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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225273 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/18/2020 |
| NAME OF PROVIDER OF SUPPLIER CARLETON-WILLARD VILLAGE RETIREMENT & NURSING CTR | | STREET ADDRESS, CITY, STATE, ZIP 100 OLD BILLERICA ROAD BEDFORD, MA 01730 | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain infection control standards regarding the use of PPE (Personal Protective Equipment) and hand hygiene to prevent the further spread of COVID-19 in the facility. Findings include: During observation of the 1st floor on 6/18/20, at 12:20 P.M., the surveyor observed the following: A Certified Nurse's Aide (CNA) assisting a resident with eating in room [ROOM NUMBER] without gloves on. A CNA assisting a resident with eating in room [ROOM NUMBER] without gloves on. During an interview on 6/18/20, at 12:25 P.M., The Dementia Program Director said that gloves were no longer mandatory because the building was currently COVID-19 negative. During an observation of the 2nd floor units on 6/18/20, the surveyor observed multiple CNA's go in and out of resident's rooms, touch residents and/or their belongings, all without gloves on or performing hand hygiene. During an interview on 6/18/20, at 1:45 P.M., the Director of Nursing said that all staff are to wear gloves when in a resident's room whether assisting the residents with meals, performing personal care or touching resident's belongings. Review of the facility policy titled COVID-19 POLICY FOR PPE (Personal Protective Equipment) and dated 4/29/20, indicated that staff are to change gloves and wash hands between contact with all residents. | | |
| 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.