

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335484	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER MORNINGSIDE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1000 PELHAM PARKWAY SOUTH BRONX, NY 10461	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations, record reviews, and interviews conducted during the third Focused Infection Control Survey (FICS) and Complaint Investigation Survey (#NY 990) the facility did not ensure necessary maintenance and housekeeping services were provided to maintain a safe, clean, comfortable, and homelike environment. Specifically, 7 resident rooms were observed with torn upholstery on arm rests and seat covers of chairs, cracked tiles, rusted air conditioner (AC) vent unit cover, broken toilet flushometer, dirty floors, garbage bin overflowing with trash in the bathroom, stained and broken window rails and curtain. This was evident for 1 of 6 units observed (A2 unit). The findings are: The facility Policy titled: Safety in the Environment policy and procedure dated 11/2017 documented that the facility ensures each resident has a safe, clean, comfortable, and home-like environment to receive treatment and support for activities of daily living. The layout of the facility maximizes resident independence and does not pose a safety risk. The purpose is to maintain infection control standards and appropriate housekeeping and maintenance standards for the residents and the units. The Facility policy titled: Privacy Curtains Policy dated 12/18 documented that it is the policy of the facility to change privacy curtains/ window curtains after a resident is discharged, transferred to another room, or when isolation precaution is discontinued. There is no policy or schedule for stripping and cleaning the room as per Building Maintenance Director and the Administrator. On 7/29/2020, from 10:55 AM to 11:25 AM, an observation tour was conducted on the A2 Unit. The following were observed: Room A 201-Had broken tiles on the bathroom walls and floor, floor tiles lifting off of the floor, two broken window rails were covered with tin foil, AC vent unit cover was rusted with missing switch cover, and an accumulation of dirt and debris on the floor. Room A 208- Had two bedside tables with whitish sticky stains, and rough edges, accumulation of dirt and debris on the floor. Two chairs with torn upholstery on the armrest, and the resident's closet knob was broken. Five pieces of a garbage bag were used as a tie to close the closet doors. Room A 209- Had two broken bedside drawers, two resident's clothing cabinet with peeling laminate on the upper corner of the closet with rough edges, a brownish sticky stain on top of the bedside table. There were wheelchair tire marks and an accumulation of dust and debris on the floor. Room A 210-Had two broken bedside drawers, two side tables that have rough edges and brownish sticky stains, broken window hooks hanging on a thin metal conduit pipe by the window, and half of a privacy curtain with brownish stains was observed hanging. Room A 211-Had two broken bedside drawers an accumulation of dirt and debris on the floor, torn upholstery on the seat of the chair, and an accumulation of debris, and brownish sticky stain on the bedside table. Room A 216 -Had two clothing cabinets that have peeling laminate on the upper left corner of cabinet door, a broken toilet flushometer wrapped with a garbage bag between flush connection and spud flange touching residents' toilet lid and toilet bowl, and a garbage bin overflowing with trash in the bathroom. Room A 228 - Had a garbage bin overflowing with trash in the bathroom, and accumulation of dirt and debris on the floor The Maintenance Request Log Sheets dated 7/1/2020 to 7/20/2020 documented that there were no requests for any of the items in need of repair or attention identified by the surveyor. On 07/29/2020, at 2:33 PM, an interview was conducted with the A2 Unit housekeeping staff (HK#3). The HK#3 stated that no matter how much they clean, the movement of residents coming in and out of the unit has been hard to keep up and that she was assigned two units to clean in a day. HK#3 also stated each morning, she cleans the floors and wipes the residents' tables, but at times old debris and stains on the floor are hard to remove and clean. HK#3 further stated she has reported the issue to the supervisor. On 8/12/2020 at 2:04 PM, an interview was conducted with the CNA#3, who was assigned to room A 201, A 208, A 209, and A 211. CNA #3 stated that she is aware if any items in the resident's rooms, including furniture, broken toilets, she is to write it down on the logbook and report the concerns. CNA #3 also stated she did not notice or report any of the issues identified by the surveyor to her supervisor or write it in the maintenance log books. On 8/13/2020 at 1:06 PM, an interview was conducted with the CNA # 4 who was assigned to room # 228. CNA #4 stated that she is aware that if there are any broken items, she is responsible for writing the issues to the maintenance logbook. CNA #4 admitted that she was so busy providing care for the residents that she did not have a chance to check the room and make sure it was clutter-free and clean. On 8/13/2020 at 2:09 PM, an interview was conducted with the CNA #5, who was assigned to room A 209 and A 210. CNA #5 stated that they were informed to log any maintenance issues in the log book but he did not know where on the unit to locate the log book. CNA #5 further stated he had not reported anything to the maintenance department in July 2020. On 7/29/2020 at 11:20 AM, an interview was conducted with a Licensed Practical Nurse (LPN). The LPN stated that she is swamped, providing medication and treatment to residents that she does not have the time to observe the residents' surroundings. On 07/29/2020 at 11:26 PM, an interview was conducted with the Director of Building Services and Maintenance (DBSM). The DBSM stated that the unit was supposed to be renovated but was postponed due to the pandemic. The DBSM also stated the unit should have been maintained in a clean, clutter-free manner and repairs should have been made as necessary. The DBSM further stated that no one reported these issues to him, the concerns were not documented in the log book and he had not done rounds on the unit. On 07/29/2020, at 4:15 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that it is also the nursing staff's responsibility, especially the supervisor, and CNAs to report any issues related to residents' rooms such as cleanliness and broken items. On 8/13/2020 at 2:09 PM, an interview was conducted with the Housekeeping Director (HKD). The HKD stated that they have not thoroughly strip cleaned the unit rooms since they are doing it unit per unit. The HKD also stated that he usually would do daily rounds and address any issues such as cleanliness and maintenance issues. The HKD also stated that each morning, the housekeepers are responsible for emptying garbage bins in each room, wiping the tables and chairs, and sweeping and mopping the floor daily. The Housekeeping staff is aware that if any issues or maintenance concerns arise, Housekeeping and maintenance supervisors can be reached via maintenance logbook, cellphone, calling the security, or via radio. 415.5(h)(2)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record reviews conducted during the COVID-19 Focused Infection Control Survey (#NY 990) completed on 8/13/20, the facility did not maintain an infection prevention and control program designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections for 1(A 2) of 6 units reviewed. Specifically, 1). a Certified Nursing Assistant (CNA) was observed providing care to two residents without performing hand hygiene between residents; 2). Soiled laundry and linen including resident clothing, towels, gowns, blankets and bed sheets were observed piled on the floor in a resident's room; and 3). Linens were observed touching the floor inside the linen closet, two clean linen carts in the hallway uncovered and unattended, and linens touching the hallway walls. The findings are: The Facility policy titled: Hand Hygiene Protocol Policy # IC 800 - C-07 effective 11/2017 documented that all personnel must perform hand hygiene as per standard guidelines to prevent transmission of		
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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>infection/disease to residents/patients, employees, and visitors. The guidelines for hand hygiene documented that before and after resident contact and when in doubt about the necessity for hand hygiene, personnel are encouraged to wash hands. The Facility Policy titled: Infection Prevention Control Program Policy # IC 800-A-01 effective 4/25/2020 documented nursing services shall maintain the highest level of professional hygiene and follow all policies and procedures related to infection prevention and control, including proper handwashing, transmission-based isolation procedures, and others as outlined in the manual. The policy also documented staff will comply with policy and procedures for the safe handling, storage, and transportation of clean and soiled linens. An undated facility policy titled: Collection and Transport of Soiled Laundry documented that the Certified Nursing Assistants (CNAs) will bag each resident's laundry. The CNAs will place the bag in a designated laundry hamper that is in the soiled utility room. 1. On 7/29/2020 at 11:02 AM, during the observation rounds on unit A 2 CNA #1 was observed dressing Resident #2. CNA #1 exited the room without performing hand hygiene, proceeded to the clean linen cart and removed two sheets and an incontinent pad with bare hands. CNA #1 walked to Resident #3's room holding the clean linens and incontinent pad directly touching her clothing. The CNA placed the linens and incontinent pad on the resident's bed and began to fix the hair of Resident #3. The CNA was not observed wearing gloves or performing hand hygiene between tasks. On 07/29/2020 at 11:05 AM, an interview was conducted with CNA#1. CNA#1 stated that she was so busy that she forgot to wash her hands after dressing Resident #2. The CNA further stated that she forgot to wash her hands prior to entering Resident #3's room and before touching the resident's clothing and hair. The CNA stated that she did not notice that the linens were in contact with her uniform. On 07/29/2020 at 4:32 PM, an interview was conducted with the Infection Control Nurse (ICN). The ICN stated that all unit staff is aware of the strict hand hygiene/hand washing policy and infection control policy. All staff should wash hands before and after providing resident care. 2. On 07/29/2020, between 10:55 AM and 11:25 AM, soiled residents' clothing and linen were observed placed directly on the floor or on chairs in multiple resident rooms and were not stored in a sanitary manner in either plastic bags or hampers. (Rooms # A201, A209, A211, A215, A216, A222, and A228). On 07/29/2020 at 2:35 PM, an interview was conducted with CNA #2, who was assigned to Room A215. CNA #2 stated that she was very busy and did not notice that the resident's clothes and linens were on the floor. CNA #2 also stated that after providing resident care, soiled laundry is placed in a bag and taken to the soiled utility room. On 8/12/2020 at 2:04 PM, an interview was conducted with CNA #3, who was assigned to Room #A201, A209, and A211. CNA #3 stated that she is aware of the laundry and linen policy that all soiled laundry, soiled linens should be placed in a plastic bag and brought to the soiled utility room. CNA #3 also stated that Room #A211 was not her usual assignment, and she forgot to check the room. Room #A201 is her usual assignment, and she knows that there are boxes and soiled clothing on the floor but was unable to remove the soiled laundry and linens because the resident does not allow her to do so. CNA #3 further stated that she was not sure if Room #A209 was assigned to her, so she did not check the room that day. On 08/13/2020 at 1:06 PM, an interview was conducted with the CNA#4, who was assigned to room #A222 and #A228. CNA #4 stated that the resident who resides in room #A222 is independent and mixes clean and soiled laundry in a bag. CNA #4 also stated she did not follow up with the resident after care and did not report the issue to her supervisor. CNA #4 further stated that she was so busy providing care for other residents that she did not have a chance to go back to Room #A228 to make sure there was no laundry or clothing on the floor. On 8/13/2020 at 2:09 PM, an interview was conducted with the Housekeeping Director (HKD). The HKD stated that the laundry staff are assigned to bring all laundry from the soiled utility room to the basement for laundry. It is the CNA's role after each care to place all the soiled laundry and linens in a separate plastic bag and place them inside the yellow bin in the soiled utility room. As per HKD, if the housekeeping or laundry staff saw any of the laundry issues, they should have reported it to the nurse supervisor or to her. 3. On 07/29/2020 at 11AM during tour on Unit A2, a clean linen closet was observed with linens touching the floor. Two linen carts in the hallway between Room #A249 and A248 were also observed uncovered, unattended with linens touching the hallway walls. On 07/29/2020 at 11:03 AM, an interview was conducted with CNA#2. CNA #2 stated clean linen is taken from the linen closet and stored on linen carts each morning before providing resident care. Linen carts should be covered at all times. CNA#2 also stated she does not know who left the cart open and that all carts should be closed and secured without linens touching the floor or walls. On 07/29/2020 at 11:05 AM, an interview was conducted with the Director of Maintenance (DM), who was providing coverage for HKD. The DM stated that linen closet should only consist of clean linens and incontinent pads. The DM also stated linens should not be touching the floor as the linen closet has dust and clutter. 415.19(b)(4),(c)</p>		