

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER SAVOY NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 670 COUNTY STREET 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to: - post correct precaution information outside residents' rooms for residents on 14 day quarantine for droplet precautions, -failed to provide education to staff related to storage of Personal Protective Equipment (PPE) Findings include: CDC Guidance for Responding to Coronavirus (COVID-19) in Nursing Homes, dated April 30, 2020, indicates: * All facilities should adhere to current CDC infection prevention and control recommendations * place signage at the entrance of the COVID-19 unit. (If not on a dedicated unit, a resident on precautions should have the signage placed on their door). * all recommended COVID-19 PPE should be worn during care of residents under observation 1. The facility failed to post precaution information outside room [ROOM NUMBER] and incorrect precaution information outside room [ROOM NUMBER], wear a mask when entering a room with presumed or positive COVID-19 residents and failed to wear eye protection with a face mask for encounters with COVID-19 negative residents to minimize the exposure risk with a potentially positive COVID-19 resident. On July 7, 2020 at 9:40 A.M., the surveyor observed room [ROOM NUMBER] and found no sign posted indicating the resident in room [ROOM NUMBER] was on transmission based precautions including droplet precautions and the resident's door was open while the surveyor was on the floor. On July 7, 2020 at 10:25 A.M., the surveyor observed room [ROOM NUMBER] and an incorrect sign posted on the door indicated the resident was on contact precautions. Contact precautions required only hand sanitizing, gloves and gown. The door was open while the surveyor was on the floor. The resident was on transmission based precautions. 2 -Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Updated May 22, 2020 includes: Personal Protective Equipment HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others. HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.) -Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use strategies to optimize PPE supply. -When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program. On July 7, 2020 at 8:30 A.M., the Director of Nurses (DON) was interviewed and said residents in rooms #206 and 202 were new admissions on 14 day quarantine which included droplet precautions. The DON said the staff is required to wear facemasks in the building and full PPE for new admissions on 14 day quarantine. On July 7, 2020 at 10:30 A.M., CNA #1 was interviewed and said the second floor is only required to wear a face mask when caring for all residents, except for the Resident in room [ROOM NUMBER] who requires face mask, goggles, gown and gloves. CNA #1 was observed wearing only a face mask entering room [ROOM NUMBER] to provide assistance to a Resident. On July 7, 2020 at 10:35 A.M., Nurse #1 said the Resident in room [ROOM NUMBER] is on droplet precautions and she wears a face mask, gown and goggles in the room. Nurse #1 was observed only wearing a face mask while working on the second floor unit dispensing medication to Residents in room [ROOM NUMBER]. Nurse #1 said when she goes into room [ROOM NUMBER], she gets her goggles from her pocket book. Nurse #1 showed the surveyor her goggles she had in her pocket book, which she kept in a plastic sleeve. On July 7, 2020 at 11:25 A.M., Infection Preventive Nurse (IFC) said the nurses are only required to wear a surgical mask, goggles, gown and gloves when entering the resident rooms who are on 14 day quarantine on droplet precautions.</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.