

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER SOLDIERS HOME IN MASSACHUSETTS		STREET ADDRESS, CITY, STATE, ZIP 91 CREST AVENUE CHELSEA, MA 02150	
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 - Few	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility staff failed to remove Personal Protective Equipment (PPE) while exiting resident care areas. Findings include: During an inspection of the 4th floor east ward on 7/21/20, at 9:42 A.M., the surveyor observed Certified Nurse's Aide (CNA) #1, wearing gloves and a gown, assist a COVID-19 negative resident with putting on his shirt. CNA #1 then took the resident's water pitcher and exited the resident care area through double doors, without removing his contaminated gloves and performing hand hygiene (HH) or removing his contaminated gown. CNA #1 then walked the length of the hall wearing contaminated gloves and gown and entered the kitchenette using his contaminated gloves to open the door thus contaminating the door handle. CNA #1 then obtained water and ice with contaminated gloves on and walked back down the length of the hall, opened a cabinet and obtained 2 straws and then re-entered the resident care area through the double doors, contaminating them. During an interview on 7/21/20, at 9:45 A.M., CNA #1 said that he should have removed his gown and gloves and performed HH before leaving the resident care area. During inspection of the 4th floor center ward on 7/21/20, at 10:05 A.M., the surveyor observed a housekeeper exit the resident care area with contaminated gloves on carrying a bag of trash. The housekeeper then walked the length of the hall to dispose of the bag of trash in the dirty utility room contaminating the door handle and set of keys used to open the door. The housekeeper then performed HH and donned new gloves, removed the contaminated keys from his pocket contaminating the new gloves and opened the housekeeping closet contaminating the door handle. Review of the facility policy titled Precautions for Infection Control and dated as revised 5/7/13, indicated that gloves are to be changed after patient contact, contact with contaminated items or surfaces and HH performed. Further review indicated that gowns are to be removed before leaving a patient's room.		

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.