

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225535	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER BETHANY SKILLED NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP 97 BETHANY ROAD FRAMINGHAM, MA 01701	
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 observation and interview, the facility failed to A. follow infection control practices in response to COVID-19 by not appropriately disposing gloves after interacting with residents on 2 of 2 units and B. not [MEDICATION NAME] social distancing on the dementia unit. Findings include: A. Review of the Centers for Disease Control (CDC) Guidelines for Hand Hygiene in Health-Care Settings, dated 10/25/02 (https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf) indicated the following: Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients. On 6/25/20 at 9:00 A.M., the surveyor made observations on the 4th floor. At 9:05 A.M., the surveyor observed Certified Nursing Aide (CNA) #1 walking down the hallway holding soiled gloves in her hands and threw them away in trash bin near the water cooler. The surveyor observed the trash bin next to the water cooler and observed multiple pairs of soiled gloves in the bin. At 9:15 A.M., the surveyor observed CNA #2 enter a residents room and say she was going to assist the resident with using the rest room. At 9:25 A.M., CNA #2, exited the resident's room holding her soiled gloves, threw them in the trash bin next to the water cooler with her right hand, and closed the cover of the trash bin with her left hand. On 6/25/20 at 9:35 A.M. the surveyor made observations on the 2nd floor: At 9:40 A.M., the surveyor observed CNA #3 exit the shower room wearing gloves and carrying a bag of soiled linen. CNA #3 disposed of the bag of soiled linen in the cart and returned to the shower room without removing her soiled gloves. CNA #3 was then observed leaving the shower room a second time while wearing gloves, entered a resident room, obtained an adult brief, and re-entered the shower room without changing gloves or [MEDICATION NAME] hand hygiene. At 9:45 A.M., the surveyor observed CNA #3 wearing gloves in the small activity room pushing the hooyer lift out of the room and into a resident room, then returned in to the small activity room and began to move residents' wheelchairs without changing gloves or [MEDICATION NAME] hand hygiene. At 9:45 A.M., the surveyor observed CNA #4 walking down the hallway holding soiled gloves in her hand. CNA #4 entered the clean utility room, began to run the faucet, threw the soiled gloves in the trash, and began to wash her hands. During an interview with the Infection Control Coordinator on 6/25/20 at 10:15 A.M., she said that staff are educated and are expected to remove their gloves and to perform hand hygiene before leaving resident rooms, and not to carry soiled gloves down the hallways. B: Review of the Centers for Disease Control (CDC) recommendations of social distancing in response to COVID-19 indicated the following: [MEDICATION NAME] social distancing also called physical distancing, means keeping space between yourself and other people. To practice social or physical distancing stay at least 6 feet (about 2 arms' length) from other people. COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html During observations on the dementia unit on 6/25/20 at 9:55 A.M., the surveyor observed approximately 4 residents in reclining wheelchairs asleep in the small activity room. None of the residents were wearing masks and were seated approximately 3 feet apart. Nurse #1 told the surveyor that all the residents would not tolerate wearing masks due to their dementia. Nurse Supervisor #1 arrived and agreed that the residents were not 6 ft apart and began spacing their wheelchairs apart. At 10:00 A.M., the surveyor observed approximately 17 residents (not wearing masks) in the large activity room in the dementia unit. Some residents were seated in arm chairs that were touching and others were seated in wheelchairs that were within arms length of one another. Program Coordinator #1 was present and said that due to the residents' dementia [DIAGNOSES REDACTED]. At the time of the observation, no residents were agitated or wandering. The majority of residents were dozing and all were quiet and peaceful. The Program Coordinator acknowledged that the arms of the arm chairs were touching and that there was no physical distance made between the furniture that would provide any form of distancing between residents and that a love seat (a seat intended for two people to sit together on) was present in the room. The Program Coordinator said she would call maintenance to come and rearrange the furniture.</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.