

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER LAFAYETTE REHABILITATION & SKILLED NURSING FACILIT		STREET ADDRESS, CITY, STATE, ZIP 25 LAFAYETTE STREET MARBLEHEAD, MA 01945	
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, interview, and record review, the facility failed to 1. maintain an environment to help prevent the transmission of COVID-19 (a respiratory illness caused by [MEDICAL CONDITION]), and 2. maintain transmission-based precautions to help prevent the transmission of COVID-19. Findings include: 1. On 7/7/2020 at 9:00 A.M., the surveyor observed two residents, Resident #1 and Resident #2, in room [ROOM NUMBER] on the 2nd floor unit. The surveyor observed a set up for Personal Protective Equipment (PPE) was in front of the entrance to the room. Review of the facility document titled 2nd floor census, dated 7/6/2020, indicated Resident #1 was to be on quarantine/isolation for COVID-19 as a new admission to the facility, and Resident #2 was a resident negative for COVID-19 (tested negative nor had signs or symptoms of the illness.) Review of the facility policy titled Novel Coronavirus Prevention and Response, dated 6/26/2020, indicated the following: -Procedure when COVID-19 is suspected or confirmed: -Place Resident in a private room (containing a private bathroom) -Restrict Resident to his/her room. -All new admission and readmissions should be placed in isolation for 14 days after admission and placed on contact/droplet precautions using the CDC signage of COVID-19 status unknown. A. In a private room then B. Cohort with a resident that has recovered from COVID-19 then C. Cohort with another new admission Review of the facility document LTC Respiratory Surveillance Line List, dated 7/7/2020, failed to indicate Resident #2 had ever tested positive for COVID-19 nor had any symptoms of the illness. Review of Resident #1's progress note dated 7/4/2020 indicated Resident #1 was admitted to the facility on [DATE] During an interview on 7/7/2020 at 9:45 A.M., Unit Manager #1 said Resident #1 was on full droplet precautions and quarantine for COVID-19 because he/she was a new admission. She said Resident #2 had been taken off quarantine precautions, and was negative for COVID-19. During an interview on 7/7/2020 at 10:20 A.M., the Assistant Director of Nursing (ADON) said Resident #1 was admitted on [DATE] and was put on quarantine for unknown COVID-19 status. She said Resident #1 was placed in room [ROOM NUMBER] with Resident #2, even though Resident #2 was negative for COVID-19 and susceptible to transmission of COVID-19, because Resident #1 was at risk for falls and room [ROOM NUMBER] would allow the staff to supervise him/her. She said Resident #1 and Resident #2 should be separated and the facility was working on moving Resident #2 to a different room. 2. On 7/7/2020 at 10:30 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 enter room [ROOM NUMBER], wearing a mask and face shield. The surveyor observed a sign at the door that indicated the resident in room [ROOM NUMBER], Resident #3, was on contact/droplet precautions and staff needed to gown and glove at the door before entering the room. The surveyor observed Resident #3 standing up, and CNA #1 assisting him/her to bed without a gown on. During an interview on 7/7/2020 at 10:32 A.M., CNA #1 said she entered the room without donning a gown because she was concerned Resident #3 was going to fall. On 7/7/2020 at 10:35 A.M., the surveyor observed housekeeper #1 delivering personal laundry to residents on the 2nd floor. The surveyor observed housekeeper #1 enter room [ROOM NUMBER] without donning a gown or gloves to deliver laundry for Resident #3. During an interview on 7/7/2020 at 10:40 A.M., housekeeper #1 said she should have followed the precautions listed at the door of room [ROOM NUMBER] before entering the room, but was unable to say why she did not follow the precautions. On 7/7/2020 at 11:00 A.M., the surveyor observed CNA #1 enter room [ROOM NUMBER], a room with a quarantined resident on droplet precautions, without donning a gown and proceeded to remove linens from a bed in the room. Review of the facility policy titled Novel Coronavirus Prevention and Response, dated 6/26/2020, indicated the following: -Procedure when COVID-19 is suspected or confirmed: -Implement MA DPH contact and droplet precautions. Wear gloves, gowns, goggles/face shields, and masks upon entering room and when caring for the resident. During an interview on 7/7/2020 at 10:55 A.M., Unit Manager #1 said rooms [ROOM NUMBERS] contained residents on quarantine, and any staff entering a quarantine room should don full PPE (gowns, gloves, mask, and eye protection) prior to entering the room.</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.