

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225404	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER WINGATE AT HAVERHILL		STREET ADDRESS, CITY, STATE, ZIP 190 NORTH AVENUE HAVERHILL, MA 01830	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews and policy review the facility 1) failed to follow infection control protocols to prevent the possible spread of COVID-19 on the Dementia Care Unit as evidenced by the failure of one Certified Nurse's Aide to properly perform hand hygiene between residents and also by failing to properly replace a resident's face mask that had fallen onto the floor and 2) Failed to ensure that a Dietary Aide was wearing her mask as required while in the facility. Findings include: Review of the facility policy titled Strategies For Use Of Personal Protective Equipment with a revision date of March 2020 indicated the following: Purpose- The facility will follow the infection prevention and control practices recommended by the Massachusetts Department of Public Health and the Centers For Disease Control and Prevention. *Staff may wear the same face mask for repeated close encounters with several different residents without removing the face mask between resident encounters. *Health Care Personnel should take care not to touch their face mask. If they touch or adjust their face mask, they must immediately perform hand hygiene. *Staff must perform hand hygiene and change gloves before and after all patient contact. *Staff should perform hand hygiene using alcohol based hand rub or wash with soap and water for at least 20 seconds. Review of the facility policy titled Hand Hygiene with a date of 2012, indicated the following: *Policy- hand hygiene is generally considered the most important single procedure for preventing healthcare associated infections. Antiseptics control or kill microorganisms contaminating skin and other superficial tissues. Although antiseptics and other handwashing/hand hygiene agents do not sterilize the skin, they can reduce microbial contamination depending on the type and the amount of contamination, the agent used, the presence of residual activity and the handwashing/hand hygiene technique followed. Antiseptics should not, as a rule, be used to disinfect inanimate surfaces. *If hands are not visibly soiled, use an alcohol based hand rub for routinely decontaminating hands in all clinical situations other than those listed under handwashing. Review of a Centers For Disease Control and Prevention document titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated the following: *Implement Universal Source Control Measures-Health Care Personnel 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. Review of a Centers For Disease Control and Prevention document titled Hand Hygiene Recommendations Guidance for Healthcare Providers about Hand Hygiene and COVID-19, Updated May 17, 2020, indicated the following: *Hand Hygiene-Health Care Personnel should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment, including gloves. Hand hygiene after removing personal protective equipment is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Health Care Personnel should perform hand hygiene by using alcohol based hand sanitizer with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to alcohol based hand sanitizer. Review of a Massachusetts Department of Public Health document titled September Update to Caring for Long-Term Care Residents during the COVID-19 Emergency, dated September 15, 2020, indicated the following: *All long-term care facility personnel should wear a facemask while they are in the facility. 1) On 9/16/20, at 9:38 A.M., the surveyor observed Certified Nurse's Aide #1 in the dining room on the Dementia Care Unit feeding a dependent resident. At 9:39 A.M., the surveyor observed Certified Nurse's Aide #1 stop feeding the dependent resident. Certified Nurse's Aide #1 got out of her chair, without performing hand hygiene, and then went over to another resident and touched the resident's face mask with her hands adjusting the mask to cover the resident's mouth and nose. The surveyor then observed Certified Nurse's Aide #1 walk over to another resident and touch the resident's face mask with her hands adjusting the mask to cover the resident's nose and mouth. The surveyor observed that Certified Nurse's Aide #1 did not perform hand hygiene between assisting the residents. At 9:48 A.M. the surveyor observed Certified Nurse's Aide #1 in the dining room on the Dementia Care Unit. Certified Nurse's Aide #1 went over to a resident and adjusted the resident's face mask to cover the resident's nose with her hands. Certified Nurse's Aide #1 then, without performing hand hygiene, walked over to another resident and picked up the resident's face mask off of the floor and placed it back on the resident's face. During an interview on 9/16/20, at 9:49 A.M., Certified Nurse's Aide #1 said that she was trained to perform hand hygiene between residents and before and after meals, she also said that she had alcohol based hand rub in her pocket. The surveyor informed her that she had been observing her and she had not performed hand hygiene between residents several times during the observation period, and she had also just observed her place a face mask that was on the floor back onto the resident's face. Certified Nurse's Aide #1 did not respond to the surveyor when the surveyor informed her of the observations she made. 2) On 9/16/20, at 12:30 P.M., the surveyor was sitting in the 1st floor dining room reviewing records. The surveyor observed Dietary staff #1 walk into the dining room and sit at a table on the other side of the room. The surveyor then observed Dietary Aide #1 take off her mask and start to eat. At 12:33 P.M., the surveyor observed the Director of Food Service call Dietary Staff #1 to the door of the dining room. Dietary Staff #1 then got up and left the dining room without a mask on and went to speak to the Food Service Director in the hall. The surveyor then observed Dietary Staff #1 come back into the dining room, place her mask back on her face, pick up her lunch and then walk into the employee break room. During an interview on 9/16/20, at 12:32 P.M., the Director of Food Services said that she called over to Dietary Staff #1 to tell her that she could not eat in the dining room and told her to go into the break room, but Dietary Staff #1 was not understanding her at first. The Food Service Director acknowledged that Dietary Staff #1 did not have a mask on. During an interview on 9/16/20, at 12:40 P.M., the Director of Nurse's said that the expectation for all staff is to have a mask on while in the facility, and that Dietary Staff #1 should have been eating in the designated break room area. She further said that they did not have a written policy regarding employees breaks and employees eating in the facility, but that there is facility policy to wear a mask while in 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.