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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>305040</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                    | (X3) DATE SURVEY COMPLETED<br><b>07/21/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>LACONIA REHABILITATION CENTER</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>175 BLUEBERRY LANE<br/>LACONIA, NH 03246</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> - Many             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and review of policy and procedure, the facility failed to follow the Centers for Disease Control and Prevention (CDC) guidelines for universal masking in multiple areas throughout the building and failed to follow policies for screening visitors during COVID-19 pandemic. Findings include: Observation on 7/20/20 at approximately 12:30 p.m. when the survey team entered the facility the survey team was immediately directed to the Director of Nurse's office without being screened for fever or for signs and symptoms of COVID-19. Interview on 7/20/20 at approximately 12:35 p.m. while conducting entrance with Staff A (Infection Control Nurse), Staff A was notified by the survey team that they had not been screened prior to being escorted to the office. Staff A revealed that they should have been screened at the reception desk in the lobby prior to being escorted anywhere in the facility. At this time the survey team was redirected to the entrance and screened. Observation on 7/20/20 at approximately 12:45 p.m. in the kitchen revealed Staff C (Dietary Aide) was washing dishes with their surgical mask placed below their chin. Staff B (Cook) was preparing dinner with their surgical mask noted to be placed below their nose. Interview on 7/20/20 at approximately 12:45 p.m. with Staff A confirmed the above finding and that Staff C and Staff B were improperly wearing their surgical masks during observation. Observation on 7/20/20 at approximately 12:50 p.m. of the Winnisquam Unit revealed that Staff H (Registered Nurse) was sitting at the nursing station not wearing a mask. Staff A educated Staff H about required surgical mask use and Staff H picked up the surgical mask off the desk and put it on. There was another staff member located on the unit within 3 feet of Staff H. Observation on 7/20/20 at approximately 12:55 p.m. of the Clean Laundry Room revealed 3 housekeeping employees talking approximately 1-2 feet away from each other. Staff F did not have a surgical mask on. Observation on 7/20/20 at approximately 1:00 p.m. in the administrators office revealed Staff D and Staff E (Assistant Administrator) were both in their office without surgical masks on. Observation on 7/20/20 at approximately 1:05 p.m. in the administrative hallway revealed Staff G (Housekeeper) surgical mask was placed below Staff G's nose. Review on 7/21/20 of the facility policy titled Screening Form - Tips for Screeners, dated June 18, 2020 revealed the following: Screening for Temperatures and Symptoms. Anyone entering the Center MUST STOP immediately at the entrance and be screened. Screening MUST be done each time a visitor enters the Center, even if the visitor is making multiple visits during the same day. Review on 7/21/20 of the CDC website titled, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020 (retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) revealed the following: Core Practices, Implement Source Control Measures, HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility. Further review of the website revealed that the CDC defines HCP as the following: HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, feeding assistants, students, and trainees, contractual HCP not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel.) Have a plan for visitor restrictions: Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever (T=100 F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering 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.