

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WHITTIER BRADFORD TRANSITIONAL CARE UNIT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>145 WARD HILL AVENUE BRADFORD, MA 01835</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> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to ensure that a Dietary Aide (DA) properly removed gloves and performed hand hygiene after contact with the environment of multiple residents, potentially contaminating the environment with pathogens. Findings include: The facility policy titled Transmission Based Precautions, revised 3/12/20, indicated: * Don all Personal Protective Equipment (PPE) upon room entry and properly discard in waste receptacle inside the room before exiting the resident's room to contain pathogens; Wash hands immediately. The facility policy titled Special Droplet/Contact Precautions For Residents with suspected or Confirmed COVID-19, revised 6/17/20, indicated: * Wash or gel hands prior to entering the room. * Don all PPE upon room entry. * Remove and dispose of contaminated PPE into a dedicated waste container prior to exiting the room. On 8/5/20 at 1:10 P.M., the surveyor observed a Dietary Aide (DA) walking down the corridor, wearing a glove on each hand, and carrying a clip board. The DA knocked on the door of room [ROOM NUMBER] with a gloved hand, potentially contaminating the doors surface, and entered the room. At 1:19 P.M., the DA exited room [ROOM NUMBER], and without removing the gloves and without performing hand hygiene, proceeded down the corridor to room [ROOM NUMBER]. A sign outside room [ROOM NUMBER] identified that the resident in the room was on Contact precautions until 8/15/20. On 8/5/20 at 1:16 P.M., the surveyor observed the DA knocked on the door of room [ROOM NUMBER] with a gloved hand, again potentially contaminating the surface of the door, and enter the room. At 1:20 P.M., the surveyor observed the DA exit room [ROOM NUMBER], and without removing the gloves and with out performing hand hygiene, she proceeded down the corridor to room [ROOM NUMBER]. A sign outside room [ROOM NUMBER] identified that the resident in the room was on Contact precautions. The DA knocked on the door with a gloved hand, potentially contaminating the surface, and entered the room. On 8/5/20 at 1:21 P.M., the DA exited room [ROOM NUMBER], and without removing the gloves and without performing hand hygiene, proceeded down the corridor to the exit doors. The DA pushed through the exit door, potentially contaminating the surface, and exited the unit with the same gloves in place on both hands. During an interview with the Director of Nursing (DON) on 8/5/20 at 1:55 P.M., she was updated on the observations of the DA and said that she absolutely should not be wearing gloves in the hall, especially room to room, and should be sanitizing her hands as she leaves each room, so yes this is a concern and a problem. During a follow-up conversation with the DON on 8/5/20 at 2:02 P.M., she said that the DA had just returned to the unit wearing a glove on each hand and intervention was provided by herself.</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.