

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER TWIN OAKS REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 63 LOCUST STREET DANVERS, MA 01923	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to ensure on 2 of 3 units and the outside smoking area 1.) that staff donned masks appropriately, 2.) that residents did not share lit cigarettes and 3.) that residents residing on a Covid-19 negative unit maintained social distancing to prevent the risk of spread of infection. Findings include: Review of the Centers for Disease Control (CDC) guidance entitled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, included the following: * CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. * HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. * Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent [DIAGNOSES REDACTED]-CoV-2 transmission. 1. On 8/10/20 at 8:44 A.M., observation on the 3rd floor unit revealed Certified Nursing Assistant (CNA) #1 feeding a resident. As he was feeding the resident, he pulled his mask down several times to take sips of a drink he had resting on the resident's food tray, increasing the risk of spread of infection. On 8/10/20 at 8:55 A.M., Nurse #1 said that staff should not be drinking while feeding a resident and the CNA's mask should be on properly at all times. 2. On 8/10/20 at 9:50 A.M., observation of the smoking area revealed Nurse #2 providing supervision of three residents smoking. At the end of the session, one resident held the lit cigarette butt in his/her hand and a second resident took the lit cigarette butt out of the resident's hand and proceeded to take 3 puffs of the cigarette butt before discarding the cigarette into the ashtray receptacle, increasing the risk of spread of infection. Nurse #2 did not intervene and proceeded to transport the residents back to their unit. 3. On 8/10/20 at 11:10 A.M., observation on the 1st floor unit revealed two residents (both with a Covid-19 negative status) in the day room, sitting on a couch approximately one foot apart from each other (not maintaining social distancing of 6 feet). Neither resident was wearing a mask. On 8/10/20 at 11:15 A.M., CNA #2 looked into the day room where the two residents were sitting and began typing something on an electronic device, without ensuring there was social distancing of 6 feet apart or reiterating the need for masks, CNA #2 left the area. She did not speak to either resident. On 8/10/20 at 11:30 A.M., the two residents were still sitting on the couch in the day room sitting approximately one foot apart and were not wearing masks. On 8/10/20 at 11:35 A.M., during interview, Nurse #3 said that the residents should not be sitting close together and that wearing masks for these residents has been a struggle, but the staff member who saw them should have attempted to redirect and reinforce the use of masks.</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.