

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2020
NAME OF PROVIDER OF SUPPLIER COLD SPRING HILLS CENTER FOR NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 378 SYOSSET WOODBURY ROAD WOODBURY, NY 11797	
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 0836 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews during the COVID-19 Focused Infection Control Survey (Complaint # NY 596) the facility did not ensure that it was in compliance with all applicable Federal, State, and local laws, regulations, and codes. Specifically, the facility did not comply with New York State Executive Order (EO) 202.18, and ensure that family members or next of kin were notified of either a single confirmed infection of COVID19 or COVID19 death within 24 hours from the date of occurrence for one (Resident #1) of three residents reviewed for Infection Control. The findings are: The Executive Order #202.18 dated April 16, 2020, documented the following: Any skilled nursing facility, nursing home, or adult care facility licensed and regulated by the Commissioner of Health shall notify family members or next of kin if any resident tests positive for COVID-19, or if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death. The facility Change of Condition policy dated 2/20 documented the facility will notify each designated resident representative about significant changes in the resident's medical status that requires modification of the resident's plan of care. Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented Resident #1 had a Brief Interview for Mental Status (BIMS) Score of 12 indicating intact cognition. The MDS also documented Resident #1 had an HCP. The Physician's Note dated 4/29/20 documented Resident #1 was noted with labored breathing, [MEDICAL CONDITION], and 100.6 temperature. The physician's orders [REDACTED]. The Lab results dated 4/30/20 at 8:28 AM documented Resident #1 was positive COVID-19. The COVID-19 Care Plan dated 4/30/20 documented Resident is at risk for COVID-19 related to actual/potential exposure to COVID-19 and the patient is maintained under Droplet Precautions. The Social Work Progress note dated 4/30/20 at 10:38 AM documented that the Social Worker received a call from Resident #1's HCP #1 requesting an update on Resident #1's status. The Social Worker went to the unit and called the HCP with the Unit Nurse. The Social Worker documented that Resident #1 is improving and the test results for COVID-19 were negative. The Nurses Progress note dated 5/8/20 at 12:52 PM documented an addendum note for 4/30/20. The Unit Nurse received a phone call from the lab with COVID-19 and the results were negative. The Unit Nurse notified the Nurse Practitioner, Social Worker, and the HCP. The Physician's note dated 5/1/20 documented the Nurse Practitioner left a message for HCP #2. The Physician's note dated 5/5/20 documented the Nurse Practitioner spoke with HCP #1 regarding positive COVID-19, Resident #1 had a poor appetite, refusing to eat and lethargy. The Nurse Practitioner began IV Fluids. Family #1 was interviewed on 5/12/20 at 9:35 AM. HCP #1 stated that she was not notified of Resident #1's positive COVID-19 test result until 5/5/20. The HCP stated that the facility was notified that HCP #2 was no longer the contact person for Resident #1. The Social Worker was interviewed on 5/12/20 at 11:46 AM and stated that either the Nurse or the Nurse Practitioner is expected to contact the HCP regarding Resident #1's positive COVID-19 status. The Social Worker stated that on 4/30/20, HCP #1 contacted her for a status update on Resident #1's condition. The Social Worker with the Unit Nurse called HCP #1. The Unit Nurse informed HCP #1 that Resident #1 was improving and had a negative COVID-19 test result. The Charge Nurse was interviewed on 5/12/20 at 12:56 PM. The Charge Nurse stated that on 4/30/20 she reviewed the lab result in the electronic medical record but misinterpreted the result and did not read Detected, which indicated Resident #1 was positive for COVID-19. She notified HCP #1 that Resident #1 tested negative for COVID-19. The Charge Nurse stated that she was later informed by the Nurse Practitioner on 5/2/20 that she misread the result and Resident #1 was indeed positive for COVID-19. She stated that she thought the Nurse Practitioner notified HCP #1 of the error and did not reach out to HCP #1. The Director of Nursing Services (DNS) was interviewed on 5/12/20 at 1:29 PM. The DNS stated that the miscommunication was brought to the DNS's attention on 5/8/20. HCP #1 was upset regarding the misinformation she was provided. The DNS stated that she investigated the events and the Charge Nurse was mistaken and wrongly informed HCP #1. HCP #1 was accurately notified of Resident #1's condition on 5/5/20, a delay of 5 days. 10 NYCRR 400.2</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.