

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335798</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TOWNHOUSE CENTER FOR REHABILITATION &amp; NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>755 HEMPSTEAD TURNPIKE UNIONDALE, NY 11553</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	<b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review during a COVID-19 Focused Infection Control Survey conducted on 10/22/2020 through 10/26/2020 the facility did not maintain an Infection Control Program to prevent the development and transmission of COVID-19. Specifically, Registered Nurse (RN) #1 failed to use proper Personal Protective Equipment (PPE) when conducting COVID-19 swabbing for four employees (#1, #2, #3, and #4). The findings are: The Center for Disease Control (CDC), Specimen Collection memo, updated October 8, 2020 documented, For healthcare personnel collecting specimens or within 6 feet of patients suspected to be infected with [DIAGNOSES REDACTED]-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens. The facility's COVID-19/Testing of Facility Personnel Policy, revised on September 11, 2020 and Testing of Facility residents Policy, revised on 9/02/2020 documented, during specimen collection, the facility will maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens. During an observation of COVID-19 swabbing of employees on 10/22/2020 from 2:15 pm through 2:38 pm RN #1 was observed to swab Certified Nursing Assistant (CNA) #1, Licensed Practical Nurse (LPN) #1, LPN #2, and CNA #2 without wearing eye protection. RN #1 was interviewed on 10/22/2020 at 2:53 pm. RN #1 stated her goggles became foggy and moist and she became dizzy, so she took them off. She stated she did not realize the goggles were not on until she left the Solarium to get more gowns. She stated she should have had the goggles on. The Administrator was interviewed on 10/22/2020 at 2:56 pm. The Administrator stated RN #1 should have had eye protection on when swabbing the employees. She stated all nurses performing swabbing know they are supposed to wear goggles. The Administrator stated the facility's policy and procedure aligns with the CDC's guidelines for PPE use when swabbing employees. The Assistant Director of Nursing Services (ADNS) was interviewed on 10/22/2020 at 2:58 pm. The ADNS stated RN #1 should not have swabbed the employees without wearing eye protection. 415.19(a)(1-2)		
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.