

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER HOLYOKE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 282 CABOT STREET HOLYOKE, MA 01040	
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 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 and interview, the facility failed to maintain an infection prevention and control program relative to proper personal protective equipment (PPE) use and hand hygiene, designed to help prevent the development and transmission of communicable diseases, infections and/or the COVID-19 virus. Findings include: Review of the facility's COVID-19 policies included, Precautions for Patients Infected with Epidemiologically Important Pathogens policy; revised date 1/10/2020, indicated: -Precautions designed for the care of patients who are known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne droplet or contact included the following guidelines: Contact Precautions: -Healthcare personal (HCP) caring for patients should wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's area in the patient's environment. Discard PPE before exiting room and wash or sanitize hands. Droplet Precautions: -In addition to standard precautions, use droplet precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets through close respiratory or mucous membrane contact with respiratory secretions. Enhanced Barrier Precautions: -Cart or station outside door with gowns and gloves. -Appropriate contact precautions signs on door. Review of the facility's Suspected COVID-19 Patient While in the Center policy, dated 3/17/20, indicated the following: -Caregivers entering the room should wear PPE for standard, contact and droplet precautions-gowns, gloves, mask and eye protection. -HCP should perform hand hygiene using alcohol based hand sanitizer before and after all patient contact, contact with potentially infectious material and before putting on and upon removal of PPE, including gloves. Review of the Centers for Disease Prevention and Control (CDC) website: Interim Infection Prevention and Control Recommendations for Healthcare Personal (HCP) During the Coronavirus Disease (COVID-19) Pandemic, dated 7/15/20, indicated the following: -Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility. Post visual alerts (signs, posters) at the entrance and in strategic places. -HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (severe acute respiratory syndrome coronavirus 2) infection should adhere to Standard Precautions and use a N95 or equivalent or higher level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. -HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. -HCP should put on eye protection upon entry to the patient room or care area, if not already wearing. -HCP should put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene. -HCP should put on a clean isolation gown upon entry into a patient room or care area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. Review of the Centers for Disease Prevention and Control (CDC) website for Hand Hygiene in Healthcare Settings, undated, indicated the following: HCP should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. Review of the CDC website, Appendix D - Linen and laundry management, Best Practices for Environmental Cleaning in Healthcare Facilities, undated, indicated the following relative handling linen: -Carefully roll up soiled linen to prevent contamination of the air, surfaces, and cleaning staff. Do not shake linen. -Place soiled linen into a clearly labeled, leak-proof container (e.g., bag, bucket) in the patient care area. Do not transport soiled linen by hand outside the specific patient care area from where it was removed. During an interview on 8/13/20 at 7:00 A.M., the administrator said since last week there were several more COVID-19 positive resident cases, an increase number of resident deaths due to COVID-19, and several more cases of COVID-19 positive staff members. He said the Director of Nurses was COVID-19 positive and was out sick, and other staff were out as well with COVID-19 positive status and/or had COVID-19 related symptoms. He said staff from their sister facility were assisting and providing staffing help, as well as the Rapid Response Team. He said last week's Rapid Response staff were replaced with another Rapid Response team to work this week. During an interview on 8/13/20 at 7:45 A.M., the infection control nurse (ICN), she said the facility census was 64 which included 2 medical bed holds. She said there were 9 COVID-19 positive residents and 2 COVID-19 positive residents hospitalized. She said several more staff tested COVID-19 positive since last week and were out of work. She said there had been a recent increase number of COVID-19 resident deaths this week. She said all of the residents on the 2nd and 3rd floors had been placed on droplet precautions and staff were wearing full PPE. She said all but 2 residents on the 4th floor were COVID-19 negative and those on the 3rd floor were either COVID-19 negative or recovered. She said the 2nd floor, north side remained the COVID-19 positive area. She said the facility's assigned Department of Public Health epidemiologist called her on 8/12/20 to inform her that 2 Certified Nursing Assistants (CNA) from the Rapid Response team used last week had tested positive for COVID-19. The ICN said the last time one of those Rapid Response CNAs worked in the facility was 8/8/20. During a tour of the facility's 3 resident care floors on 8/5/20 between 8:50 A.M. and 10:20 A.M. with the ICN, the following were observed and discussed with the ICN; 4th Floor: -The ICN nurse said the resident in room [ROOM NUMBER]A was on precautions due to his/her roommate having a COVID-19 positive test result on 8/12/20. The closed bedroom door had no precaution signage. The ICN said there should have been a sign on the door. -CNA #1 was observed in the hallways wearing a facemask and eye protection. She was observed repeatedly touching and adjusting her facemask while speaking to the surveyor. She did not doff the mask; perform hand hygiene and/or don a new facemask. She continued to work on the unit and was observed handling clean linen. The ICN said she should not have been touching her mask, and should have removed it and cleaned her hands. -Nurse #1 was observed in the doorway of room [ROOM NUMBER]. She was wearing a reusable isolation gown, facemask and was donning gloves. She had on eye glasses but was not wearing a face shield or goggles. She said she did not have to wear either because she had eye glasses on. The ICN said the nurse should have been wearing eye protection. The ICN said the resident in room [ROOM NUMBER]B was COVID-19 negative. 3rd Floor: -The trash receptacle outside of rooms [ROOM NUMBERS] was open to the air and contained used PPE. The ICN said the trash can was broken and should have been covered. The signage on the door to rooms [ROOM NUMBERS] indicated the residents in the rooms were on precautions. -CNA #2 was observed coming out of room [ROOM NUMBER] and closing the door behind her as she exited the room. She was wearing a facemask, eye protection, an isolation gown and gloves, and was carrying dirty linen in her gloved hand while walking in the hallway. CNA #2 said there was nowhere for her to throw away her PPE or dispose of the linen in the bedroom. The ICN said she should not have come out of room and walked around the hallway with her dirty PPE on and carrying dirty linens. An interview with the ICN, the Administrator, the Assistant Director of Nurses and a Director of Nurses from a sister facility was conducted on 8/5/20 at 11:00 A.M. The infection control observations and concerns were reviewed. The Administrator said staff would continue to receive infection control training and education. They all indicated they were aware of the ongoing concern of COVID-19 spread in the facility due to breaches in infection control.</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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