

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER PINE KNOLL NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 30 WATERTOWN STREET LEXINGTON, MA 02420	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to: 1) maintain an infection control program to help prevent the transmission of COVID-19 (a respiratory illness caused by [MEDICAL CONDITION]) through potential cross contamination from one unit to another, 2) Ensure staff and visitors were properly screened for COVID-19 prior to the beginning of every shift to prevent the possible transmission of COVID-19 within the facility and 3) Maintain transmission-based precautions to help prevent the transmission of COVID-19. Findings include: 1. On 7/8/20 at 6:48 A.M., the surveyor observed the designated entrance to the facility entered directly into the West Unit; the facility screening station was set up next to the West Unit Nurse's station. Review of the facility floor plan indicated that any staff or visitors entering through the entrance to the West Unit would only be able to access the 2 other nursing units in the facility by partially passing through the West Unit. Review of the facility surveillance line listing (a tool used by the facility for data collection and active monitoring of both residents and staff during an outbreak or illness cluster) indicated that the West Unit included residents who had recovered from COVID-19 as well as ten residents that were negative for COVID-19 (have never tested positive for COVID-19, nor had symptoms of the illness). The facility surveillance line listing further indicated that the North and Central units consisted of recovered residents and residents that were negative for COVID-19. During an interview on 7/8/20 at 7:10 A.M., Nurse #1 said that all staff and essential visitors enter and are screened on the West Unit including visitors going to the Central and North Units. She further said that residents on the West Unit are a mix of recovered residents and residents who are negative for COVID-19. During an interview on 7/8/20 at 7:15 A.M., Nurse #2 (the 11:00 P.M.-7:00 A.M. shift nurse) said that for him to access the North and Central Units, after being screened, he must partially walk through the West Unit. During an interview on 7/8/20 at 10:15 A.M., Nurse #3 said that staff enter and are then screened on the West Unit, then the staff don (put on) their Personal Protective Equipment (PPE) and they must partially walk through the West Unit to access the North and Central Units. She further said that residents on the West Unit are a mix of recovered residents and residents who are negative for COVID-19. 2. On 7/8/20 at 6:48 A.M., the surveyor observed Therapist #1 walk into the screening area, check his own temperature and then fill out the facility COVID-19 screening tool. At 6:52 A.M., Nurse #1 screened the surveyor by checking his temperature, but did not ask the surveyor if he had any COVID-19 symptoms and his travel history. During an interview on 7/8/20 at 6:58 A.M., Therapist #1 acknowledged that he checked his own temperature and answered the series of COVID-19 screening questions. He further said that the screening nurse was busy getting reports from previous shift. 3. On 7/8/20 at 9:15 A.M., the surveyor observed Housekeeper #1 on the West Unit wearing a cloth face mask. During an interview on 7/8/20 at 9:16 A.M., Housekeeper #1 acknowledged wearing a cloth face mask. He said that he used to wear a surgical mask but he had an issue with the ear loop so he switched to his own cloth mask. On 7/8/20 at 9:40 A.M. and 10:30 A.M., the surveyor observed Laundry staff #1 in the West Unit hallway in full PPE with her gown sleeves rolled up above her elbow. During an interview on 7/8/20 at 11:00 A.M., the Director of Nursing said that staff should not be wearing cloth face masks and PPE should be worn correctly. Review of the CDC (Centers for Disease Control) document titled Preparing for COVID-19 in Nursing Homes, and updated June 25, 2020, indicated the following: *Long Term Care Facilities are to have a Plan for Visitor Restrictions: *Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. *Screen visitors for fever (T=100.0 F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. *Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. *Implement Source Control Measures. *HCP should wear a facemask at all times while they are in the facility. *When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required.</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.