

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER NARRAGUAGUS BAY HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 3 MAIN STREET MILBRIDGE, ME 04658	
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 observations, interviews and review of the facility's Staff/Visitor Screen Policy and Procedure, the facility failed to follow the facility 'Staff/Visitor Screen Policy and Procedure and to prevent potential spread of COVID-19 during their screening process for 2 of 3 screening observations. Findings: On 6/17/20 at 7:45 a.m., the surveyor was let into the facility lobby by a Housekeeping Aide (Hskg. Aide) who was employed to be the Screener for the day (Face masks are being worn). A Screener is an employee who stays at the screening desk at the front entrance of the facility and is to ensure all staff and visitors are screened for temperature, observed for signs of respiratory illness and asked questions that may indicate signs and symptoms of COVID-19. After the Hskg. Aide let the surveyor into the building, he went behind the screening desk and sat down without providing the surveyor with instruction on the facility's screening requirements. The surveyor asked the Hskg. Aide what the screening process is, and he stated to take your temperature. On the screening desk was a Staff/Visitor Screening Log, one pen, a jar of alcohol gel sanitizer, an opened box of plastic thermometer probes, a box of alcohol wipes and a hand-held thermometer that the plastic probe is to be snapped onto. On 6/17/20 at 7:50 a.m., while the surveyor was questioning the Hskg. Aide about the screening process, he got up from the desk and let in a newly employed Physical Therapist (PT). The PT had on a face mask, she came up to the desk, took the pen with her unsanitized hand and filled in the screening log. She grabbed the thermometer and snapped her plastic probe on and took her temperature. She wrote the results on the screening log and went from the lobby into the building. The Hskg. Aide never spoke to the PT and did not instruct her to use hand sanitizer before touching anything on the screening table. He also did not sanitize the hand-held thermometer after the PT used it. On 6/17/20 at 7:57 a.m., the Hskg. Aide got up from the desk and let in another employee, the Rehabilitation Aide (Rehab Aide). The Hskg. Aide sat down behind screening desk and he did not say anything to the Rehab Aide. The Rehab Aide came in, went behind the screening desk, opened a drawer that was filled with plastic baggies that contained employee thermometer probes. With her unsanitized hands, she filed through the baggies until she found hers. She came around to the front of the desk, grabbed the unsanitized hand-held thermometer and took her temperature. She then filled in the Screening log and went to work. The surveyor asked the Hskg. Aide if he had been educated on the screening process and he stated yes but was unable to explain the process to the surveyor. On 6/17/20 at approximately 8:00 a.m., In an interview with the surveyor, the Hskg. Aide confirmed in his statement that he did not sanitize the thermometer after each use. The facility Infection Preventionist came to the screening desk and sanitized the hand-held thermometer and instructed the Hskg. Aide to sanitize the thermometer after each use. On 6/17/20 at 8:00 a.m., the Hskg. Aide let in another employee, the Maintenance Manager. The Manager went to the screening desk, sanitized his hands, took his temperature and showed the results to the Hskg. Aide. The Manager filled in the screening log and went to work. On 6/17/20 at approximately 9:30 a.m., a review of the Staff/Visitor Screen Policy and Procedure was reviewed. The policy indicated all staff and visitors are to be screened for COVID-19 signs and symptoms. The purpose of the policy is to ensure that infection control practices are followed when staff and visitors enter the building. As well as, to stop anyone from entering the building that has signs and symptoms of COVID-19. The procedure instructs that a staff member will be the Screener. All staff and visitors will be screened for COVID-19. 1. The procedure is that the Screener will ensure all staff and visitors have a mask on before entering the building. Masks are provided for those who do not have one. 2. The Screener will instruct staff/visitors to sanitize their hands upon entry. 3. The staff/visitor screen tool will be completed. 4. The Screener will ensure screening tool is complete and within guidelines. 5. If there is a 'Yes' answer which indicates a failed screen, the Screener will stop the staff/visitor from proceeding into the building. 6. The Screener will contact the Director of Nurses or the Infection Preventionist for guidance. 7. The Screener will sanitize items touched by staff/visitors with alcohol wipes. On 6/17/20 at 9:15 a.m., in an interview with the surveyor, the Infection Preventionist confirmed in her statement that the Hskg. Aide did not follow the facility's Staff/Visitor Screening policy and procedures. At this time, the surveyor discussed the observations with the Administrator and the Director of Nursing. On 6/17/20 at 11:00 a.m., in an interview with the surveyor, the Rehab Aide confirmed in her statement that she did forget to sanitize her hands upon entering the building.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.