

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER DEXTER HOUSE HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 120 MAIN STREET MALDEN, MA 02148	
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 observation and interview, the facility failed to appropriately dispose of soiled gloves and linen and practice hand hygiene to prevent possible transmission of contagious disease. Findings include: Review of the Centers for Disease Control (CDC) Guidelines for Hand Hygiene in Health-Care Settings, dated 10/25/02 (https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf) indicated the following: Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients. Review of the CDC's Linen and Laundry Management Guidance dated May 27 2020, (https://www.cdc.gov/hai/prevent/resource-limited/laundry.html) indicated the following: Place soiled linen into a clearly labeled, leak-proof container (e.g., bag, bucket) in the patient care area. Do not transport soiled linen by hand outside the specific patient care area from where it was removed. On 7/7/20 at 7:50 A.M. on the B unit, the surveyor observed a Certified Nurses Aide (CNA) exit room [ROOM NUMBER] holding soiled gloves. The CNA did not perform hand hygiene and entered room [ROOM NUMBER] where she disposed of the soiled gloves. The CNA then went to the clean linen closet and obtained clean bedsheets and a clean blanket and placed them on a bed in room [ROOM NUMBER]. The CNA then left room [ROOM NUMBER] and sanitized her hands using a bottle of hand sanitizer on the medication cart on the unit. On 7/7/20 at 8:05 A.M. on the A unit, the Surveyor observed CNA #1 exit room [ROOM NUMBER] wearing soiled gloves and holding a soiled resident gown. CNA #1 entered the utility room, (therefore contaminating the door handle) and disposed of the gown and gloves and performed hand hygiene. At 8:15 A.M., CNA #1 entered room [ROOM NUMBER] to assist a resident change his/her pants. CNA #1 then exited the room holding her soiled gloves, entered the utility room and disposed of the gloves and performed hand hygiene. During an interview with the Assistant Director of Nursing on 7/7/20 at 9:05 A.M., she said that all staff are educated to remove gloves and perform hand hygiene after every encounter with residents and prior to leaving the resident room to prevent possible transmission of diseases.</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.