

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225430</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST PATRICK'S MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>863 CENTRAL STREET FRAMINGHAM, MA 01701</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review the facility failed to use Personal Protective Equipment (PPE) appropriately, related to COVID-19, on 3 out of 5 units. Findings include: Review of the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19 in Nursing Homes, indicated: -If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile) . -Create a plan for managing new admissions and readmissions . Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Health Care Personnel should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Review of the facility's COVID-19 floor mapping indicated the following: -St.(NAME)and(NAME)Units- included both COVID-19 recovered and negative (with test results pending due to surveillance testing) residents. -Rosarie Center was comprised of all quarantined residents (new admissions from the hospital who were under their 14 day quarantine due to potential exposure to COVID-19). 1. During observation and interviews on July 23, 2020 at 8:30 A.M. on the St.(NAME)Unit, all of the resident rooms that were listed on the facility's COVID-19 mapping as being COVID-19 test pending (had been negative prior to the recent test) had Department of Public Health (DPH) signs outside of their rooms indicating that the residents were on special/droplet precautions in addition to standard precautions and required full PPE (mask, eye protection, gowns and glove at the door). The surveyor observed all staff on the unit to be in full PPE (except gloves) while in the hallways. Certified Nurse Aide (CNA) #1 went into one of the isolation rooms with the PPE she had on in the hallway, stayed in the resident's room to feed the resident breakfast and then left the room without removing her gown. CNA #1 said that she took care of both residents on precautions and those who weren't. She said she put her PPE on when she came to the unit to start her shift and kept the same gown on all day, only would change it if it became dirty. CNA #2 was observed in the hallway with gown, mask, and eye shield on, going in and out of rooms on the unit. CNA #2 said that he had an assignment that consisted of 3 residents on precautions and 3 that were not on precautions. He said he put his PPE on at the start of the shift and kept the same gown on all day and threw it away at the end of the shift. 2. During an observation and interview on July 23, 2020 at 9:40 A.M. on the(NAME)Unit, all of the resident rooms that were listed on the facility's COVID-19 mapping as being COVID-19 test pending (had been negative prior to the recent test) had the same DPH signs outside of their rooms as listed above. The surveyor observed all staff on the unit to be in full PPE (except gloves) while in the hallways. CNA #3 entered a resident's room who was on precautions with the same PPE she had on in the hallway and had worn into several resident rooms as she collected breakfast trays. CNA #3 said that her assignment consisted of residents on precautions and residents who were not. She said that she should have changed her gown before going into the resident's room who was on precautions, but she forgot. 3. During an observation and interview on July 23, 2020 at 11:20 A.M. on the St.(NAME)Unit (complete quarantine unit) all staff had full PPE (except gloves) while in the hallways. Unit Manager (UM) #1 went into one of the resident's rooms with gown, mask and faceshield on - she was in the room for 15 minutes and came out with the same PPE on. UM #1 said that they all wear the same PPE all shift and did not change gowns between residents. She said they each wore one gown per day unless it became soiled.</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.