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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335751 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/16/2024 |
| NAME OF PROVIDER OR SUPPLIER Highbridge Woodycrest Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 936 Woodycrest Avenue Bronx, NY 10452 | |

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) |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>45344</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>S483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>S483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>S483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to S483.70(e) and following accepted national standards;</p> <p>S483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</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 - Some</p> | <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>S483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>S483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>S483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Observations:</p> <p>Based on record review and interview conducted during the Recertification Survey from 07/09/2024 to 07/16/2024, the facility did not ensure that infection prevention control practices were followed to help prevent the spread, development, and transmission of communicable diseases and infections. This was evident during review of the Water Management Plan for Legionella. Specifically, the facility did not have a facility-specific water management plan for Legionella with mandatory components including but not limited to a description of the facility's water distribution system; temperature profile of the water system; control measures, and actions to be taken if control measures are not met.</p> <p>The findings are:</p> <p>The facility policy titled Legionella Water Management Program with a revised date of 06/13/2024 documented that the facility would maintain and monitor the facility's water system for Legionella. There was no documentation within the policy to indicate the document served as a site-specific water management plan for Legionella. Statements of prevention, surveillance, and reporting did not account for the actual design and operation of the facility's water system.</p> <p>The facility's Water Management Plan for Legionella had the following missing components: a description of the facility's water distribution system; temperature profile of the water system; facility-specific personnel roles and responsibilities; and control measures and actions to be taken if control measures not met. An environmental risk assessment form was not available for review.</p> <p>During an interview on 07/11/2024 at 1:50 PM, the Administrator stated they would ensure that the water management plan includes all the required components.</p> <p>10 NYCRR 415.19(a)(1-3)</p> | | |

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| <p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>44472</p> <p>Based on record review and interviews conducted during the Recertification Survey from 07/09/2024 through 07/16/2024, the facility did not ensure that the Infection Preventionist had completed specialized training in infection prevention and control. This was evident during the review of the Infection Control Task. Specifically, the facility's designated Infection Preventionist did not have documented evidence of completing specialized infection prevention and control training.</p> <p>The findings are:</p> <p>The Centers for Medicare and Medicaid Services Center for Clinical Standards and Quality Safety by Oversight Group Ref: QSO-19-10-NH dated 03/11/2019 documented that effective 11/28/2019 the final requirement includes specialized training in infection prevention and control for the individual(s) responsible for the facility's infection prevention and control program.</p> <p>The facility's policy titled Infection Preventionist with a reviewed date of 02/01/2024 documented that the Infection Preventionist is responsible for coordinating the implementation and updating of the facility's established infection prevention and control policies and practices. The Infection Preventionist's must have completed a specialized training for infection preventionists such as specialized Infection Control Training for New York state Healthcare Professionals.</p> <p>There was no documented evidence that the facility's Infection Preventionist had completed specialized training in infection prevention and control.</p> <p>During an interview on 07/15/2024 at 12:07 PM, the Director of Nursing, who was also the acting Infection Preventionist stated their full time Infection Preventionist had been out sick for 4 months. They stated they both had taken 4 contact hours of infection control training in October 2022. The Director of Nursing stated they are not aware they have to complete a specialized infection prevention and control training.</p> <p>During an interview on 07/16/2024 at 12:12 PM, the Administrator stated they were not aware that the Infection Preventionist need more than 4 contact hours to function as Infection Preventionist for the facility.</p> <p>10 NYCRR 415.19</p> |