

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER THE PINES HEALTHCARE & REHAB CENTERS OLEAN CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 2245 WEST STATE STREET OLEAN, NY 14760	
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>Based on observation, interview, and record review conducted during an Infection Control Focus Survey (Complaint #NY 156) completed on 6/25/20 the facility did not 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 3 (A, B and C Wings) of 3 units reviewed. Specifically, the facility did not ensure all staff and visitors were adequately screened for respiratory related symptoms and illness upon entrance to the facility. This is evidenced by: The Executive Order 202.11 dated March 27, 2020 documented the following: Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 shall be effective immediately and shall supersede any prior conflicting guidance issued by the New York State Department of Health and any guidance issued by any local board of health, any local department of health, or any other political subdivision of the State related to the same subject. The Health Advisory from New York State Department of Health (NYSDOH) Bureau of Healthcare Associated Infections (BHAi) Memorandum dated March 13, 2020 to all Nursing Homes and Adult care Facilities, provided: Immediately implement health checks for all HCP (Health Care Personnel) and other facility staff at the beginning of each shift. HCP and other facility staff with symptoms or with T greater than 100.0 F should be sent home, and HCP and other facility staff who develop symptoms or fever while in the facility should immediately go home. Any (permissible) visitors shall be checked as if they are staff. The Centers for Medicare & Medicaid Services (CMS) memo (Ref: QSO-20-14-NH) titled Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED) dated 3/13/2020, documented guidance to facilities to implement active screening of residents and staff for fever and respiratory symptoms; to screen all staff at the beginning of their shift for fever and respiratory symptoms; and to actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. The findings are: Review of facility policy and procedure (P&P) COVID - 19 revised 5/18/20 included the following: - Non-facility staff that must enter receive health screening and a mask at the front door prior to entry. - All staff are screened for the following health related items upon entry and every 8 hours afterwards, into the building effective 3/13/20. a. Known contact with someone with a known COVID-19 infection. b. Fever above 100.0 c. Travel to known COVID-19 hotspots. d. Cough/shortness of breath. On 6/24/20 at 8:51 AM the facility Receptionist was observed screening staff in the vestibule of the main entrance. The Receptionist obtained the temperatures of six staff (employee #s 1,2,3,4,5 and housekeeper #1). The staff were not screened for symptoms of respiratory illness or COVID-19 symptoms. Review of the employee COVID-19 Check List dated 6/24/20, prepared by the Receptionist during the screenings, documented employee #s 1,2,3,4,5 and housekeeper #1 had no respiratory related symptoms and illness. During an interview on 6/24/20 at 8:59 AM the Receptionist stated the staff was just coming in for the day. Additionally, the Receptionist stated, essentially the training I got was how to operate the thermometer. We were asking questions in the beginning, but we don't anymore because if they (staff) aren't feeling well they (staff) would tell us. During an interview on 6/24/20 at 8:42 AM the Registered Nurse (RN) Infection Control Preventionist (ICP) stated there was no questionnaire upon entry to facility. She stated the person performing the screen should be asking staff if they have any signs and symptoms of illness when entering the facility. During an interview on 6/24/20 at 10:20 AM the RN Director of Nursing (DON) stated it is the expectation to ask health screening questions to everyone that comes into the facility. During an interview on 6/24/20 at 8:29 AM, the Administrator stated the process for screening visitors and staff was to obtain their temperature, instruct them to sanitize their hands, and they should report any signs and symptoms of respiratory illness. Additionally, questions are supposed to be asked of anyone entering the building, but the Administrator was unsure if the questionnaire was available at the facility screening area. 415.19(b)(1)</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.