

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT BROOKLINE		STREET ADDRESS, CITY, STATE, ZIP 99 PARK STREET BROOKLINE, MA 02146	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews and facility policy review the facility failed to ensure that medications were properly secured on the second floor unit for one medication cart. Findings include: On 6/30/20, at 9:18 A.M., the surveyor observed the medication cart in the hallway, the medication cart was unlocked, the side door was open and the keys were placed on top of the cart. The medication cart was unattended in the hallway, open and accessible to staff and residents. On 6/30/20, at 9:35 A.M., the surveyor observed the medication cart in the hallway, the medication cart was unlocked, the side door was open and the keys were placed on top of the cart. The medication cart was unattended in the hallway, open and accessible to staff and residents. During an interview on 6/30/20, at 9:36 A.M., Unit Manager #1 accompanied the surveyor to observe the unlocked medication cart. Unit Manager #1 said that the medication cart should be locked when left unattended. Nurse #1 then came out of a resident's room and acknowledged that she left the medication cart unlocked with the keys on top. She further acknowledged that the medication cart should have been locked. Review of the facility policy titled: Storage of Medications, dated April 2019, indicated the following: Policy Statement- The facility stores all drugs and biologicals in a a safe, secure , and orderly manner. *Unlocked medication carts are not left unattended.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews and record review the facility failed to properly prevent COVID-19 on the second floor unit as evidenced by the failure of one Nurse to wear eye protection and to properly wear a face mask by covering her nose. Findings include: On 6/30/20, from 9:20 A.M., to 9:35 A.M., On the second floor unit (a mixed unit where the facility classified the residents with either a green or yellow patient type sign on the resident's door, a sign with green- indicated COVID-19 recovered greater than 14 days onset, asymptomatic patients, and no known exposure residents. A yellow sign indicated residents who were new admits and re-admits that were not COVID-19 positive, asymptomatic exposed, or exposure status unknown) the surveyor observed Nurse #1 without a face shield or goggles, with her face mask placed under her nose, and her nostrils were exposed. During this time period of 15 minutes Nurse #1 was observed by the surveyor passing medications and was observed going in and out of multiple resident rooms with yellow signs, without a face shield or goggles, and her mask was placed under her nose during the entire time period. On 6/30/20, at 9:36 A.M., Unit Manager #1 along with the surveyor observed Nurse #1 without eye protection and with her mask under her nose, with her nostrils exposed. During an interview on 6/30/20, at 9:36 A.M., Unit Manager #1 said that all staff on the unit should have on a face shield or goggles and the proper use of a face mask includes covering the nose and mouth. She further said Nurse #1 was from an agency and it was her first day at the facility. During an interview on 6/30/20, at 9:36 A.M., Nurse #1 acknowledged that her face mask was not covering her nose and said that she knew it should be covering her nose, and it must have slipped off. She also said that she was aware that she should be wearing a face shield or goggles for eye protection, and that she had some goggles in her car. She further said that the facility did not give her a face shield or goggles when she started her shift. During an interview on 6/30/20, at 10:07 A.M., the Director of Nursing said that all staff should have on full PPE (personal protective equipment) when on any of the units, including eye protection, and masks should cover the mouth and nose. She further said that Nurse #1 was oriented prior to her shift and was aware that she should be wearing full PPE. Review of the Facility Policy titled Coronavirus-Infection Prevention and Control Measures, dated April 2020, indicated the following: Policy Statement- This facility follows recommended standard and transmission based precautions, environmental cleaning and social distancing practices to prevent the transmission of COVID-19 within the facility. -While in the building, personnel are required to strictly adhere to established infection prevention and control policies, including *Appropriate use of PPE (personal protective equipment). *Transmission based precautions where indicated. -If there are COVID-19 cases in the facility: *Staff wear all recommended PPE (gloves, gown, eye protection, and respirator or face mask) for the care of all residents on the unit (or facility wide based on the location of affected residents), regardless of symptoms. Review of a document titled CareOne Cohort plan and dated 5/29/20, indicated the following: *Isolation type- yellow (exposed) Transmission based precaution required, sign on each door;separate gowns and gloves for each patient at point of use;extended use/re-use of masks and eye protection is ok. PPE (personal protective equipment) use- Facemasks, eye protection, gown, gloves. *Isolation type-green- (clean) sign on door not required, Full PPE (personal protective equipment) if COVID-19 transmission in facility. A review of the droplet precaution sign posted outside the resident rooms classified as yellow indicated the following: *Clean hands when entering and leaving a room. *Everyone must make sure their eyes, nose and mouth are fully covered before room entry. *Wear a mask. *Wear eye protection. *Gown and glove at the door		

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.