

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER SCALABRINI VILLA		STREET ADDRESS, CITY, STATE, ZIP 860 NORTH QUIDESSET ROAD NORTH KINGSTOWN, RI 02852	
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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that the staff utilized proper Personal Protective Equipment (PPE) to prevent the transmission of COVID-19 for 1 of 1 sampled residents who required isolation precautions (Resident ID #1). The facility has also failed to post appropriate signage that instructs healthcare professionals (HCP) that they must wear personnel protective equipment (PPE) for 2 of 2 COVID-19 positive care areas and/or quarantine areas. Findings are as follows: 1. The Center for Disease Control and Prevention (CDC) guidance titled Responding to Coronavirus (COVID-19) in Nursing Homes updated on 4/30/2020 states in part, "All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e.(that is), goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown . Record review for Resident #1 revealed the resident was sent to the hospital on [DATE] and returned to the facility on [DATE] (s/he was out of the facility for more than a 24 hour period). Resident ID #1 is currently on quarantine for 14 days due to a recent return from the hospital. Surveyor observation on 7/16/2020 at 1:45 PM, revealed two staff members (Staff A and Staff B) exiting the room of Resident ID #1, after providing care to the resident. Staff A and Staff B were observed removing a gown and gloves prior to exiting but were not observed wearing eye protection. During an interview after the observation, Staff A and Staff B stated they were not wearing eye protection. They further revealed that they have been providing care to Resident ID #1 since s/he returned from the hospital and they have not been wearing eye protection. During an interview with the Director of Nursing Services (DNS) on 7/16/2020 at approximately 2:00 PM, she revealed Resident ID #1 is currently on quarantine for 14 days due to a recent return from the hospital and indicated staff should be wearing full PPE. The DNS acknowledged that both Staff A and Staff B were not wearing the required eye protection. 2. The Center for Disease Control and Prevention (CDC) guidance titled Responding to Coronavirus (COVID-19) in Nursing Homes (last reviewed 4/30/2020) states, in part, "Place signage at the entrance to the COVID-19 care unit that instructs HCP (healthcare professionals) they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit . During an interview with the Administrator and the DNS on 7/16/2020 at approximately 12:45 PM, they revealed that Resident ID #1 is currently on quarantine for 14 days due to a recent return from the hospital. She also indicated that the designated COVID-19 positive care area is on the Country unit. Surveyor observation on 7/16/2020 at approximately 1:00 PM revealed Resident ID #1 is currently residing on the quarantine unit. It was noted that there was no signage outside of the resident's room or upon entering the quarantine unit, indicating residents are on precautions or signage to indicate the proper level of (PPE) that is required to be worn in order to enter the resident's room. Additionally, a surveyor observation on 7/16/2020 at approximately 2:00 PM revealed there was no signage outside of the designated COVID positive care area, indicating residents are on precautions or signage to indicate the proper level of (PPE) that is required to be worn in order to enter the area. During an interview with the (DNS) on 7/16/2020 at 2:30 PM, she acknowledged that Resident ID #1 is on 14-day quarantine and should have appropriate signage posted outside of his/her room indicating that the resident is on isolation precautions. The DNS also acknowledged that signage was not placed at the entrance to the COVID-19 positive care unit indicating the residents are on isolation precautions.</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.