

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER DAY BROOK VILLAGE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP 298 JARVIS AVENUE 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.			
(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 observation, interview and policy review, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to performing proper hand washing. Findings include: CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated April 12, 2020 indicates hand hygiene should be performed before and after all patient contact, contact with potentially infectious material, and before and after putting on and removing Personal Protective Equipment (PPE), including gloves. Review of the facility COVID-19 Prevention and Outbreak Management Policy, revised 6/11/20, indicated to perform hand hygiene with alcohol-based hand rub (ABHR) before and after all patient/resident contact, contact with potentially infectious material, and before putting on and upon removal of Personal Protective Equipment (PPE), including gloves. Use soap and water if hands are visibly soiled. During an observation on 6/16/19 at 10:20 A.M., Housekeeper #1 was observed exiting and re-entering the quarantined unit three times within five minutes. He did not remove his gloves and did not wash his hands when he was exiting the unit and he did not wash his hands or apply new gloves upon entering the unit. During an interview on 6/16/20 at 10:40 A.M., Housekeeper #1 said he did not change his gloves and did not wash his hands each time he exited the quarantined unit, as required.		

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.