

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER MAPLECREST REHAB & LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 174 MAIN ST MADISON, ME 04950	
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 - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews and interviews, the facility failed to implement the United States Centers for Disease Control (US CDC) and the Centers for Medicare and Medicaid Services (CMS) recommendations and guidance related to staff who presented with symptoms of Coronavirus Disease 2019 (COVID-19) and failed to have a system in place for the monitoring of symptoms reported during the screening process. These failures contributed to an outbreak of COVID-19 affecting five (5) residents and four (4) staff as of 8/25/2020 and having the potential to affect the remaining thirty-seven (37) residents. It was determined the facility's failures constituted an immediate jeopardy (IJ) situation beginning on 8/11/2020. Findings: On 8/21/2020, the Division of Licensing and Certification was made aware of an outbreak of COVID-19. An on-site investigation was initiated. On 8/25/2020 at 9:30 a.m., the Director of Nursing (DNS), who is the facility's Infection Preventionist, stated the facility had four (4) residents and two (2) staff who were positive for COVID-19. The facility's COVID-19 [DIAGNOSES REDACTED]-CoV-2 Pandemic plan, last updated May 2020, indicated the following: - In Section 2: Interim Policy - COVID 19: Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be referred to public health authorities (their PCP, or to Occupational Health Provider (if exposed while at work) for testing, medical evaluation recommendations and return to work instructions - In Section 4: Surveillance and Monitoring: The Symptom Surveillance (for Respiratory Illness ex.: Covid-19) provides a template for data collection and active monitoring of both visitors and staff during a suspected respiratory illness cluster or outbreak, in the community, at a nursing home or at other LTC facilities of which, shared staff is used, as indicated. Using this tool will provide facilities with a line listing of all individuals monitored for the symptoms of the outbreak illness. Each row represents an individual visitor or staff member who may have signs or symptoms of the outbreak illness. The information in the columns of the worksheet capture data on the person, locations of where they have been (in other facilities), clinical signs/symptoms, and outcomes.; Information gathered on the worksheet is used to determine if visitors or employees are to be excluded from entering the facility (for a specified time period) during this outbreak illness.; and The Director of Nursing Services, or designee, has been assigned responsibility for the overall surveillance and detection of any signs and symptoms of Covid-19 in residents and/or staff. The US CDC's Preparing for COVID-19 in Nursing Homes, updated 6/25/2020, states, under the section Evaluate and Manage Healthcare Personnel, screen all HCP (Health Care Personnel) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. The CMS's Center for Clinical Standards and Quality/Quality, Safety & Oversight Group memo, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, revised 3/13/2020, states Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home. The facility's Daily Employee/Visitor Screening Log form was reviewed and indicated the following: - If an employee or visitor has one of the following symptoms, they fail the screening: a cough, difficulty breathing, or new shortness of breath; or - If an employee or visitor has two of the following symptoms, they fail the screening: fever greater than 100 degrees Fahrenheit (F), loss of sense of smell or taste, new muscle aches or soreness not from exercise, repeated shaking with chills, sore throat, or headache. The Daily Employee/Visitor Screening Log, dated 8/11/2020, indicated that CNA #1 answered Yes to 4 of the symptoms (cough, new muscle aches or soreness not from exercise, repeated shaking with chills, and sore throat). Based on these symptoms, CNA #1 failed the screening process, therefore, should not work per the CDC and CMS recommendations and guidance. The staffing schedule stated CNA #1 worked from 8:00 p.m. on 8/11/2020 to 6:00 a.m. on 8/12/2020. On 8/25/202 at 9:30 a.m. the DNS was interviewed and stated the following: - On 8/12/2020, CNA #1 called and informed her, that she had been exposed to persons who were positive for COVID-19. The DNS removed CNA #1 from the schedule and instructed the CNA to have COVID-19 testing. On 8/18/2020 CNA #1 test results confirmed that CNA was positive for Covid-19. The facility uses the US CDC and the Maine CDC for guidance in screening and management of COVID-19, and that staff screening logs are reviewed by her, Administrator and Charge Nurses. On 8/25/2020 at 6:14 p.m., the DON sent the surveyor a LTC Respiratory Surveillance Line List, which identified CNA #1 as the first staff confirmed with COVID-19. On 8/27/2020 at 4:44 p.m., the Charge Nurse who worked on 8/11/2020 was interviewed via telephone, and stated the following: - CNA#1 did not indicate she had any Covid-19 symptoms and did not indicate she was not feeling well; - She did not notice a cough, but she (meaning CNA#1) had that for some time; - I do not look at them (meaning the Daily Employee/Visitor Screening Log form). It is a self tool. Everyone know it's their responsibility to let the Charge Nurse if they are not feeling well; and - As far as I know, there's nobody looking at the screening tools. Nobody had ever checked it on my shift, and nobody has checked mine. Maybe the DNS does it. I don't know. Based on the above information, it was determined that the facility's failure to ensure CNA #1 did not work after reporting symptoms of COVID-19 and to have a system in place for the monitoring of symptoms reported during screening procedures constituted an immediate jeopardy. Please see F000 Initial Comments for details related to the IJ template, removal plan and abatement of the IJ.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.