

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER BEECHWOOD HOMES		STREET ADDRESS, CITY, STATE, ZIP 2235 MILLERSPORT HIGHWAY GETZVILLE, NY 14068	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review conducted during the COVID-19 Infection Control Focus Survey (Case #NY 304) completed on 5/26/20 it was determined that the facility did not maintain an Infection Control Program to ensure the health and safety of residents to help prevent the transmission of COVID-19. Specifically, the facility readmitted a resident from the hospital diagnosed with [REDACTED]. This involves Resident #1 and #2. The findings are: The Executive Order #202.30 dated May 10, 2020 documented the following: Any article 28 general hospital shall not discharge a patient to a nursing home, unless the nursing home operator or administrator has first certified that it is able to properly care for the patient. Provided further, that any article 28 general hospital shall not discharge any patient to a nursing home, without first performing a diagnostic test for COVID-19 and obtaining a negative result. 1. Resident #2 had [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) (a resident assessment tool), dated 4/14/20, documented the resident was severely cognitively impaired, was understood and usually understands. Review of the Hospital Discharge Summary dated 5/19/20 revealed Resident #2 tested positive for COVID-19 on 5/4/20 at the nursing home. The resident had an overall decline and was admitted to the hospital on [DATE]. The resident was tested on [DATE] and continued to be positive for COVID-19. Resident #2 was discharged back to the facility on [DATE] without a negative result on a COVID-19 diagnostic test. During an interview on 5/21/2020 at 4:10 PM, the Administrator stated Resident #2 tested positive for COVID-19 at the facility, went to the hospital, returned to the facility still positive for COVID-19 on 5/19/20. The interview further revealed the Administrator was going to look up the Executive Order regarding readmission of residents and review it. 2. The P&P titled Transmission Based Precautions dated 3/4/20 documented under Droplet Precautions staff will wear a mask, face shield, gloves and gown when working with a resident or in a resident's room. During an observation on 5/21/2020 at 9:45 AM Housekeeper (#1) was observed wearing an N95 mask and no other PPE going in and out of Resident #1's room cleaning. Housekeeper #1 pulled down her mask under her chin in the hallway near the cleaning cart, wiped her nose with a tissue and placed the N95 mask back up to the nose area. The housekeeper did not complete hand hygiene after wiping her nose, picked up the mop from the cart and went back into Resident #1's room to mop the floor. During an interview on 05/21/2020 at 10:09 AM, Housekeeper #1 stated she wears a N95 mask when cleaning resident rooms. She stated that she was educated on donning and doffing PPE and the different zones (green, yellow, red) within the facility. Furthermore, the housekeeper stated she was told there were no residents diagnosed with [REDACTED]. During an interview on 05/21/2020 at 10:11 AM, the Assistant Director of Nurses (ADON) stated when staff are in the halls on yellow zone, they should be wearing a N95 mask, if going into a resident room on the yellow zone, the staff need to be in full PPE. 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.