

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER SCHERVIER NURSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2975 INDEPENDENCE AVE BRONX, NY 10463	
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 the Focused Infection Control COVID-19 survey (NY 723), the facility did not ensure that infection control standards were followed. Specifically, Residents' clean clothing bins were left uncovered in the hallway on 3 out of 9 resident units. The findings are: A facility policy and procedure titled, Handling of Clean and Soiled Linen was dated 4/19 and documented laundry staff are responsible for keeping linen covered during transport and storage that will ensure cleanliness and protection from dust, soiling, and inadvertent airborne particles. On 8/6/20 at 10:00AM, a large gray bin was observed in the hallway of the 2 North unit. The bin contained 2 rows of smaller bins that were stacked on top of each other and contained resident's folded clean laundry. The clean clothing bins located at the top contained resident's clothing and was exposed without any covering. On 8/6/20 at 10:52AM, a large gray bin was observed in the hallway of the 3 North unit. The bin contained 2 rows of smaller bins that were stacked on top of each other and contained resident's folded clean laundry. The clean clothing bins located at the top contained resident's clothing and was exposed without any covering. On 8/6/20 at 10:55AM, a large gray bin was observed in the hallway of the 2 South unit. The bin contained 2 rows of smaller bins that were stacked on top of each other and contained resident's folded clean laundry. The clean clothing bins located at the top contained resident's clothing and was exposed without any covering. An interview was conducted with the Laundry Attendant Supervisor on 8/6/20 at 2:10PM. She stated the resident clean clothing bins are brought to the units on the 7AM-3PM shift and left in the hallway. Both the 7AM-3PM and 3PM-11PM nursing shifts are responsible for delivering the resident's clothing to their rooms. If the morning shift does not have time, the evening shift will deliver the clothing that is left in the bins. The bins are supposed to be covered. An interview was conducted with the DNS on 8/7/20 at 3:15PM. She stated the clean clothing bins are brought to each of the units covered and are supposed to remain covered until all the clothing has been delivered to the resident's rooms. There should not be any residents' clean clothing that is exposed in the hallway. 415.19(c)</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.