

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER PLYMOUTH REHABILITATION & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 123 SOUTH STREET PLYMOUTH, MA 02360	
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>Based on observations, staff interviews, review of the facility's infection control policies and review of the Center for Disease Control and Prevention (CDC) the facility failed to implement proper infection control prevention and practices to mitigate the level of transmission of COVID-19 (a highly infectious respiratory disease caused by the Coronavirus) and other communicable diseases and infections in the facility. Specifically, the facility failed to ensure that all staff used Personal Protective Equipment (PPE) appropriately and failed to perform social distancing (maintaining at least 6 feet between individual residents). Findings include: Review of the facility's policy, Coronavirus Surveillance (COVID 19), last revised and implemented on 7/31/20 (the policy references the CMS Memos QSO-20-14-NH and QSO-20-26-NH, and included the following: - The facility will implement heightened surveillance activities for Coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness. - The facility will monitor the status of COVID-19 outbreak through the Center for Disease Control (CDC) website and will monitor for changes in prevention, treatment, isolation, or other recommendations. - The facility will ensure the staff are in compliance with hand hygiene and donning and doffing of Personal Protective Equipment (PPE) in the appropriate order following the CDC guidelines. - And, the facility will refer to current CDC guidance for exposures that might warrant testing and quarantining symptomatic residents and staff. To mitigate the spread of COVID-19, nursing homes are required to implement face masks on residents when out of their rooms and social distancing (being less than 6 feet from another resident). Review of the CDC Sequence for putting on and taking off PPE / Use Safe Work Practices to Protect Yourself and Limit the Spread of Contamination (copy provided by facility and undated), Donning: 1: Gown - fully cover torso and fasten back completely. 2: Mask - put on and make sure it fits correctly. 3: Goggles - place over eyes make sure it covers and fits well. 4: Gloves - extend gloves to cover wrist of gown. Doffing: Removing PPE without contaminating your clothing or skin, remove PPE before exiting room. 1: Gloves - remove without contaminating self and with gown if able. Perform hand hygiene. 2: Goggles - goggles are worn at all times in the facility as of 7/31/20. 3: Gown - removal by unfastening ties in back and pulling down onto itself and making inside out so that any contamination is contained inside the gown. 4: Mask - masks are worn at all times in facility as of 7/31/20. 5: Wash Hands - per CDC guidance hand hygiene between steps if hands contaminated and immediately after removing all PPE. A. On 8/5/20 at 3:30 P.M. Certified Nursing Assistant #1 (CNA #1) and CNA #2 were observed donning PPE before entering a residents' rooms. Both CNA #1 and CNA #2 were wearing a face mask and face shield. CNA #1 was observed opening a 3 draw cart and took out a gown and a pair of gloves. CNA #1 shook out the gown and laid the gown on top of a second cart. CNA #1 put the gloves on first, not the gown as per procedure, then donned the gown and then entered the room. She then exited the room, removing the gown beyond the doorway of the room, not in the room. CNA #1 still had the same gloves on when she finished removing the gown, walked across the hall opened a door, with the same gloves on and then threw the gown and gloves away. CNA #1 returned to the three draw cart and took out another gown and pair of gloves. CNA #1 shook out the gown and rolled the gown up and placed it on top of the second cart and put the gloves in her pocket. CNA #1 was not observed washing or disinfecting her hands, as she started to enter the next resident room. B. On 8/5/20 at 3:30 P.M. CNA #2 joined CNA #1. CNA #2 was observed taking a gown and a pair of gloves out of the 3 draw cart. She put the gloves on first and then donned the gown, after shaking the gown out and struggling with the ties. CNA #2 entered a resident's room and then exited the room without the gown, but had on the gloves. CNA #2 went to the 3 draw cart without removing the gloves or washing her hands and began to don a new gown. During interview with CNA #1 and CNA #2 on 8/5/20 at 3:38 P.M., CNA #2 said that she was putting the gown and gloves on because there was a cart, that contained PPE, placed outside of the rooms she was going into. CNA #1 and CNA #2 said they did not know if any of the residents in the rooms had an infection or were on precautions and/or required PPE. CNA #1 and CNA #2 said that they were to wear a mask and face shield and had been trained in donning and doffing PPE. CNA #2 said she did not know that she had not followed the correct steps for donning or doffing. C. On 8/5/20 at 2:50 P.M., the surveyor observed five residents were observed in the hallway. The five residents were seated within inches of each other for 30 minutes. Each resident had a face mask, but the mask was not on their face. During the observation - there were four staff at the nurses station, and the five residents were within sight. Three staff were observed interacting with two of the five residents during the observation period. At no time did the staff attempt to socially distance the five residents from each other or encourage replacing their mask on their faces. During the observation, one resident held another resident's arm and contact among the residents was frequent. On 8/5/20 at 2:50 P.M., the surveyor observed the residents in the day/dining room. The residents were placed at tables, but were not spaced at a social distance of six feet. In addition, residents were observed in the room without face masks and during a 30 minute period residents were observed interacting at close proximity (inches) with each other. During the observation three staff were in the room and at no time did the staff interact to remove or attempt to alter the situation. During interview on 8/5/20 at 3:25 P.M., Unit Manager #1 said that the unit was a dementia unit and that it was difficult to manage the social distancing. She said that the spacing in the dining room, she thought was 6 feet, but was not sure. Unit Manager #1 said that if they marked the floors, residents would try to pick the marking off the floor and that was why they had not marked things off. The Unit Manager could not say why residents were seated next to each other in the hallway and the staff's lack of intervention. During interview with the Director of Nurses (DON) on 8/5/20 at 4:00 P.M., the DON said that she was responsible for infection control practices in the facility. The DON said that staff were aware of donning and doffing and the need for spacing of residents and masks. The DON said that the facility closely followed CDC guidance and was up to date on recent changes for their PPE plan.</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.