

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER SAUGUS REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 266 LINCOLN AVENUE SAUGUS, MA 01906	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interviews and infection control policy review, the facility failed to ensure that staff consistently follow transmission based precautions (droplet and transmission based precautions) to prevent the potential spread of the Coronavirus COVID-19 (COVID-19 is a highly contagious virus which is spread from person to person through droplets released into the air when an infected person coughs or sneezes.) Findings include: On 6/15/2020 at 10:00 A.M., the surveyor observed a wing of Unit 1 with 2 rooms at the end, designated for person under investigation or (PUI). The PUI wing had 2 semi-private rooms with a physical barrier (fire doors) to separate them from the rest of the wing, which consisted of COVID -19 recovered and negative residents. The surveyor observed that the room designated as PUI had signage on the door for droplet and transmission based precautions (According to the Centers for Disease Control or CDC, droplet precautions for COVID-19 includes the following: cleaning hands prior to and upon exiting the resident's room and donning a face mask and eye protection and doffing prior to exiting the room. In addition, gloves and gowns should be worn for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment.) The surveyor observed a well stocked precaution cart with full personal protection equipment (PPE) readily available outside the door of the room. At 10:00 A.M., the surveyor observed a rear door which lead to a rear stairway. The rear door had a posted sign that indicated it was not to be accessed by staff. The surveyor observed the Director of Maintenance open the rear door from the stairwell wearing only a facemask. The Director walked by the door signage and precaution cart directly into the Resident's bathroom. The Director did not disinfect his hands, don a gown, face shield or gloves prior to entering the room. The surveyor observed the Director turn on the Resident's sink to run the water and touch surfaces in the bathroom. The Director exited the room without washing or disinfecting his hands. The Director started to exit the designated PUI wing to continue down the hall to other resident rooms. Following surveyor inquiry, the Unit Manager stopped the Director and spoke with him in the hallway. During interview the Director of Nursing Services (DNS) said that staff were not suppose to access that rear door. The DNS said that further in-servicing would be done to prevent any further breaches in infection control practice.</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.