

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER SUNNY ACRES NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 254 BILLERICA ROAD CHELMSFORD, MA 01824	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to follow infection control protocols to prevent the possible spread of COVID-19 by failing to 1) follow proper use of Personal Protective Equipment, 2) use proper hand hygiene and 3) have staff distanced while in breakroom. Findings include: 1. The facility failed to appropriately wear Personal Protective Equipment (PPE) while on a COVID-19 positive unit. Review of the Centers for Disease Control and Prevention guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated July 15, 2020 indicated the following: - Put on a clean isolation gown upon entry into the patient room or area - Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area Review of the facility policy, Covid-19 Resident Prevention Policy and Procedure, dated 6/2/20 indicated the following: - If there is community spread of Covid-19 either in the building or the community, staff must wear full Droplet Precaution PPE, including facemask, eye protection, gloves and gown (or protection suit) for the care of ALL residents, until deemed otherwise by DPH. -In all clinical areas, face masks and eye protection must be worn when there are positive cases in the building. During an interview on 10/13/20 at approximately 9:00 A.M., the Director of Nursing said that 30 out of 38 residents on the Covid positive unit have tested positive for Covid-19. At 7:42 A.M., Unit Manager(UM) #2 was observed entering the Covid positive unit, walking past the Person Protective Equipment (PPE) gowning station (place where staff put on PPE), and entered the unit without an isolation gown. She was observed walking throughout the unit without an isolation gown on. UM #1 exited the unit at 7:45 A.M., and entered a clean supply room. She then re-entered the Covid positive unit with supplies at 7:48 A.M., again without putting on an isolation gown prior to entering. At 9:15 A.M., the surveyor entered the COVID-19 positive Unit. As the surveyor entered the Unit, Unit Manager (UM) #2 said that she did not need to wear an isolation gown on the unit since she was not entering rooms of residents who were positive for COVID-19. UM #2 also said that any staff taking care of the non-positive residents were not required to wear isolation gowns while on the unit. The surveyor observed that there were 5 Certified Nursing Assistants (CNA's) and two nurses. One of the two nurses and one of the five CNA's were not wearing isolation gowns. At 9:25 A.M., Nurse #1 was observed in the hallway of the COVID-19 unit with her eye protection goggles down at the tip of her nose, not covering her eyes. When asked by the surveyor why her goggles were not covering her eyes, Nurse #1 said that they don't fit over her regular glasses well. During an interview on 10/13/20 at 8:02 A.M., Unit Manager #1 said that all staff need to wear eye protection, a mask and an isolation gown prior to entering the COVID-19 positive unit. During an interview on 10/13/20 at 8:20 A.M., Infection Control Nurse #1 said that all staff need to wear eye protection, a mask and an isolation gown prior to entering the COVID-19 positive unit and at all times when on the unit. During an interview on 10/13/20 at approximately 9:00 A.M., the Director of Nursing said that all staff on the COVID-19 positive unit should be wearing eye protection, a mask and an isolation gown while in the hallways of the unit. 2. The facility failed to follow hand hygiene practices. Review of the Centers for Disease Control and Prevention guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated July 15, 2020 indicated the following: - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. - Put on clean, non-sterile gloves upon entry into the patient room or care area. - Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene. At 9:30 A.M., the surveyor observed three CNA's exit a resident room. All Three CNA's were wearing gloves and carrying trash. The CNA's threw away their trash, entered another room without disposing of their contaminated gloves, picked up trash in that room and exited the room. The CNA's threw away this trash and then entered a third room, still wearing their contaminated gloves. The CNA's exited the third room, threw away the trash and then removed their gloves. During an interview at 9:35 A.M., CNA #1 said that staff are to dispose of contaminated gloves prior to exiting a resident room and hand hygiene should be performed after taking off gloves. CNA #1 said that new gloves should be put on prior to entering a resident's room. 3. The facility failed to have staff follow guideline to socially distance while using the breakroom Review of the Centers for Disease Control and Prevention guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated July 15, 2020 indicated the following: For HCP (Health Care Professional), the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include: - Designating areas for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked. At 7:55 A.M., the surveyor entered the building's main dining room that was being used as the employee break room to ensure social distancing. The surveyor observed three food service staff members eating a meal. They were sitting at the same table, approximately 1-2 feet apart from one another, not the recommended 6 feet from the Centers for Disease Control guidance. During an interview on 10/13/20 at 8:02 A.M., Unit Manager #1 said that all staff need to be 6 feet apart from one another while in the breakroom for infection control purposes.</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.