

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER John T Mather Memorial Hosp T C U		STREET ADDRESS, CITY, STATE, ZIP CODE 75 North Country Road Port Jefferson, NY 11777	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44963</p> <p>Based on observations, record review, and interviews conducted during a Recertification Survey initiated on 6/17/2024 and completed on 6/20/2024, the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. This was identified during the Kitchen observation conducted on 6/17/2024. Specifically, the walk-in refrigerator for produce and dairy was observed holding a rack of eight trays of cooked chicken breast and three pans of gravy sauce. The trays of cooked chicken breast were uncovered and undated and the gravy sauce was unlabeled and undated. A rack containing uncooked and undated bacon strips was observed. The bacon strips were taken out of their original package and prepped onto 15 baking sheets. The walk-in refrigerator for meat was observed with two racks containing trays of various uncovered food items including but not limited to pizza, pasta, and chickpeas.</p> <p>The finding is:</p> <p>The facility's policy titled Nutrition and Food Services Guidelines last reviewed on 3/18/2021 documented that food should be properly labeled, covered, and dated.</p> <p>A tour of the kitchen was conducted on 6/17/2024. A walk-in refrigerator designated for produce and dairy products was inspected at 3:01 PM with the Director of Food Services and the [NAME] Chef present. A sheet pan rack was observed holding eight trays of cooked chicken breast and three trays of unlabeled brown liquid sauce. All items were undated. The [NAME] Chef stated that the observed items were the leftovers from lunch that day (6/17/2024). The [NAME] Chef stated that four of eight trays were grilled chicken used at the employee's cafeteria and the rest were plain chicken breast that were to be processed into chicken salad for residents' consumption for alternated meal and nourishment. All eight trays of chicken breast were uncovered and directly exposed to the atmosphere. The [NAME] Chef identified the brown sauce as gravies. The [NAME] Chef was observed uncovering a corner of plastic-wrapped gravy and stated that the gravy should not be completely sealed to allow hot steam to escape and to prevent condensation. The pan was lukewarm to the touch.</p> <p>A second sheet pan rack was observed in the corner of the extended part of the same refrigerator containing 15 trays of uncooked bacon strips. The bacon strips were thawed, out of their original packaging, and lined on the baking sheets. The rack was not dated to indicate when the bacon sheets were prepped.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The [NAME] Chef was interviewed immediately after the observation on 6/17/2024 and stated the bacon items were prepared today for tomorrow's (6/18/2024) breakfast. The [NAME] Chef stated that a prep date should have been indicated.</p> <p>A walk-in refrigerator that was designated for meat products was inspected on 6/17/2024 at 3:12 PM. Two sheet pan racks lined side by side along the refrigerator wall containing three trays of cooked macaroni, one tray of cooked spaghetti, one tray of cooked plain chicken, one tray of uncooked pizza, and one pan of prepared chickpeas were observed. All items were undated, uncovered, and were directly exposed to the atmosphere.</p> <p>The [NAME] Chef was interviewed on 6/17/2024 immediately after the observation and stated that cooks were responsible for storing all uncovered foods away by the end of their shift each day.</p> <p>The Director of Food Services was interviewed on 6/18/2024 at 2:37 PM and stated food items should be labeled, covered, and dated while in storage. The Director of Food Services stated they expected the food to be individually wrapped and dated with a prepped date or with a date when the food was opened.</p> <p>10 NYCRR 415.14(h)</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>44963</p> <p>Based on record review and interviews conducted during a Recertification Survey initiated on 6/17/2024 and completed on 6/20/2024, the facility did not ensure that their policy regarding the use and storage of foods brought to residents by family and other visitors included to ensure facility staff assists the resident in accessing and consuming the food if the resident is not able to do so on their own. Specifically, the facility policy did not include guidance to facility staff regarding assisting the resident in accessing, handling (reheating), and consuming the food brought in from outside by the family members and other visitors if the resident is not able to do so on their own.</p> <p>The finding is:</p> <p>The facility's policy titled, Nutrition and Food Services Guidelines last reviewed on 3/18/2021 documented that patients who desire to have food brought in from outside should be permitted to do so. Food should be labeled with the patient's name and date when placed in the pantry refrigerator and discarded after 72 hours. The policy did not specify how the facility staff would assist a resident in accessing, reheating, preparing, and consuming the food if the resident is not able to do so on their own.</p> <p>The Food Service Director was interviewed on 6/18/2024 at 9:00 AM and stated they were not certain if the Food Services department was responsible for addressing issues related to feeding assistance in their policy. The Food Service Director believed that the nursing department should have a policy relevant to providing feeding assistance to residents who consume food brought in from outside.</p> <p>The Director of Nursing Services was interviewed on 6/18/2024 at 3:30 PM and stated the population admitted to the facility did not typically require feeding assistance. The facility also had very few visitors who brought in food for residents due to the resident's short average length of stay, therefore, the facility did not develop a policy to address assisting residents in accessing, handling, and consuming food brought in from outside if residents were not able to do so on their own.</p> <p>The Administrator was interviewed on 6/20/2024 at 12:27 PM and stated that the facility utilized the same Food Service policy as the hospital and did not have a separate policy developed for their facility. The Administrator stated they were aware of the personal food policy regulation; however, they were not certain if the current policy addressed all requirements that complied with the regulation.</p> <p>(continued on next page)</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>34798</p> <p>Based on observation, record review, and staff interviews during the Recertification Survey, initiated on 6/17/2024 and completed on 6/20/2024, the facility did not ensure it maintained an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections for one (Resident #58) of seven resident observed during the medication administration. Specifically, Resident #58 had a physician's order for a tuberculin skin test (a screening diagnostic test for Tuberculosis). When Registered Nurse #1 offered the test to the resident on 6/18/2024, the resident refused. There was no documented evidence that Registered Nurse #1 reported the refusal to the Physician.</p> <p>The finding is:</p> <p>The facility's policy titled Tuberculosis Control Strategy Plan, dated 2/20/2024, documented it is the policy of the facility to minimize patient and healthcare personnel risk for exposure to pathogens that can cause disease and/or infection. The intent of this policy is to identify patients with Tuberculosis, describe measures to prevent transmission within the healthcare facility and promote appropriate treatment and follow-up. An effective tuberculosis control program requires early detection, evaluation, isolation, and treatment of persons with known or suspected active Tuberculosis. For the purpose and interpretation of Tuberculosis infection, including the significance of conversion and or a positive Tuberculosis-test for Tuberculosis infection with either a tuberculin skin test or an Interferon-Gamma Release Assay test (a blood test to determine if the patient has been infected with the bacteria that causes Tuberculosis). If the tuberculin skin test is placed, the patient should have it evaluated by a trained healthcare worker within 48-72 hours. The facility policy did not include guidance to facility staff related to a resident's refusal of the tuberculin skin test.</p> <p>Resident #58 was admitted to the facility with diagnoses including Peripheral Vascular Disease, Diabetes Mellitus, and Chronic Systolic Heart Failure. The 6/17/2024 nursing admission assessment documented the resident was alert and oriented.</p> <p>A physician's order dated 6/17/2024 documented Tuberculin Skin Test Injectable, test for Tuberculosis, give 5 units intradermal (under the skin), and read results in 48 hours.</p> <p>On 6/18/2024 at 2:11 PM, the surveyor observed Registered Nurse #1 administering medications to Resident #58. In addition to the oral medications, Registered Nurse #1 offered the physician-ordered tuberculin skin test to the resident, but the resident refused.</p> <p>Registered Nurse #1 was interviewed on 6/18/2024 at 2:15 PM and stated Resident #58 just refused their tuberculin skin test and they (Registered Nurse #1) did not think that any X-rays or any other tests were needed.</p> <p>A review of the Medication Administration Record dated 6/18/2024 documented the resident refused the tuberculin skin test.</p> <p>(continued on next page)</p>		

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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>A review of the Admission Note dated 6/18/2024 at 5:45 PM, written by Physician #1, revealed no documentation in the Health Screening section related to Tuberculosis screening or that the resident refused the tuberculin skin test.</p> <p>A review of a progress note dated 6/18/2024 at 6:30 PM, written by Registered Nurse #1, revealed no documentation related to the refusal of the tuberculin skin test.</p> <p>Registered Nurse #1 was interviewed on 6/20/2024 at 11:34 AM and stated they did not notify the physician regarding Resident #58's refusal of the tuberculin skin test. Registered Nurse #1 stated usually, when a resident refuses the tuberculin skin test, they do not notify anyone. Registered Nurse #1 stated if a resident has obvious respiratory issues they would notify the doctor; however, when the resident is asymptomatic, they do not take further action.</p> <p>The Infection Preventionist (Epidemiologist) was interviewed on 6/20/2024 at 11:45 AM and stated every resident who is admitted to the facility gets screened for Tuberculosis promptly. The resident has a right to refuse the tuberculin skin test, but the refusal must be documented, and the physician must be immediately made aware. The tuberculin skin test result provides an indication that Tuberculosis disease might be present. Based on the result, the physician will screen the resident and if the resident is symptomatic, the physician will determine what the next steps should be.</p> <p>Physician #1 was interviewed on 6/20/2024 at 12:22 PM and stated screening for Tuberculosis is part of the facility's admission process. The nurses are supposed to let the physician know if a resident refuses the tuberculin skin test. If a resident refuses, we will try to counsel and encourage the resident to take the tuberculin skin test. If the resident continues to refuse a chest x-ray should be ordered, the resident's medical history should be reviewed, and at a minimum, the resident's Physician must be notified of the refusal.</p> <p>The Director of Nursing Services was interviewed on 6/20/2024 at 12:44 PM and stated the nurse should have notified the Physician that the resident refused the tuberculin skin test and documented it in the resident's medical record.</p> <p>10 NYCRR 415.19(a)(1-3)</p>		