STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335874	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Steven and Alexandra Cohen Ped L T C Pavilion	95 Bradhurst Ave Valhalla, NY 10595

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 - Few	Provide and implement an infection prevention and control program. 50815 Based on record review and interview conducted during the recertification survey from 8/26/24 to 8/29/24, the facility did not ensure infection prevention and control standards were maintained. This was evident during the Infection Prevention and Control Program review. Specifically, the facility water management plan was dated May 2022 and there was no documented evidence that it had been reviewed or updated annually. The facility lacked the required facility Risk Assessment. The findings are: A review of the Legionella Control and Surveillance policy dated 8/1/2005 and last revised 11/01/2021 documented Blythedale Children's Hospital adheres to the Centers of Disease Control and New York State Department of Health recommendations regarding prevention, treatment and control of the hospital acquired Legionella. On 8/29/24 at approximately 2:00 PM, a request was made to see the facility's Water Management Plan and Risk Assessment. The facility produced a binder with a Water Management Plan dated May 2022 and no facility Risk Assessment was documented. During interview on 8/29/24 at 3:00 PM, a review was conducted of the facility Legionella binder with the Chief Operating Officer. There was no documented evidence of a facility Risk Assessment included in the Legionella binder. The Water Management Plan documented a date of May 2022. The Chief Operating Officer stated they had a water safety committee meeting on 7/24/24 during which they reviewed and updated the facility Risk Assessment and Water Management Plan. The Chief Operating Officer provided an electronic document of the facility Risk Assessment and Water Management Plan to the surveyors which was dated with the current date of 8/29/24. The Chief Operating Officer stated they do not print the documents. They stated the forms are live and when they view the forms, they will have the current date. The Chief Operating Officer stated they reviewed the documentation from the past two meetings and did not find documentation that the Risk Assessment and Water Management Plan was reviewed and updated. 10 NYCRR 415.19

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