

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER ST CLARE HOME		STREET ADDRESS, CITY, STATE, ZIP 309 SPRING STREET NEWPORT, RI 02840	
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	Provide and implement an infection prevention and control program. Based on surveyor observation and staff interview, it has been determined that the facility failed to follow their Policy/Procedures pertaining to proper technique for cleaning of equipment and Isolation Notices/Signage. Findings are as follows: 1. The current facility Policy/Procedure for Decontamination/Labeling of Contaminated Equipment states, in part, POLICY: All equipment that is used among more than one resident is to be cleaned with quaternary disinfectant immediately after use (this includes glucometer, stethoscopes, O2 Sat. machines, lifts, weight scales, and etc.) . Surveyor observation on 6/4/2020 at 10:08 AM revealed a medical technician (Staff A) cleaning the wrist blood pressure (BP) cuff with an alcohol wipe. During subsequent interview with Staff A, she acknowledged she wipes the BP cuff with alcohol only between patients and does not immediately clean the wrist band pressure cuff with quaternary disinfectant after use. During interview on 6/4/2020 at approximately 10:35 AM, the Infection Control Nurse acknowledged that Staff A was not cleaning the BP cuff according to policy. 2. The current facility Policy/Procedure for Isolation Notices states, in part, IMPLEMENTATION: . 1. Color-codes will be used that correspond to certain isolation categories. Our facility's established color- codes are: a. Red Airborne Precautions; b. Orange Contact Precautions; and c. Yellow Droplet Precautions Resident ID #'s 1, and 2 were admitted /readmitted to the facility and placed on 14-day quarantine which consists of both contact and droplet precautions. Surveyor observation on 6/4/2020 at 9:40 AM revealed Resident ID #'s 1 and 2 had Contact Precaution signage outside of their respective doorways. During subsequent surveyor interview, the unit Charge Nurse (Staff B) acknowledged that Resident ID #'s 1 and 2 were both on Contact and Droplet precautions and that additional signage was necessary to reflect these precautions accordingly. During interview on 6/4/2020 at approximately 10:35 AM, the Infection Control Nurse acknowledged that both Resident ID #'s 1 and 2 should have been identified with the Orange and Yellow signage, indicating the residents were both on Contact and Droplet precautions.		

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.