

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>POPE NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>140 WEBB STREET WEYMOUTH, MA 02188</b>	
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 0882  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	Based on interviews the facility failed to ensure there was a designated Infection Preventionist who had completed specialized training in infection prevention and control and worked at the facility at least part-time. Findings include: During an interview on 10/14/20 at 1:00 P.M. the Director of Nurses and the Minimum Data Set (MDS) Coordinator/Assistant Director of Nurses said that both of them were actively overseeing the infection control program at the facility. They said that neither of them had completed specialized training in infection prevention and control. The Director of Nurses said that an Infection Preventionist from the company was able to help during the COVID-19 outbreak at the facility, but did not work at the facility part time. They said there were no other staff at the facility who had completed specialized training in infection prevention and control.		

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.