

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225759</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RECUPERATIVE SERVICES UNIT-HEBREW REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1200 CENTRE STREET BOSTON, MA 02131</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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation and interviews, the facility failed to ensure staff donned full personal protective equipment (PPE) (gown, gloves, eye shield and face mask) while caring for COVID-19 negative residents (COVID-19 negative residents are at risk for exposure to COVID-19 from staff and/or visitors to the facility). Findings include: Review of the Centers for Medicare and Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance, dated 4/2/20, included the following: Guidance for Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per Centers for Disease Control (CDC) guidance on conservation of PPE. Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED].M., during an interview, the Director of Nursing (DON), she said that all the residents were COVID-19 negative with the exception of two residents that were determined to be negative in the hospital but had pending tests obtained while in the facility. The DON said they had no recovered or positive COVID-19 residents currently. The census was 37 and 35 of those residents were COVID-19 negative. The DON said that staff caring for the negative residents adhered to the facility's Droplet Precaution policy and all staff were expected to wear masks. He said that staff caring for residents that were in a pending status adhered to the facilities Enhanced Precautions policy which indicated the need for full PPE while caring for the resident. The DON said they had residents develop COVID-19 during their stay (which indicates community spread) as well as admitting residents that were COVID-19 positive. On 6/30/20 at 9:15 A.M., observation on the North Unit revealed Certified Nursing Assistant (CNA) #1 as she was coming out a COVID-19 negative resident's room. CNA #1 was only wearing a mask. On 6/30/20 at 9:15 A.M., CNA #1 said she only needs to wear a mask, no other PPE when caring for the COVID-19 negative residents. On 6/30/20 at 9:35 A.M., observation on the South Unit revealed CNA #2 coming out of a resident's room, the only PPE she was wearing was a mask. The resident was on Enhanced Precautions (which requires full PPE) due to his/her pending status. On 6/30/20 at 9:35 A.M., during an interview, CNA #2 said that she walked the resident to the bathroom and back to his/her room and provided care while the resident was in the bathroom. She said she discarded her gown and gloves prior to exiting the resident's room. CNA #1 said she forgot to use eye protection when she was working with the resident. On 6/30/20 at 10:00 A.M., during an interview, the Infection Preventionist said the the facility Infection Prevention team developed their own protocols for staff in regard to wearing PPE during the COVID-19 pandemic. She said that they did not require staff to wear full PPE for COVID-19 negative residents, just a mask. She said that due to the vulnerability of the COVID-19 negative residents, she would revisit this policy with the team.</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.