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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/18/2020 |
| NAME OF PROVIDER OF SUPPLIER BREWER CENTER FOR HEALTH & REHABILITATION, LLC | | STREET ADDRESS, CITY, STATE, ZIP 74 PARKWAY SOUTH BREWER, ME 04412 | |
| 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 - Some | <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 observations, review of policies and procedures for Personal Protective Equipment (PPE), COVID (corona-virus-disease)-19 screening, and review of Contact/Droplet precautions and interviews, the facility failed to complete COVID-19 screening questions for 1 of 2 observations (Maintenance Assistant) , failed to wear face masks per facility policy for 2 of 2 observations (Maintenance Assistant and C.N.A. #3) and failed to don required PPE's before entering a resident room for 1 of 3 observations (C.N.A. #1 and C.N.A. #2). Findings: On 8/18/20 at 9:14 a.m., the surveyor observed that the Maintenance Assistant, was the facility Screener at the front/main entrance to the facility. The surveyor observed that the Maintenance Assistant's facemask was below his nose. On 8/18/20 at 9:17 a.m., the surveyor observed a local ambulance crew entering the facility. This surveyor observed the Maintenance Assistant/Screener take two of the three ambulance attendants' temperatures. The surveyor did not hear the Screener ask the ambulance attendants any of the COVID screening questions. On 8/18/20 at 9:18 a.m., the third ambulance attendant had her temperature taken. The surveyor did not hear the Screener ask her any of the COVID screening questions. On 8/18/20 at 9:20 a.m., in an interview with the Screener, the surveyor pointed out that his facemask has been below his nose for six minutes and all the while he was screening the ambulance attendants. He corrected the facemask at that time. At this time, the surveyor reviewed the 'Visitor/Staff screening log.' After the names of the three ambulance attendants, the surveyor observed that all three screening questions had been documented on as if asked/answered. The three questions on the screening log that are to be asked by the Screener are: 'Do you have any medical symptoms-fever, chills, sore throat, loss taste or smell?' 'Have you had contact with a known person with COVID-19 outside of work without PPE?' and 'Have you had contact with a person under investigation for COVID-19 outside of work without PPE?' The Screener documented on the screening sheet that the ambulance crew answered 'No' to all the screening questions, when only one had been asked. On 8/18/20 at 9:20 a.m., during this interview with the surveyor, the Screener stated, I asked them if they had any symptoms. The Screener confirmed that he did not ask all the screening questions and confirmed that he did document on the screening log as if all the questions had been asked. A review of the facility Healthcare Personnel Symptom Screening-COVID-19 policy indicates under #1, that 'temperature screening and surveillance questionnaire will be completed upon arrival to facility and prior to entering work area.' A review of the facility's Facemask Do's and Don'ts policy and procedure read, Don't wear your facemask under your nose or mouth. Facemask must fully cover your mouth and nose. On 8/18/20 at 9:20 a.m., while interviewing the Screener, the surveyor observed C.N.A. #3 in the front lobby with her mask below her nose. She was conversing with other staff. She made no attempt to fix the facemask to cover her nose until the Regional Director of Clinical Operations addressed it with her. On 8/18/20 at 9:23 a.m., this surveyor discussed the facemask and screening observations with the Administrator, and the Regional Director of Clinical Operations. At this time, in an interview with the surveyor, the Regional Director of Clinical Operations confirmed that it is the policy of the facility that the facemask is to cover the mouth and nose. The Regional Director of Clinical Operations stated that she re-educated C.N.A. #3 and the Screener should have asked all the questions and should not have answered the questions that he did not ask the ambulance attendants. On 8/18/20 at 1:30 p.m., in an interview with the surveyor, C.N.A. #3 confirmed that her mask was below her nose. C.N.A. #3 stated, I know, my mask keeps falling below my nose. The masks are no good. I guess I could find another kind, but I can feel when it falls under my nose, it's just that I have to keep lifting it back up. On 8/18/20 at 9:28 a.m., on the B-Wing, the surveyor observed outside of Resident room [ROOM NUMBER] hung a Contact Precaution sign and a Droplet Precaution sign and a cloth Personal Protective Equipment (PPE) holder hanging on the outside of the room door. The Contact Precaution sign instructed that everyone must clean their hands before entering and when leaving the room. Put gown on before room entry. The Droplet Precaution sign instructed everyone to clean hands before entering and when leaving the room. Make sure eyes, nose and mouth are fully covered before entering the room. On 8/18/20 at 9:28 a.m., the surveyor also observed C.N.A. #1 in room [ROOM NUMBER] without a gown on and no eye protection. On 8/18/20 at 9:30 a.m., the surveyor observed C.N.A. #2, take a gown off the PPE cloth holder, and enter room [ROOM NUMBER] without donning the gown before entering and she did not wear eye protection as directed on the Contact and Droplet precaution signs. On 8/18/20 at 9:38 a.m., in an interview with the surveyor, C.N.A. #1 confirmed in her statement that she did not have a gown on and was not wearing protective eye wear. In an interview with C.N.A.#1, she stated to the surveyor; No, I didn't have a gown on and no eye protection, but I'm new. I haven't worked here long. Yes, I know I am supposed to wear a gown and eye protection, I forgot. On 8/18/20 at 9:40 a.m., in an interview with the surveyor, C.N.A. #2 confirmed in her statement that she did not don the gown before entering the room and did not have protective eye wear on. In an interview with C.N.A.#2, she stated to the surveyor; I was going to put it on inside the room. No, I don't have anything to cover my eyes with. I should have put my gown on outside the room and should be wearing eye protection. On 8/18/20 at 9:50 a.m., in an interview with the surveyor, the Regional Director of Clinical Operations, stated the residents in room [ROOM NUMBER] are new admissions from the hospital. It is the facility's COVID-19 practice to quarantine all new admissions. Both Residents were admitted and are COVID negative. Facemasks are worn all the time, but staff on B-Wing are to don gloves, face shield or goggles and a gown before entering a room designated with Contact/Droplet 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.