

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 305095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER DERRY CENTER FOR REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 20 CHESTER ROAD DERRY, NH 03038	
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 - Immediate jeopardy Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and review of facility policy and procedures and CDC (Centers for Disease Control) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in healthcare settings, it was determined that the facility failed to follow standard and transmission-based precautions to be followed to prevent the possible spread of infection on one of two units observed. Findings include: Observation on 5/13/20 at approximately 10:45 a.m. on the designated COVID-19 unit revealed Staff A (Licensed Practical Nurse) sitting on floor applying bandages to Resident #1's legs within approximately 1 foot from Resident #1. Resident #1 was not wearing a face mask. Staff A was observed not to have on adequate PPE (personal protective equipment) for a resident on droplet precautions. Staff A was not wearing a gown, gloves, or face shield. Interview on 5/13/20 at approximately 10:45 a.m. with Staff B (Director of Nurses) revealed that staff should be wearing all PPE for droplet precautions when performing direct care on residents with COVID-19. Staff B stated that the facility had an ample supply of PPE. Staff B revealed that Resident #1 had tested positive for COVID-19 and was on droplet precautions. Observation on 5/13/20 at approximately 11:00 a.m. on the designated COVID-19 unit revealed Staff A sitting on the floor touching Resident #1's feet. The top of Staff A's mask was below Staff A's nose. Staff A's nostrils were visible. Staff A was observed for approximately 2 minutes and did not correct their mask to cover their nose. Resident #1 was not wearing a face mask. Review on 5/14/20 of the facility policy and procedure titled, Personal Protective Equipment during the COVID-19 Pandemic, undated, revealed the following: Procedure . All personnel who are in close contact with residents of nursing homes shall use appropriate personal protective equipment, such as masks, face shields, gloves and gowns based on the procedures being performed and the availability of specific forms of PPE. Review on 5/14/20 of the facility policy and procedure titled, Observation Unit during the COVID-19 Pandemic, undated, revealed to following: Procedure , The residents will be placed on Droplet precautions, following the CDC guidance for using personal protective equipment, as well as the CDC's Strategies to Optimize the Supply of PPE and Equipment. Review on 5/14/20 of the CDC (Centers for Disease Control) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in healthcare settings, dated 4/13/20, revealed the following: .The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Respirator or Facemask, Eye Protection, Gloves, Gowns Review on 5/14/20 of the COVID-19 designated unit's staffing schedule from 5/ 6/20 to 5/12/20 revealed that Staff A was the nurse assigned to the COVID-19 designated unit on the 7:00 a.m. to 3:00 p.m. shift caring for 26 residents on 5 of the 7 days reviewed (5/6/20, 5/7/20, 5/8/20, 5/11/20, and 5/12/20).		
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.