

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER HATHAWAY MANOR EXTENDED CARE		STREET ADDRESS, CITY, STATE, ZIP 863 HATHAWAY ROAD NEW BEDFORD, MA 02740	
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>Based on observations, interviews, and policy review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to adhere to standard and droplet precautions while entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital and failed to monitor all staff members for signs and symptoms of Covid-19 prior to entering the facility from the outside. Findings include: Review of the facility's policy titled, Covid-19 Prevention and Outbreak Management, dated March 2, 2020, and last updated June 11, 2020 indicated the following: - If the affiliate has a quarantine unit, it should have its own dedicated staffing. If a quarantine room is on a different unit (negative unit), then the staff can work with other patients on that unit but must absolutely change PPE between different types of patients. - All employees providing care for residents with suspected or known COVID infection are required to maintain special droplet precautions. In accordance with the Centers for Disease Control and Prevention, a bulletin titled Coronavirus Disease 2019 (COVID-19), Infection Control Guidance, dated May 18, 2020 indicated the following: - HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. 1. During observation of Unit #1 on 6/17/20 at 2:00 P.M., which contained quarantined residents, the following observations were made: a. The Admissions Director (AD) was observed inside a quarantine room wearing a mask, goggles, and lab coat, but no gloves. The AD touched the bathroom door handle and entered to wash her hands. A transmission-based (precautions implemented, in addition to standard precautions, that are based upon the means of transmission such as airborne, contact, and droplet in order to prevent or control infections) precaution contact/droplet sign was posted outside of the door. During an interview on 6/17/20 at 2:05 P.M., the surveyor asked the AD about personal protective equipment (PPE) required to enter a COVID-19 quarantine room. The AD said she did not wear gloves because she was just looking and said the area had just been cleaned. During an interview on 6/17/20 at 3:55 P.M., the surveyor asked the Regional Nurse what PPE is required to enter a quarantine room. The Regional Nurse said full PPE is required consisting of a gown, mask, goggles, and gloves. b. The surveyor observed CNA #1 exit a quarantine room, reenter, then enter a negative room wearing the same PPE and without gloves. CNA #1 had turned the call bell off in the quarantine room, exited the room, and entered again bringing water to the resident. She then entered a negative room. CNA #1 did not change her PPE in between caring for different types of residents. During an interview on 6/17/20 at 2:45 P.M., the surveyor asked CNA #1 the process for donning and doffing PPE when caring for different types of residents. CNA #1 said full PPE should have been worn for the quarantine room and said she should have changed her PPE in between residents. She said she was running around and didn't because she was just going in quick. Given the availability of beds, as evidence by capacity:147 census: 107, the facility should not have quarantined residents on the same unit as negative residents. 2. During a tour of Unit #2 on 6/17/20 at 2:55 P.M., which contained a designated COVID-19 wing, the following observation was made: The surveyor observed an outside exit door at the end of the hall without a screening station for staff members to reenter the facility. During an interview on 6/17/20 at 3:00 P.M., the surveyor asked LPN #1 about the exit door and if it was used by staff. LPN #1 said they use the outside door for breaks and do not screen staff when reentering the facility. She said they only take 15 minute breaks and they just come back in. She said staff could go to their cars and hopefully they didn't go to Dunkin Donuts. On 6/17/20 at 3:50 P.M. during the exit conference, the Director of Nurses said the front door was the only designated entrance and that staff have to be screened before each shift, after their shift, and anytime they leave and reenter the facility.</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.