

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER CREEKVIEW NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 525 BEAHAN ROAD ROCHESTER, NY 14624	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews conducted during the COVID-19 Focused Infection Control Survey (#NY 176) on 6/24/20, the facility did not inform residents by 5:00 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Specifically, the facility did not provide verbal or written notification when residents at the facility tested positive for COVID-19 for four (Residents #2, #3, #4, and #5) of four residents interviewed. This is evidenced by the following: CMS guidance, dated May 6, 2020, titled Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes, (Ref: QSO-20-29-NH), provided that as part of a skilled nursing facility's COVID-19 reporting requirements, facilities must inform residents, their representatives, and families of those residing in facilities by 5:00 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Such requirements were made effective May 8, 2020 in regulatory amendments to 42 CFR 483.80 pursuant to 85 Fed. Reg. . . An untitled document provided by the facility listed residents that were positive for COVID-19. One resident tested positive for COVID-19 on 5/29/20, one resident tested positive for COVID-19 on 6/19/20, and one resident tested positive for COVID-19 on 6/20/20. 1. Resident #2 was diagnosed with [REDACTED]. The Minimum Data Set (MDS) Assessment, dated 5/25/20, documented the resident had a Brief Interview for Mental Status (BIMS) score of 12 indicating the resident had moderately impaired cognition. The facility could not provide documented evidence that the resident was notified of new cases of COVID-19 in the facility. When interviewed on 6/24/20 at 10:00 a.m., Resident #2 stated they were not being informed of new cases of COVID-19. 2. Resident #3 was diagnosed with [REDACTED]. The MDS Assessment, dated 5/18/20, documented the resident had a BIMS score of 14 indicating the resident was cognitively intact. The facility could not provide documented evidence that the resident was notified of new cases of COVID-19 in the facility. When interviewed on 6/24/20 at 10:20 a.m., Resident #3 stated they are not being informed about residents or staff who are positive for COVID-19. 3. Resident #5 was diagnosed with [REDACTED]. The MDS Assessment, dated 6/16/20, documented the resident had a BIMS score of 15 indicating the resident was cognitively intact. The facility could not provide documented evidence that the resident was notified of new cases of COVID-19 in the facility. When interviewed on 6/24/20 at 11:20 a.m., Resident #5 stated the facility does not tell them about positive cases of COVID-19. In an interview on 6/24/20 at 4:14 p.m., the Director of Nursing stated that she was not notifying residents of new cases of COVID-19 in the facility. When interviewed on 6/24/20 at 4:42 p.m., the Social Worker stated that she does not tell residents when there are new cases of COVID-19. She said she was not aware that the facility needed to let them know every time there was a new case of COVID-19. In an interview on 6/25/20 at 12:39 p.m., the Corporate Administrator stated that he had reached out to the Corporate Office and found out that information related to new COVID-19 cases and related deaths was updated on the facility website. He said the regulatory guidance revealed that a website could be used to communicate the information. He stated that residents were not directly informed that they could go to the website to get the information. The facility Acting Administrator stated that all residents have access to the facility's guest WIFI network and could access the website. At that time, the facility provided a letter addressed to residents, dated 6/25/20, notifying them that on 6/20/20 the facility learned of a suspected or confirmed case of COVID-19. The Corporate Administrator stated that the letter was distributed to the residents on 6/25/20. (10 NYCRR 400.2)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.