

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OF SUPPLIER ROYAL BRAINTREE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 95 COMMERCIAL STREET BRAintree, MA 02184	
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 observation, interview and document review, the facility failed to ensure staff used appropriate Personal Protective Equipment (PPE) while in resident rooms. Findings include: On 7/6/20 at 11:27 A.M. CNA#2 was observed without wearing eye protection in a room that was occupied by a resident on quarantine (a room for new admissions or re-admissions to the facility). During an interview on 7/6/20 at 11:33 A.M. CNA #2 said she had just finished cleaning her eye protection and that it was hanging to dry in a staff area. During an interview on 7/6/20 at 3:26 P.M. the Director of Nursing acknowledged that eye protection is required while in COVID-19 negative or quarantine rooms. Review of facility document titled Appropriate PPE; reviewed and revised 06/08/20 indicated the following PPE is required: - Persons Under Investigation (Admission/ Symptomatic Resident): Full PPE (gloves, gowns, protective eyewear, masks) - COVID-19 negative resident: Full PPE		

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.