

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER PRESCOTT HOUSE		STREET ADDRESS, CITY, STATE, ZIP 140 PRESCOTT STREET NORTH ANDOVER, MA 01845	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review the facility failed to properly prevent the spread of COVID-19 on the C Unit as evidenced by the failure of one Certified Nurses Assistant (CNA) to properly wear a face mask while assisting residents. Findings include: During an interview the the Director of Nurses on 9/15/20 at 8:15 A.M., she stated all staff are to wear masks and eye protection at all times while working on the nursing units. On 9/15/20, at 9:05 A.M., on the C Unit, the surveyor observed CNA #1 in room [ROOM NUMBER] with her face mask only covering her mouth leaving her nose exposed. CNA #1 was assisting a resident to the bathroom and was within 1 foot of the resident. CNA #1 then proceeded to room [ROOM NUMBER] to get a resident a glass of water. CNA #1 had her mask only covering her mouth and exposing her nose. On 9/15/20 at 10:45 A.M. on the C Unit, CNA #1 was observed in room [ROOM NUMBER] leaning forward within 1 foot talking with a resident. CNA #1 was wearing her mask below her chin, exposing her mouth and nose. During an interview on 9/15/20, at 10:55 A.M., Nurse #1, who was present in the hall during these observations, said that she was not aware that CNA #1 was not wearing her mask properly. Review of the facility's policy titled Infection Control Policies and Procedures, dated 3/27/20 and revised on 6/3/20, indicated the facility follows Center for Disease Control (CDC) guidelines. Review of the Center for Disease Control and Prevention document titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated that healthcare providers are to wear a face mask at all times when in a health care facility. The document indicates facemasks are to be worn to cover a person 's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. During an interview with the Director of Nurses and the Infection Preventionist on 9/15/20 at 11:45 A.M., they stated they were aware of CNA #1 not wearing her face mask properly.		
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.