

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER KNOLLWOOD NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 87 BRIARWOOD CIRCLE WORCESTER, MA 01606	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to properly screen staff members for signs and symptoms of COVID-19, use Personal Protective Equipment (PPE) appropriately, and educate all staff regarding the signs and symptoms of COVID-19. Findings include: 1. Review of the Centers for Disease Control and Prevention (CDC) website indicated the facilities must actively take the temperature of their employees. Review of the facility's COVID-19 Plan indicated all staff would complete screening/temperature check upon arrival. During an interview on June 17, 2020 at 9:00 A.M., Certified Nurse Aide (CNA) #1 said when the staff arrive to the facility they take their own temperatures and fill out a screening questionnaire before they go to the units to work. 2. Further review of the facility's COVID-19 Plan indicated newly admitted residents would be placed in quarantine for 14 days and anyone with pending COVID-19 tests would be placed on droplet precautions. Further review of the CDC website indicated health care personnel must wear an isolation gown, gloves, face mask and face shield when caring for residents with confirmed or suspected COVID-19. Health care personnel must remove their gloves and gown prior to exiting the resident's room. During an interview on June 17, 2020 at 9:15 A.M., Unit Manager #1 said that the staff that works on the quarantine unit can use the same PPE between resident rooms because the residents swabbed negative for COVID-19, either before admission to the facility, or since admission to the facility. During an observation on June 17, 2020 at 10:40 A.M., Nurse #1 on the quarantine unit came out of a resident's room with a gown on and went to the medication cart then went back to the resident's room to put the gown on a hook inside the room. 3. Further review of the CDC website indicated to educate health care personnel on the signs and symptoms of COVID-19. Review of the Educational In-service sign-in sheet for use of PPE and signs and symptoms of COVID-19, dated April 1, 2020, indicated 24 staff attended. During an interview on June 17, 2020 at 11:10 A.M., the Director of Nurses said she was not aware that staff was not supposed to do their own COVID-19 screenings prior to their shifts. She said that she understood the PPE should be removed prior to exiting a resident's room and that new PPE must be used between residents on the quarantine unit. The DON said that she could not provide evidence that all staff were educated on the signs and symptoms of COVID-19 as required.		
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.