

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER SOUTHEAST HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 184 LINCOLN STREET NORTH EASTON, MA 02356	
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, staff interviews and policy review, the facility failed to: a) revise/update their policy for new admissions and quarantining in a private room, b) ensure the appropriate quarantine for four new hospital admissions into a private or dedicated quarantine space, according to the Centers for Medicare and Medicaid Services (CMS). The facility cohorted four newly admitted Residents (potentially pre-symptomatic and contagious) into two semi-private rooms with shared bathrooms, despite available empty rooms on the same short-term unit and, c.) ensure that staff disinfected exercise equipment following resident use and while on droplet precautions to prevent the potential spread of Coronavirus. The Center for Disease Control and Prevention (CDC) guidance dated 4/30/20 indicates that Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (personal protective equipment). The revised guidance for new admissions from the Centers for Medicare and Medicaid Services (CMS) titled: Caring for Long-Term Care Residents during the COVID-19 Emergency-July 30, 2020 indicates the following with regard to a private room: Newly admitted or readmitted residents to a long-term care facility should be quarantined in a private room or dedicated quarantine space and monitored for symptoms of COVID-19 for fourteen days after admission to the facility and should be cared for using all recommended COVID-19 PPE. a.) On 8/6/2020, review of the facility's policy Novel Coronavirus Prevention and Response (revised 6/9/20), indicates: (bullet k, number IV) All new admissions should be placed in isolation for 14 days after admission and placed on Contact/Droplet precautions using the CDC signage or cohort with other new admissions and should be separated by wing or unit from confirmed positive COVID-19 residents. The facility's policy does not specify a private room or dedicated quarantine space. b.) On 8/6/20 at 10:15 A.M., the surveyor observed two occupied semi-private rooms with shared bathrooms and Droplet Precaution signage upon entrance to both rooms. The surveyor observed precaution carts outside of both doors and staff were observed wearing personal protective equipment (PPE) appropriately for each resident. At 10:35 A.M., the surveyor interviewed Nurse #1. Nurse #1 said that the staff had to wear new PPE for each resident in the same quarantined room. The surveyor asked about residents sharing the bathrooms while on quarantine. Nurse #1 said that it was okay for the residents to share the same bathroom because it was disinfected by housekeeping every shift. On 8/6/20 at 11:00 A.M., the surveyor interviewed the housekeeper. The housekeeper said that she was assigned to that specific unit. The housekeeper said that she cleaned all bathrooms on that unit twice a day. (The COVID-19 can be transmitted via respiratory droplets through talking, coughing or sneezing. It can also be transmitted by touching a surface or object that has [MEDICAL CONDITION] on it and then by touching your mouth, nose, or eyes.) The CMS guidance recommends disinfecting the bathroom each time a quarantined resident uses the shared bathroom, in cases where private rooms are not available. On 8/6/20, review of the facility's bed board or resident listing by room, indicates 6 empty/available beds for quarantining newly admitted residents on the same unit. c.) On 8/6/20 at 10:25 A.M., the surveyor observed a physical therapist (P.T.) assisting a resident coming out of the unit's dayroom. The surveyor observed a sign on the door that indicated that the dayroom was not for patient use. The surveyor observed the resident was in a quarantined room, on droplet precautions and shared with another resident. The surveyor observed the day room to have numerous pieces of furniture (bed side tables and chairs). The surveyor observed no cleaning solution or disinfecting wipes to clean high contact surfaces in the day room. The surveyor interviewed the P.T. at 11:15 A.M. inside the dayroom. The P.T. said that he had been doing some exercises with the resident in the dayroom. The surveyor observed a pedal exerciser on the floor. The P.T. said that the resident sat in the chair and exercised. The surveyor asked the P.T. what he disinfected the chair with after the resident exercised in it. The P.T. said that it was an oversight on his part.</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.