

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER NEVINS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP TEN INGALLS COURT METHUEN, MA 01844	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview the facility failed to ensure the prevention of Covid 19, when 2 housekeeping staff were in resident care areas wearing contaminated gloves, were in contact with a high touch areas in the environment and failed to complete hand hygiene on 1 of 4 resident care units. Findings include: Review of the facility's policy, titled: Infection Control, not dated indicated the following: The infection control program includes a system for preventing and identifying, reporting, investigating and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to regulatory requirements and following accepted national standards. bullet c. Standard and transmission-based precautions to be followed to prevent the spread of infections, a. hand hygiene to be followed by staff with direct care, handling resident care equipment and environment. On 9/10/20 from 8:36 A.M. through 8:53 A.M., the following was observed: Housekeeper #1 (HK#1) was observed in the dining area of the of the C unit wearing gloves on both hands, HK #1, walked down the hall, picked debris up off the floor, adjusted his pants and with the same gloved hands stepped into the doorway of room [ROOM NUMBER]. Review of the facility's census indicated that room [ROOM NUMBER] was occupied by 2 residents who were negative for Covid-19. HK #1 approached Housekeeper #2 (HK #2) who was in room [ROOM NUMBER]. HK #2 was wearing gloves on both hands and was sweeping the floor. Together both HK #1 and HK #2 exited room [ROOM NUMBER] without removing their gloves or performing hand hygiene proceeded to go to a closet. HK #2 opened the closet by touching the knob with her contaminated gloves. Housekeeper #2 removed a vacuum and proceeded down the hall wearing the same gloves. Wearing the same contaminated gloves, HK #2 returned to room [ROOM NUMBER] and continued to sweep the floor. HK #2 then moved the housekeeping cart, wearing the same contaminated gloves down the hall, stopped, removed a bag of trash and replaced it with a new bag. HK#2 then proceeded with the cart and wearing the same contaminated gloves pushed the elevator button. At no time during the observation did HK #1 or HK #2 change their gloves or perform hand hygiene. The Director of Housekeeping was not available for interview during the survey. During an interview on 9/10/2020 at 3:10 P.M., the Director of Nursing said that housekeeping staff should have performed hand hygiene per the facility's infection control policy.</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.