

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>415035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HOPKINS MANOR LTD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>610 SMITHFIELD ROAD NORTH PROVIDENCE, RI 02904</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	<b>Provide and implement an infection prevention and control program.</b>  Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to assure proper technique was used to prevent the spread of infection for 4 of 4 staff wearing personal protective equipment (N95 masks) when caring for residents in a COVID-19 identified facility (Staff A, B, C and D). Findings are as follows: The current facility Policy/Procedure for N95 Respiratory states, in part, 2. The respirator must fit the user's face snugly (i.e., create a seal) to minimize the number of particles that bypass the filter through gaps between the user's skin and the respirator seal; and 3. The respirator must be put on (donned) and taken off (doffed) correctly before and worn throughout the exposure. The policy/procedure also has an illustration of the correct mask elastic placement indicating that the top elastic be positioned at the top of the head, and the bottom elastic being positioned mid-neck. {An N95 mask (also called a respirator) means that the mask will filter at least 95% of airborne particles}. 1. Surveyor observation on 5/1/2020 at 8:15 PM revealed a nursing assistant (Staff A) wearing a cloth surgical mask underneath her N95 Mask. During surveyor interview with Staff Staff A, she acknowledged she was not wearing the mask correctly. 2. Surveyor observation on 5/1/2020 at 8:30 PM revealed another nursing assistant (Staff B) wearing a surgical mask underneath his N95 Mask. Staff B stated he was not aware he was wearing the mask incorrectly and was not aware or provided of any education as to the proper use of the N95 mask. 3. Surveyor observation on 5/1/2020 at 9:30 PM revealed a registered nurse (Staff C) wearing a surgical mask underneath the N95 Mask. Surveyor interviewed Staff C who acknowledged she was wearing the masks incorrectly and was not aware or provided any education as to the proper use of the N95 mask. 4. Surveyor observation on 5/1/2020 at 9:10 PM revealed another registered nurse (Staff D) wearing the N95 Mask without the bottom elastic secured around the back of the neck. Surveyor interviewed Staff D who acknowledged she was wearing the mask incorrectly. On 5/1/2020 at approximately 10:15 PM, the Infection Control Nurse acknowledged that the above staff members were wearing their N95 masks incorrectly.		
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.