

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PINE KNOLL NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>30 WATERTOWN STREET LEXINGTON, MA 02420</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on staff observation and staff interview, the facility failed to effectively implement, educate and monitor staff for adherence for wearing personal protective equipment (PPE) in the facility when evidence of community spread in the building. Specifically the facility failed to implement guidelines relating to quarantined new admissions, limit access to the building to essential staff, provide all staff education in PPE requirements including donning and doffing PPE and Center for Disease Control (CDC) guidelines for infection control related to Covid-19, monitor family visits to maintain social distancing and prevent contact between the resident and family member, perform hand hygiene before and after adjusting a resident's mask and screen all visitors for symptoms consistent with COVID-19 upon entry into the building to prevent the transmission of COVID-19 in the facility. Findings include: 1. The facility failed to limit entry into the facility to essential staff only allowing a Volunteer Activity Assistant to work in the building. They also failed to provide the Volunteer Activity Assistant education on PPE requirements, donning and doffing PPE and infection control practices to limit her exposure and protect residents from further spread of the Covid-19 in the facility. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: -Limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent). -Provide job or task-specific education and training on preventing transmission of infectious agents associated with healthcare during orientation to the healthcare facility; update information periodically during ongoing education programs. Target all healthcare personnel for education and training, including but not limited to medical, nursing, clinical technicians, laboratory staff; property service (housekeeping), laundry, maintenance and dietary workers; students, contract staff and volunteers. *A review of the facility self assessment and attestation indicated, the facility has been closed to visitors and ancillary providers since March 9, 2020. * A review of the facility infection control- environmental services revised 4/20/2020 indicated under Infections- Clinical Protocol the following: - 8. (g) Covid-19 The building will be closed to visitors, and peripheral staff such as hospice and therapy will be evaluated at the time if deemed essential employees. On 6/19/2020 at 2:00 P.M., the Volunteer Activity Assistant was interviewed and said she started volunteering in the building a couple weeks ago. The only training she received was that she had to wear a mask while in the building and maintain social distancing of six feet. The volunteer Activity Assistant said she passes out reading material and talks to residents working under with the Activity Director. The Volunteer Activity Assistant said she did not receive any education on wearing eye protection, gown or gloves and was not aware of any residents on transmission based precautions or rooms she should not enter without additional PPE. On 6/19/2020 at 4:00 P.M., the Director of Nurses (DON) was interviewed and said the Volunteer Activity Assistant was allowed to begin working in the building when they opened the facilities to allow visitations a couple weeks ago. On 6/19/2020 at 5:00 P.M., the Assistant Administrator was interviewed and said , she did run a CORI check but was unaware if she received any training related to Covid-19 infection control, PPE requirements or education on donning and doffing PPE. At the completion of the survey no documentation had been provided to the surveyor showing the Volunteer Assistant received any education prior to working in the building. 2. The facility failed to monitor a family visit for maintaining social distance of 6 feet between the Resident #5 and family Member #1 and allowing Resident #5 and Family Member #1 to have physical contact. Family Member #1 was not asked if they had been in recent contact with anyone showing Covid-19 symptoms. A review of the facility policy statement Visitation at Pine Knoll Nursing Center (not dated) indicated the following: -16. During an infection control issue such as COVID-19, visitors will be asked to make an appointment as we will have no more than 4 residents visited at the same time and only 2 visitors per resident. All residents will be seen in the courtyard wearing a mask and social distancing 6 feet from each other. There should be no form of contact with the resident. All visitors will have their temperature recorded in a log book at the front door. Visitors will be asked if they have been in recent contact with anyone showing symptoms. On 6/19/2020 at 1:30 P.M., this surveyor observed Family Member #1 screened having his/her temperature taken but not being asked any symptom based questions or if they had any recent contact with anyone showing signs of Covid-19. On 6/19/2020 at 1:40 P.M., the Staff Monitor , responsible for ensuring masks were worn and social distancing was occurring during visits, came in from the outside patio and said she can't be helping inside. The surveyor went out onto the patio and observed Family member #1 visiting with her mother. They were sitting side by side during the visitation. The staff monitor was observed directing a resident from the West Unit who wandered onto the patio to sit at a table. On 6/19/2020 at 1:45 P.M., the Staff Monitor was asked about social distancing between Family member #1 and Resident #5 and the Staff Monitor said they were too close. The Staff Monitor approached Family member #1 and Resident #5 and explained the required 6 feet distance and directed them to sit at a table that provided 6 feet distance. Family Member #1 reached her arm under her mother and assisted her to standing and then walked to the other table holding Resident #5's arm. 3. The facility failed to maintain standard and contact precautions for new admissions in the last 14 days. The facility failed to post droplet precaution signs outside the new admitted Residents' rooms, provide accessible PPE for staff entering the rooms, keep the residents' doors closed, maintain a trash bin close to the exit of the room to dispose of used PPE properly, limit residents' activities outside the room, monitor residents for wearing a mask outside their room and educate staff on required PPE to wear entering the residents' room to limit the spread of Covid-19 in the facility. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: -Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N 95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. -Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. -Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. -A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission. As part of universal source control measures, all residents (including those described in the scenarios above) should wear a cloth face covering or facemask (if tolerated) whenever they leave their room. On 6/19/2020 at 1:45 P.M., the DON was interviewed and said the new admissions who were on 14 day quarantine are on the North Unit, with the exception of one new admission today who was on the West Unit for safety reasons. The DON said the staff wear full PPE when entering the Covid-19 positive residents' room, but the rest of the facility is not required to wear full PPE. The DON said due to spacing the new admissions are cohorted in rooms on the North Wing and they are not on specific precautions, but are</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>encouraged to stay in their rooms for 14 days. On 6/19/2020 at 2:30 P.M., the surveyor observed the new admission resident rooms on the North Unit including rooms N1, N2, N3, N4, N6, N8, N9 and N11. There was no droplet precautions posted on any of the doors, there was no available PPE by the doors or trash cans at the exits of the rooms. All the room doors were open and the residents from the rooms were observed freely walking in and out of their rooms in the hallway. On 6/19/2020 at 1:50 P.M., the surveyor observed the Activity Director and the Activity Volunteer Assistant wearing only a surgical mask offering reading material to the residents on the Central and North Unit. The Activity Director was entering the rooms speaking to the residents and handing out reading material to the residents. The Volunteer Activity Assistant stood at the doorways of the rooms and talked to residents in the room as well as residents out in the hallway. The Volunteer Activity Assistant was observed being approached by a male resident (not wearing a mask) who wanted to talk to her. Neither the Activity Director nor Assistant were wearing required eye protection. On 6/19/2020 at 2:05 P.M., the Activity Director was interviewed and said she is only required to wear a mask when in the facility. The Activity Director was not aware if any of the new admissions were on transmission based precautions or required any special PPE to be worn when entering the room. On 6/19/2020 at 4:00 P.M., the surveyor observed room C6 on the West wing. There was observed to be no precautions sign posted on the door, there was no available PPE by the doors or trash can at the exit of the room. The door was open the entire time the surveyor was on the West Unit. Resident #3 from room C6 was observed to freely walk in hallway and in and out of other residents' rooms without wearing a mask. On 6/19/2020 at 3:30 P.M., Certified Nursing Assistant (CNA) #2 was interviewed and said Resident #3 was admitted earlier today between 1:00/1:30 P.M. CNA #2 said she did not receive any information if Resident #3 was on transmission based precautions or if she had to wear any specific PPE when providing care to Resident #3. Resident #3 was observed walking with their walker in the hallway without a mask on. On 6/19/2020 at 3:55 P.M., the West Unit Charge Nurse was interviewed and said Resident #3 was admitted today around 2:00 P.M. and they are still working on his/her admission. She is not aware if Resident #3 is on any specific precautions. 4. The facility staff failed to perform hand hygiene before and after adjusting Resident #2 facemask and then touching the exit door knob. On 6/19/2020 at 3:30 P.M., the surveyor observed Activities Assistant #1 adjust the facemask of Resident #2 who was sitting out in hallway by the nursing station on the West Unit. The DON then called Activity Assistant #1 and directed her to exit the floor. Activity Assistant #1 opened the door to the main lobby and exited the floor. The surveyor did not see Activity Assistant #1 perform any hand hygiene before or after adjusting Resident #2's facemask and touching the exit door knob. 5. The facility failed to have staff wear recommended level of PPE when there was evidence of sustained community spread of Covid-19 in the facility and did not require the staff to wear required PPE for the care of residents in the building. Implement Universal Use of Personal Protective Equipment: -The potential for asymptomatic [DIAGNOSES REDACTED]-CoV-2 transmission underscores the importance of applying prevention practices to all patients, including social distancing, hand hygiene, surface decontamination, and having patients wear a cloth face covering or facemask (for source control) while in a healthcare facility. To protect patients and co-workers, HCP should wear a facemask at all times while they are in a healthcare facility (i.e., practice source control). Use of a facemask, instead of a cloth face covering, is recommended for HCP, because a facemask offers both source control and protection from exposure to splashes and sprays of infectious material from others. -HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: -Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others. -Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room. On 6/19/2020 at 1:45 P.M., the Director of Nursing (DON) was interviewed and said the building is at mask level PPE on the units per the information she received on the Department of Public Health (DPH) call last week. The DON said the West Unit is memory care unit and recovered Covid residents. Central Unit is negative residents and North Unit is for new admissions on 14 day quarantine. The DON said she has one Resident #4 who is positive for Covid-19 and on droplet precautions on the West Unit. The DON said all staff entering that room are required to wear full PPE. The DON said the new admissions were on a 14 day quarantine are on the North Unit, with the exception of one new admission today who was on the West Unit for safety reasons. The DON said staff are not required to wear full PPE when entering the quarantine residents rooms and they are not on precautions as required except if they are Covid-19 recovered. On 6/19/2020 at 1:30 P.M., the surveyor entered the facility directly onto the West Unit and observed staff members wearing different levels of PPE ranging from mask, eye protection and gown to mask only. The surveyor observed the hallway to have both staff and residents walking in close proximity, with some of residents not wearing masks in the hallway. On 6/19/2020 at 2:00 P.M., the Volunteer Activity Assistant was interviewed and said she started volunteering in the building a couple weeks ago. The only training she received was that she had to wear a mask while in the building and maintain social distancing of six feet. On 6/19/2020 at 2:05 P.M., the Activity Director was interviewed and said she is only required to wear a mask when in the facility. On 6/19/2020 at 2:30 P.M., Maintenance staff #1 was interviewed and said he wears just a mask when he is in the building, including when he cleans residents' rooms. On 6/19/2020 at 3:30 P.M., the Maintenance Director was observed on the West Unit wearing only a mask. There were Residents wandering around the area, passing by him in close proximity. On 6/19/2020 at 3:40 P.M., the Maintenance Director was interviewed and said he was required to wear a mask while in the building. He said, he has access to enter all parts of the building and residents rooms for maintenance purposes and he only wears a mask. On 6/19/2020 at 4:15 P.M., CNA #3 was interviewed and said there is never enough PPE, you always have to go look for it. On 6/19/2020 at 4:30 P.M., CNA #1 was observed on both Central Unit and North Unit going in and out of Residents' rooms wearing the same PPE, including gown and mask. On 6/19/2020 at 4:40 P.M. CNA #1 was interviewed and said he wears the same PPE for his entire shift unless it get soiled. He said he does not change PPE between entering and exiting the new admission rooms on the North Unit. 6. The facility failed to appropriately monitor the entrance to the facility and have PPE available upon entrance. The entrance to the building required you to step directly into the West Unit (memory care unit). The facility staff failed to ask the surveyor all of the symptom based questions and did not ask Family Member #1 any symptom based questions before she was directed to the visitation courtyard. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: -Limit and monitor points of entry to the facility. -Consider establishing screening stations outside the facility to screen individuals before they enter -Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. On 6/19/2020 at 1:30 P.M., this surveyor went to the front entrance of the facility. There were signs directing you to enter the facility at the side entrance. The surveyor went to the side entrance and rang the bell. A staff member opened the door and the surveyor wearing a mask and the Volunteer Activity Assistant stepped directly into the West Unit to the side of the nursing station with direct access to residents. Within a minute of entering the building, the surveyor was approached by Resident #3 (new admission) not wearing a mask. The surveyor quickly donned PPE including a face shield and gown that was in possession of the surveyor. The floor nurse was busy taking the Volunteer Assistant's temperature. There was no visible PPE available. A staff member came over and re-directed Resident #3 away from the surveyor. A floor nurse then took the surveyor's temperature and asked two of the four questions on the sign in sheet. The surveyor observed the floor nurse answering N to all 4 questions on the sign-in sheet. The floor nurse then opened the door and greeted Family member #1 who was waiting to visit Resident #5. The Nurse took their temperature and told them to go around to the back of the building for the visit. The Nurse did not ask them any symptom based questions.</p>		