

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER HOLYOKE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 282 CABOT STREET HOLYOKE, MA 01040	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility failed to maintain an infection prevention and control program relative to proper personal protective equipment (PPE) use and hand hygiene, designed to help prevent the development and transmission of communicable diseases, infections and/or the COVID-19 virus. Findings include: Review of the facility's Precautions for Patients Infected with Epidemiologically Important Pathogens policy, revised date 1/10/2020, indicated: -Precautions designed for the care of patients who are known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne droplet or contact included the following guidelines: Contact Precautions: -Healthcare personal (HCP) caring for patients should wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's area in the patient's environment. Discard PPE before exiting room and wash or sanitize hands. Droplet Precautions: -In addition to standard precautions, use droplet precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets through close respiratory or mucous membrane contact with respiratory secretions. Enhanced Barrier Precautions: -Cart or station outside door with gowns and gloves. -Appropriate contact precautions signs on door. Review of the facility's Suspected COVID-19 Patient While in the Center policy, dated 3/17/20, indicated the following: -Caregivers entering the room should wear PPE for standard, contact and droplet precautions-gowns, gloves, mask and eye protection. -HCP should perform hand hygiene using alcohol based hand sanitizer before and after all patient contact, contact with potentially infectious material and before putting on and upon removal of PPE, including gloves. Review of the Centers for Disease Prevention and Control (CDC) website for Hand Hygiene in Healthcare Settings, undated, indicated the following: HCP should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. During an interview on 8/5/20, the infection control nurse (ICN), said the facility census was 73 which included one medical bed hold, 8 COVID-19 positive residents and 2 readmissions that were under a 14 day quarantine. She said staff was wearing N95 masks and goggles while on the units. She said gowns and gloves were used with patient care. She said the second floor was the COVID-19 dedicated unit with half the floor for the positive residents and the other half on the unit had quarantined residents, COVID-19 recovered and COVID-19 negative residents. During a tour of the facility's second and third resident floors on 8/5/20 between 9:00 A.M. and 10:15 A.M. with the ICN, the following were observed and discussed with the ICN; Third Floor: -Nurse #1 was wearing a Tyvek jumpsuit (a type of PPE), a facemask and goggles. She was observed going between resident rooms on the unit wearing the same jumpsuit. The ICN said the residents on the unit were COVID-19 negative. Nurse #1 said she did not remove the jumpsuit when providing hands on assistance for a resident, but would put a disposable gown on over the jumpsuit. She said she would remove the disposable gown after care, before the leaving a resident's room. Second Floor Side B (contained COVID-19 recovered and negative residents and residents under quarantine) -The ICN said the residents in room [ROOM NUMBER] and 218 were being quarantined for 14 days. Record review for Resident #1 in room [ROOM NUMBER] indicated he/she was re-admitted on [DATE] after being hospitalized on [DATE]. Record review for Resident #2 in room [ROOM NUMBER] indicated he/she was re-admitted on [DATE] after being hospitalized on [DATE]. -Bedroom doors of room [ROOM NUMBER] and 218 did not have precaution signage and precaution carts containing PPE were not readily available in the hallway near either room. The ICN said these bedroom doors should have had precaution signs posted on them and the precaution carts should have been within close distance to these rooms. -Nurse #2 was observed wearing an N95 mask, a disposable gown and goggles. She was observed going into and out of room [ROOM NUMBER]. She said she wore this same isolation gown throughout the day did not remove or change it. -Certified Nursing Assistant (CNA) #1 was observed wearing a Tyvek jumpsuit, goggles and an N95 facemask. She said she did not remove the jumpsuit between care of residents on her assignment. She also said she did not wear a disposable gown over the jumpsuit when providing direct patient care on her assignment. She was observed touching her jumpsuit and adjusting her facemask with her bare hand and then returning to working on the facility computer used for charting. She did not perform hand hygiene, doff her mask and/or jumpsuit and don new PPE. An interview with the Administrator, Director of Nurses (DON) and ICN was conducted on 8/5/20 at 12:45 P.M. During the interview, the DON said the staff on the second floor side B have received education on proper PPE usage and hand hygiene from the facility. She also said they are part of the Rapid Response Team used for staff support and have also have received infection control education from their leaders. All said they were aware of the increased risk for COVID-19 spread with the infection control concerns observed.</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.