

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRUSH HILL CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1200 BRUSH HILL ROAD MILTON, MA 02186</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on staff observation, staff interview, facility policy/protocols and Center for Disease Control guidelines, the facility failed to ensure that staff utilized personal protective equipment (PPE) according to transmission-based precautions protocol as required to prevent possible spread of COVID-19 in the facility. Findings include: The Centers for Disease Control (CDC) document for Isolation Precautions: Preventing Transmission of Infectious Agents guidelines for Droplet Precautions, 2007, includes: The use of droplet precautions applies when respiratory droplets [MEDICAL CONDITION] or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctivae (inner layer of the eyelid) and the mouth. Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation. The average distance for droplet transmission is thought to be six feet. When a resident is placed on transmission-based precautions, the staff should implement the following: -Clearly identify the type of precautions and the appropriate PPE to be used. -Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne) and instructions for use of PPE (Personal Protective Equipment). -Make PPE readily available to staff caring for the resident - Don (put on) the appropriate PPE upon entry into the environment of the resident on transmission-based precautions; -The PPE used for care of the resident on droplet precautions are gloves, mask, gowns and eye protection (CDC indicates that contact lenses and glasses are not acceptable eye protection); -Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment (stethoscopes, blood pressure cuffs, gait belts, etc.) used for care. During interview on 8/10/20 at 7:45 A.M. with the Director of Nursing (DON), she said that the health care personnel (HCP) in the facility were in face masks only. The surveyor asked the DON if there were any residents who had required quarantine status (new admissions/return from medical leave of absence) and she stated that there were approximately 10 residents on Unit 1 A. The DON said face masks are worn at all times and goggles for high contact resident care. She stated that new admissions/return from medical leave, were not placed on droplet precautions but were monitored for fourteen days for signs/symptoms of COVID-19/[MEDICAL CONDITION] infection. The DON further stated that the facility follows CDC guidelines, but she was not aware of the PPE requirement for these residents. On 8/10/20 at 10:15 A.M. the surveyor enter Unit 1 A. All the signage for droplet precautions had been posted outside the rooms of the residents who were quarantined and precaution carts had been placed outside the residents' rooms. The surveyor observed the Unit Manager in a resident's room with only a mask on. The Unit Manager was assisting a Certified Nurses Assistant (CNA) with placing ace wraps on the resident's lower legs. When the Unit Manager exited the room the surveyor approached him and asked him what type of PPE should he have donned for a resident on quarantine. He stated that the CNA had called him to assist and the unit Manager had not donned the correct PPE (gown and eye protection). The surveyor observed that the CNA was in full PPE except for eye protection. The Unit Manager then retrieved a pair of goggles from his desk, sanitized them and handed them to the CNA to don. On 8/10/20 at 11:05 A.M. the surveyor went to the kitchen to observe staff. It was noted that three of the food service workers (FSW) did not have their masks donned properly. FSW #1 and FSW #2 staff did not have the masks covering their nose and FSW #3 was wearing his mask around his neck. At 11:15 A.M. on Unit 3 A, the surveyor observed Nurse #1 sitting at the nurses station Her mask was hanging around her neck and she was sitting next to another nurse, distanced less than three feet away. The surveyor walked up the the nurses station at which time Nurse #1 donned her mask, however it was not covering her nose. At 11:19 A.M. when entering Unit 2 BC, the surveyor observed a staff member exiting the unit who came within two feet of the surveyor (you are unable to see another person on the other side of the door while exiting/entering the unit). The staff member exiting the unit did not have their mask donned properly as it was not covering her nose or completely covering her mouth. The surveyor did back up to try and maintain a social distance. When she encountered the surveyor, the staff member attempted to engage in conversation without her mask donned properly. At 11:20 A.M. on Unit 2 BC, Nurse #2 was observed at his medication cart preparing medications. During the observation by the surveyor he did not have his mask donned properly to cover his nose. He did pull the mask up when the surveyor approached, however the surveyor observed Nurse #2 touch the front of his mask five times during the observation. At 11:30 A.M. on Unit 2 A, a staff member was observed to be transporting a resident back to his room from a recent outside visit. The staff member transporting the resident was engaged in conversation with the resident. The staff member had his mask around his neck. As he got close to the surveyor he donned the mask. The Nurse on the unit #3, at the medication cart preparing medications, was observed wearing a mask that was not covering her mouth or nose. At 12:10 P.M. the surveyor returned to the kitchen staff and observed the three FSWs still had not donned their masks correctly. At 12:30 P.M. the DON and the Director of Community Relations said the above observations were infection control breaches and that the staff did not follow facility policy/protocol for wearing PPE in accordance with transmission-based precautions required to prevent possible spread of COVID-19 in the facility.</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.