

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225718	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER HANCOCK PARK REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 164 PARKINGWAY QUINCY, MA 02169	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on staff observation and staff interview, the facility failed to ensure that staff utilized personal protective equipment (PPE) according to the facility's transmission-based precautions policy/protocol as required to prevent possible spread of COVID-19 in the facility. Findings include: Review of the facility protocol/policy and inservicing documentation indicated the following: TOPIC: Updated PPE use on Negative/Recovered Units (3 east, 3 west, 4 west, non- Patients Under Investigation(PUI) side of 4 west). CONTENT: *Mask at all times. Unless you are eating lunch, preferably by your self, six feet apart. *Eye Protection-goggles/face shield/safety glasses that snugly fit around the face are needed at all times in patient care areas (anytime you are on a unit-hallway, resident room, dining room, nurses station, etc.). *You are no longer required to wear a gown for direct care unless you are caring for someone who is on contact precautions. *Gloves are required for providing care that may put you at risk for coming in contact with body fluids-dressing changes, repositioning in bed, toileting, Activities of Daily :boom, shaving etc. *5 EAST, 5 WEST, AND PUI SIDE OF 4 EAST STILL REQUIRE DOWNING OF GOWNS AND GLOVES EVERY TIME YOU ENTER A RESIDENTS' ROOM AND DOFFING PRIOR TO LEAVING A RESIDENT'S ROOM. (dated 8/27/2020)</p> <p>All of the residents who were PUI/quarantined had the following signage at the door before entering room (5 east, 5 west and 4 east PUI side): STOP-SPECIAL DROPLET/CONTACT PRECAUTIONS (in addition to standard precautions) Only essential personnel should enter this room Everyone must: Clean hands when entering and leaving the room Wear mask Wear eye protection (face shield or goggles) Gown and glove at the door Keep door closed Use patient dedicated or disposable equipment, clean and disinfect shared equipment, (per CDC guidelines and implemented by the facility) On 9/2/20 the surveyor observed: At 11:55 A.M. the surveyor observed a Certified Nursing Assistant (CNA) in the room of a resident on quarantine. The CNA had his goggles on, placed up on his head, not covering his eyes. He was in the resident's room to delivering the resident's lunch tray. He did not have a gown donned initially. The CNA then was observed to have donned a gown and placed his goggles on after he had delivered the resident's lunch tray. The CNA noted that the resident needed to be repositioned in bed. The CNA then donned a gown on while waiting for assistance from another staff member to help with repositioning the resident. On 9/2/20 at 12:15 P.M. the above observation was brought forward to the attention to the Director of Nurses, Clinical Nurse Coordinator and Administrator who said that the CNA should have donned a gown upon entering the room and not once he had been in the room as per the facility's policy/protocol. They said that the CNA failed to utilize personal protective equipment (PPE) according to the facility's transmission-based precautions policy/protocol as required to prevent possible spread of COVID-19 in the facility.</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.