

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER LONG BEACH NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 375 EAST BAY DRIVE LONG BEACH, NY 11561	
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>F880 Based on observation, interviews, and record review during a Focused Infection Control Survey (NY 084) conducted on 7/27/20, the facility did not ensure that an infection prevention and control program was maintained to help prevent the development and transmission of communicable diseases and infections for 1 of 3 nursing units reviewed. Specifically, a recreation aide was observed with mask below his chin less than 6 feet apart with Resident #3 who did not have a mask on. Findings include: Review of the Health Advisory from NYSDOH Bureau of Healthcare Associated Infections (BHA): Memorandum dated March 13, 2020, to all Nursing Homes and Adult Care Facilities, provided: All HCP (health care personnel) and other facility staff shall wear a facemask while within 6 feet of residents. Extended wear of facemasks is allowed; facemasks should be changed when soiled or wet and when HCP go on breaks. The facility's policy, titled Personal Protective Equipment, effective November 2017, documented under Mask or Respirator, fit flexible band to nose bridge. During an observation on 7/27/2020 at 10:15 AM, on the fourth floor a recreation aide was observed sitting directly across from Resident #3 at a rectangular table and were separated by a 3-foot width of the table, which was less than 6 feet apart. The recreation aide's surgical mask was pulled down below his chin and the resident did not have a mask on. The recreation aide was interviewed on 7/27/2020 at 10:20 AM. He stated that he has received in-services on infection control and PPE use. He stated that he pulled the mask down because he was talking to the resident and that it was acceptable to pull the mask down if he and the resident were at least 6 feet away from each other. During an observation on 7/27/2020 at 10:30 AM, the recreation aide and Resident #3 was still talking in the same positions at the table. The recreation aide's mask was now pulled up over his mouth but below his nose. The recreation aide stated that he is aware that the mask should cover his mouth and nose. He stated that the mask was causing his eyeglasses to fog up, so he pulled the mask below his nose. The recreation aide was observed not wearing his eyeglasses. The eyeglasses were on the table. On 7/27/2020 at 12:05 PM the Maintenance Director was interviewed. He measured the table and stated the table was 6 feet (72 inches) by 3 feet (36 inches). The recreation aide and Resident #3 were separated by 3-foot width of the table. The Registered Nurse (RN) Inservice Coordinator was interviewed on 7/27/2020 at 2:23 PM. She stated the recreation aide should have had the mask covering his nose and mouth while speaking to Resident #3. She stated the facility does not have a policy stating it is acceptable to remove the mask if the staff member is more than 6 feet away from the resident. She said the policy says that the flexible band should be over bridge of nose, which would imply that the mask would cover the nose and mouth. The Director of Nursing Services (DNS) was interviewed on 7/27/20 at 3:05 PM. She stated the recreation aide's mask should have been fully covering the nose and mouth. She stated it is not acceptable to remove the mask if a staff member is more than 6 feet away from a resident. 10NYCRR 415.19(a)(1),(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.