

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER SUDBURY PINES EXTENDED CARE		STREET ADDRESS, CITY, STATE, ZIP 642 BOSTON POST ROAD SUDBURY, MA 01776	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to effectively implement a screening procedure for staff prior to them entering the building and failed to monitor the memory care unit to maintain social distancing in the dining room to prevent the transmission of COVID-19 in the facility. Finding include: Current data suggests person-to-person transmission occurs most commonly during close exposure to a person infected with the Covid-19 virus, primarily by way of respiratory droplets when an infected person speaks, coughs, or sneezes. On April 2, 2020 the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) released new recommendations to state and local governments to help mitigate spread of the Novel Coronavirus (Covid-19). In response the Massachusetts Department of Public Health has issued, and continues to issue, guidance to facilities to help mitigate spread of Covid-19. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated April 13, 2020 includes but is not limited to: -Limit and monitor points of entry to the facility. -Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature >100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. 1. The facility failed to ensure all staff members were being screened for Covid-19 symptoms before entering the building at the start of their shift. On 6/15/2020 at 1:30 P.M., the surveyor approached the facility front door and rang the bell. A floor nurse answered the door and let the surveyor inside the building. There was no monitor station observed once inside the building. The surveyor was not screened, but was asked to exit the building and enter the rear door of the building to meet with Administrator. On 6/15/2020 at 1:40 P.M., the Administrator was interviewed and said the staff enter the front door to start their shifts. She said there is not a monitoring station at the front door because the door is locked and the staff do not have the code to gain access to the building. She said the staff rings the bell and a floor nurse meets them at the door and performs the screening before the staff enter the building for their shift. On 6/15/2020 at 3:00 P.M., this surveyor observed Certified Nursing Assistant (CNA) #1 let herself in the locked, coded front door and walk to the nurses station, pick up a thermometer and ask a floor nurse to take her temperature. CNA #1 then returned to the nurses station with the thermometer and recorded her temperature in a log book. On 6/15/2020 at 3:10 P.M., this surveyor and the infection Control Nurse (IFC) observed Kitchen Staff #1 let himself in the locked, coded front door and walk in the building, turn right and continue to walk down the hallway and enter the kitchen door without being screened. During interview on 6/15/2020 at 3:12 P.M., IFC Nurse said the staff are not supposed to enter the building and get the thermometer from the nursing station and bring it to the nurse on the floor for screening. She said the staff are supposed to ring the bell and when answered by the floor nurse, they are to be screened at the door before entering the facility. The IFC Nurse said they do not have a screening station or signage posted to stop staff and visitors to be screened at the front door, the staff know they are supposed to stop and be screened. On 6/15/2020 at 6:10 PM., the Administrator was interviewed and said the staff are not supposed to have the code to the front door. 2. The facility staff failed to monitor and maintain social distancing in the dining room on the memory care unit. CDC Infection Prevention and Control (IPC) Guidance for Memory Care Units updated 5/12/2020 included but not limited to: -Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. On 6/15/2020 at 4:30 P.M., the surveyor observed the dining room on Unit 1 and observed 15 residents in the room, two of the residents were wandering around the room approaching and touching other residents. At two different tables, two residents were sitting side by side in chairs. At three other tables 2 residents were sitting a chair width apart. The surveyor observed CNA #2 sitting in a chair against the far wall and was not actively monitoring or attempting to maintain social distancing of 6 feet between residents. He was prompted by the IFC Nurse to move the residents that were sitting side by side in chairs. The SDC nurse assisted and re-directed one of the wandering residents away from another resident sitting in a chair. On 6/15/2020 at 4:45 P.M., the IFC Nurse was interviewed and said it was difficult to manage the residents on the unit due to their medical diagnosis. She said the staff in the room should be monitoring the residents and not allowing them to be sitting side by side and should have the chairs set up 6 feet apart. She said, if a resident is wandering around the room, the staff in the room should actively be monitoring them to maintain 6 feet social distance when possible and at least attempting to re-direct them away from other residents.</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.