

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225603	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER SOUTHPOINTE REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 AMITY STREET FALL RIVER, MA 02721	
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation and interview, the facility failed to ensure staff implemented measures to prevent increased risk for a urinary tract infection for 1 Resident, (Resident #1) with a urinary catheter. Findings include: On 7/15/20 at 11:40 A.M. the surveyor observed Resident #1 lying in a low bed in a room at the end of the hall on the Cookside Unit. The Resident was lying quietly watching television. A urinary catheter drainage bag was observed from the hall way, resting on the floor with yellow urine in it. The urinary drainage bag positioned on the floor created a potential risk for the Resident to contract a urinary tract infection. The surveyor immediately summoned UM #1 (Unit Manager) to the Resident's room to inspect the position of the Residents' urinary drainage bag on the floor. UM #1 said that because the bed was lowered so far down towards the floor, it caused the urinary drainage bag to rest on the floor. UM #1 raised the bed up until the urinary drainage bag was no longer touching the floor. UM#1 agreed with the surveyor that if the urinary drainage bag touched the floor, it placed the Resident at the risk for contracting a urinary tract infection. The ICN was interviewed by the surveyor on 7/15/20 at 1:00 P.M. She acknowledged that Resident #1's urinary drainage bag should never touch the floor. She said that the CNAs should know the risk for infection posed by allowing a residents' urinary drainage bag to touch the floor.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on document review and staff interview, the facility failed to ensure that established infection control (Centers for Disease Control and Prevention/Department of Public Health) guidelines for surveillance testing, tracking, and preventing the transmission of the Covid 19 virus. The facility failed to ensure that staff followed their policy for PPE use. Findings include: On 7/15/20 at 11:25 A.M. on the Cookside Unit, CNA #1 was observed in the room of a resident on Special Droplet/Contact Precautions. CNA #1 was observed coming out of the residents' room, had doffed her gown, gloves, and faceshield, and was wearing only a face mask. The surveyor asked CNA #1 if she was required to wear eye protection while on the unit. She indicated that she would have to check with someone. She was observed to have a faceshield placed inside a brown paper bag, which she carried down the corridors of the Cookside Unit and walked out of the unit. The ICN (Infection Control Nurse) was interviewed by the surveyor on 7/15/20 at 1:00 P.M., regarding CNA #1 not wearing eye protection while on the Cookside, Covid 19/Quarantine Unit. The ICN said that CNA #1 was not following the facility's Infection Control Policy by failing to wear goggles, or a face shield, while on the Cookside Unit.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.