed on quarantine for 14 days. On 8/14/20 at 5:26 PM the Medical Director (MD) was interviewed via phone and stated Resident #8 should have been tested and placed on quarantine for 14 days. 10 NYCRR 415.19(a)(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.