

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER PORT HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 6 HALE STREET NEWBURYPORT, MA 01950	
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 follow infection control protocols to prevent the possible spread of COVID-19 by 1) failing to ensure staff did not contaminate the environment by the improper use of gloves and 2) failing to appropriately store personal protective equipment (PPE). Findings include: 1. On 8/5/20, at 8:37 A.M., the surveyor observed Housekeeper #1 walk down the Clipper Unit, (a COVID-19 quarantine unit), wearing gloves and carrying three bags of trash and soiled linen. Housekeeper #1 then exited the unit wearing the same contaminated gloves and touched the keypad, to enter the security code to enter the service hallway, contaminating the keypad. Housekeeper #1 then opened the door with her contaminated gloves contaminating the handle. At 8:41 A.M. the surveyor observed Housekeeper #1 walk down the Clipper unit hallway again, wearing gloves and pulling one uncovered garbage barrel behind her while pushing another uncovered garbage barrel in front of her, contaminating her gloves. The surveyor then observed Housekeeper #1 exit the unit wearing the same contaminated gloves and touch the keypad, to enter the security code to enter the service hallway, contaminating the keypad. Housekeeper #1 then opened the door to the service hallway with her contaminated gloves, contaminating the handle. The surveyor then observed another housekeeper touch the contaminated keypad and door handle to enter the service hallway, contaminating her hands. During an interview on 8/5/20, at 12:30 P.M., the Director of Nursing said that housekeepers should not be wearing gloves in the hallway as they could spread infection. 2. On 8/5/20, at 8:50 A.M., the surveyor observed multiple rooms on the Clipper unit (a COVID-19 quarantine unit), with postings on the door frame indicating residents are in quarantine, with hooks containing reusable gowns hanging from them. The surveyor observed that many of the hooks contained more than one gown, potentially contaminating the gowns. On 8/5/20, at 12:15 P.M., on the Clipper unit the surveyor observed the following: room [ROOM NUMBER] (a private room) had 3 gowns hanging from 3 hooks without names of staff either on the gowns or on the hooks to indicate which staff member had worn the gown and for which resident. room [ROOM NUMBER] (with 2 residents) had 2 gowns on one hook, potentially contaminating both gowns and without names of staff either on the gowns or on the hooks to indicate which staff member had worn the gown and for which resident. room [ROOM NUMBER] (with 2 residents) had 3 gowns, one on each hook and without names of staff either on the gowns or on the hooks to indicate which staff member had worn the gown and for which resident. room [ROOM NUMBER] (with 2 residents) had 2 gowns on 1 hook, 3 gowns on 1 hook and 1 gown on another hook all without names of staff, either on the gowns or on the hooks, to indicate which staff member had worn the gown and for which resident. room [ROOM NUMBER] (with 2 residents) had one gown on a hook without names of staff either on the gown or on the hooks to indicate which staff member had worn the gown and for which resident. room [ROOM NUMBER] (with 2 residents) had one gown on a hook without names of staff either on the gown or on the hooks to indicate which staff member had worn the gown and for which resident. room [ROOM NUMBER] (with 2 residents) had 1 gown on a hook, 1 gown on another hook and 2 gowns on another hook all without names of staff, either on the gowns or on the hooks, to indicate which staff member had worn the gown and for which resident. room [ROOM NUMBER] (with 1 resident) had 2 gowns on one hook and 1 gown on another hook all without names of staff, either on the gowns or on the hooks, to indicate which staff member had worn the gown. During an interview on 8/5/20, at 12:20 P.M., Charge Nurse #1 said that All of the gowns are supposed to be labeled with the staff members name on a piece of tape because the gowns are to be worn by only one staff member and then washed at the end of the shift. Charge Nurse #1 said that all of the gowns were contaminated because they had touched each other. She also said that there was no way for staff to know which gown was theirs without handling all of the gowns to find their name on the tape label and in doing so they would become contaminated. During an interview on 8/5/20, at 12:21 P.M., Unit Manager #1 said that All of the gowns are supposed to be labeled with the staff members name on a piece of tape because the gowns are to be worn by only one staff member and then washed at the end of the shift. He then said that all of the gowns were contaminated because they had touched each other.</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.