

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335680	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Eddy Memorial Geriatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2256 Burdett Avenue Troy, NY 12180	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47140</p> <p>Based on observations and interviews during a recertification survey, the facility did not ensure to maintain an infection control program designed to provide a safe, sanitary, and comfortable environment to help prevent the possible development and transmission of communicable diseases/illnesses. Specifically, the facility did not ensure staff completed hand hygiene when indicated during meal service.</p> <p>This is evidenced by:</p> <p>The Policy and Procedure titled Hand Hygiene/Artificial Fingernails, last revised 6/18/2024, documented the purpose of the policy was to prevent the direct or indirect spread of microorganisms via the hands of colleagues and healthcare workers who provided direct patient care. The procedure included that hand washing/hand antisepsis was indicated before and after touching a patient, before and after wearing gloves, before and after touching the patient's surroundings, before, during, and after preparing food, anytime hands were visibly soiled, after bodily fluid exposure risk from a patient or self (sneezing, coughing, blowing nose, etc.), when moving from patient care of a potentially contaminated body site to a clean body site, after skin to skin contact with a patient and before touching laptop or phone and after using the restroom.</p> <p>During an observation on 8/05/2024 at 12:55 PM, Certified Nurse Aide #2 was wearing surgical gloves while assisting residents with their lunch meals in the [NAME] dining room. They started to provide Resident #180 with feeding assistance, then stood up and delivered two other meal trays, then assisted Resident #27 to cut up their meal into smaller pieces, and then returned to provide feeding assistance to Resident #180. Certified Nurse Aide #2 wore the same pair of gloves and did not perform hand hygiene in between assisting residents or after touching trays/other items in the environment.</p> <p>During an observation on 8/05/2024 at 12:58 PM, Licensed Practical Nurse #2 was in the [NAME] dining room assisting residents with their lunch meals. Licensed Practical Nurse #2 pulled up their pants, touched their hair, touched a chair, and then sat down and began providing feeding assistance to Resident #20. Licensed Practical Nurse #2 was observed to scratch their arm and rest their head with their left hand while assisting the resident and then reached for a glass of milk and assisted the resident to take a drink. They then wiped the residents face with the resident's clothing protector. Licensed Practical Nurse #2 did not perform hand hygiene after touching their clothing, face, and hair before assisting Resident #20.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 8/05/2024 at 1:03 PM, Certified Nurse Aide #3 was seated at a table providing Resident #58 with feeding assisting and adjusted the resident's clothing protector and touched the resident's wheelchair while assisting them. They then assisted Resident #12, who was seated at the same table with set up of their meal. They then stood up and went over to Resident #27 who was coughing and rested their left hand on the top of Resident #27's wheelchair while speaking with them and then returned to provide feeding assistance to Resident #58 without perform hand hygiene between residents of after touching environmental surfaces. It was observed that there was one hand sanitizer dispenser in the dining room which was in the corner on the opposite side of the room.</p> <p>During an observation on 8/06/2024 at 12:23 PM, Licensed Practical Nurse #2 was assisting with lunch meal services in the [NAME] dining room. Licensed Practical Nurse #2 was observed to carry three plastic cups filled with beverages with their fingers touching the top/mouth of the cups and then delivered the cups to Resident #20, then they wiped their hand on their pants and picked up three more plastic cups while again, holding the cups from the top/mouth and delivered the three cups to Resident #180. They then picked up a tray and put it down before picking up three more plastic cups filled with beverages and delivered them to Resident #71. Licensed Practical Nurse #2 did not perform hand hygiene after touching their pants, touching items in the environment, between residents or before placing their fingers on the mouth/top of the cups.</p> <p>During an interview on 8/07/2024 at 10:45 AM, Certified Nurse Aide #2 stated they had received training on hand hygiene practices when they were in training but not recently. They stated that hand hygiene should be performed before and after they assisted residents if their hands became soiled or if they touched anything in the resident environment to prevent cross contamination.</p> <p>During an interview on 8/08/2024 at 11:23 AM, Certified Nurse Aide #4 stated hand sanitizer should be used between residents and after touching anything in the resident environment. They stated they previously worked in the kitchen, and as a kitchen staff member, they had received training on where to place their fingers when carrying cups and plates for best service practice and to prevent spread of germs. They stated they had not received the same education as a certified nurse aide. They stated hand hygiene should be done frequently to prevent spread of infections.</p> <p>During an interview on 8/09/2024 at 11:56 AM, Infection Preventionist #1 stated staff should perform hand hygiene if their hands become soiled while serving meal trays and in between residents. They stated all staff had received training in hand hygiene practices and they would perform audits of hand hygiene practices by observing staff. They stated that if staff were observed to not perform hand hygiene when indicated, the staff member would receive reeducation and would need to complete a return demonstration. They stated nursing staff had not received education on finger placement on plates or cups because it seemed to them to be common sense that cups and plates should not be carried with fingers touching areas that the resident would eat from or touch with their lips while drinking. They stated there was only one hand sanitizer dispenser in the dining room but that the facility could add more dispensers.</p> <p>During an interview on 8/09/2024 at 1:04 PM, Director of Nursing #1 stated hand hygiene should be performed between residents and after touching items/surfaces in the resident environment to prevent spread of infection/cross contamination. They stated all nursing staff had received education on hand hygiene.</p> <p>10 New York Codes, Rules, and Regulations 415.19 (a) (1-3)</p>		