

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER ABERJONA NURSING CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP 184 SWANTON STREET WINCHESTER, MA 01890	
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 staff properly implemented the use of Personal Protective Equipment (PPE) while providing care for residents negative for COVID-19 ([MEDICAL CONDITION] causing respiratory illness), increasing the risk for transmission of COVID-19/disease. Findings include: On 8/24/2020 at 11:10 A.M., the surveyor observed Activity Staff #1 enter room [ROOM NUMBER] on the third-floor unit. A resident under quarantine for COVID-19 resided in room [ROOM NUMBER]. Activity Staff #1 was wearing a mask, but did not have any eye protection on. Activity Staff #1 asked the resident in room [ROOM NUMBER] if he/she needed anything and left the room. On 8/24/2020 at 11:15 A.M., the surveyor observed Activity Staff #1 enter room [ROOM NUMBER] on the third-floor unit. A resident who was negative for COVID-19 resided in room [ROOM NUMBER]. Activity Staff #1 was wearing a mask, but did not have any eye protection on. During an interview on 8/24/2020 at 11:16 A.M., Activity Staff #1 said she was not sure if her glasses provided adequate eye protection, and would get goggles for future resident room visits. On 8/24/2020 at 11:28 A.M., the surveyor observed Activity Staff #2 assisting a resident in room [ROOM NUMBER] with a video call. The resident was negative for COVID-19. Activity staff #2 did not have eye protection on over his eyes while assisting the resident. During an interview on 8/24/2020, Activity Staff #2 said he should have had his eye protection on when he was assisting the resident in room [ROOM NUMBER] with the video call. On 8/24/2020 at 12:13 P.M., the surveyor observed Unit Manager #1 enter room [ROOM NUMBER] on the second-floor unit. Unit Manager #1 was not wearing eye protection when she entered the room. The surveyor observed Unit Manager #1 assisting the resident in the b-bed with setting up his/her lunch tray. The resident in 224 was negative for COVID-19. During an interview on 8/24/2020 at 12:20 A.M., Unit Manager #1 said she did not wear her eye protection in room [ROOM NUMBER] because she was not performing high-contact care with the resident in 224. Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated healthcare personnel should wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Review of the facility policy Facility Procedure following MA DPH Guidelines July 30, 2020 for PPE, undated, indicated COVID-19 negative residents always require a face mask and goggles or face shields (eye protection). During an interview on 8/24/2020 at 9:15 A.M., the Assistant Director of Nursing said staff entering rooms of residents negative for COVID-19 should wear a facemask and eye protection to protect against transmission of COVID-19.</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.