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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>225642</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><b>06/17/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>AGAWAM HEALTHCARE</b>   |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>1200 SUFFIELD STREET<br/>AGAWAM, MA 01001</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 0880<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <b>Provide and implement an infection prevention and control program.</b><br><br>Based on observation, interview and policy review, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to 1.) Failure to perform hand hygiene when indicated and 2.) Failure to post precaution signage in an appropriate location in the facility. Findings include: 1.) During an observation on 6/17/20 at 10:30 A.M., a Certified Nurse Aide (CNA) exited a resident room, was wearing gloves and discarded a plastic bag that contained linen into a soiled linen receptacle in the hallway. The CNA removed her gloves, went to the linen cart and lifted the cover on the cart. The CNA did not perform handwashing. Review of the Centers for Disease Control and Prevention (CDC) guidelines, dated February 2017, indicated for Standard Precautions, perform hand hygiene after removing soiled gloves. During an interview on 6/17/20 at 10:35 A.M., the CNA said after she did not wash her hands after removing her gloves, as required. 2.) During a tour on 6/17/20 at 10:45 A.M., of the East 2 Unit with the Infection Preventionist (IP), one entrance onto this unit had no signage to indicate what type of unit this was and what type of precautions were required to enter the unit. During an interview on 06/17/20 at 10:50 A.M., the IP said the East 2 Unit housed new resident admissions that were placed on Special Droplet/Contact Precautions for 14 days that required for staff to wear a facemask, eye protection, gown and gloves when entering the unit. The IP further said there was no signage outside this special isolation unit, as required. |  |   |

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.