

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>08/27/2020</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and staff interviews, the facility failed to ensure that: 1. staff removed personal protective equipment (PPE) gowns and gloves prior to exiting a resident's room. The resident was on transmission based droplet precautions. 2. staff did not store the used gowns in the clean PPE precaution cart outside the residents' room or threw them away in central bathroom behind the nurses station. 3. staff posted precaution signs outside residents' room who are on transmission based droplet precautions. 4. staff provide a trash receptacle at the exit of the residents on precautions rooms and 5. failed to ensure that all staff were wearing surgical face masks while in resident care areas, to limit the spread of COVID-19 in the facility. Findings include: The Center for Disease Control and Prevention (CDC) guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic (Updated July 15, 2020) includes: -CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine healthcare delivery to all patients. CDC-Clinical Questions about COVID-19: Questions and Answers Updated Aug. 4, 2020 indicates: -A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission -All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. -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. A review of the facility policy Covid-19 policy, revision date 8/10/2020, indicated the following: -This facility will engage in an orchestrated response to persons under investigation or have confirmed Covid-19 -Staff will continue to provide all personal care and activities in the room. Staff will perform hand hygiene and don PPE upon entering, doff PPE in biohazard bag upon exit and perform hand hygiene. 1. The facility failed to ensure staff disposed of PPE gowns and gloves prior to exiting a resident's room, who was on transmission based droplet precautions. The Center for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic (Updated July 15, 2020) includes: -HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. The CDC guidance for Using Personal Protective Equipment (PPE)-Updated Aug. 19, 2020 includes: -How to Take Off (Doff) PPE Gear More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. * Healthcare personnel may now exit patient room. Perform hand hygiene. * Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices. On August 27, 2020 at 11:25 A.M., the surveyor observed CNA #2 exiting room [ROOM NUMBER] wearing eye protection, mask, disposable gown and gloves. CNA #2 entered the hallway, removed her gloves and untied her disposable gown, rolled the gown in a ball and placed it in the bottom drawer of the clean PPE cart located outside room [ROOM NUMBER]. On August 27, 2020 at 11:30 A.M., the surveyor observed CNA #2 answer the call light to room [ROOM NUMBER]. CNA #2 opened the bottom drawer of the PPE cart and pulled out the rolled up gown and put on a pair of gloves to enter the room. The surveyor did not observe CNA #2 perform hand hygiene before putting on the gloves. On August 27, 2020 at 11:35 A.M., Nurse #1 was interviewed and said when you exit the precaution rooms on this unit, you are supposed to dispose of the gowns in the trash receptacle in the bathroom behind the nursing station. Nurse #1 showed the surveyor the trash receptacle in the bathroom behind the nurses station. On August 27, 2020 at 11:40 P.M., CNA #2 exited room [ROOM NUMBER] wearing eye protection, mask, gown and gloves. CNA #2 removed the gown and gloves in the hallway. Nurse #1 then told CNA #2, she was supposed to throw away the gown in the trash receptacle in the bathroom behind the nurses' station. CNA #2 was observed following Nurse #1 to the bathroom to dispose of the gown and gloves in the bathroom behind the nurses' station. On August 27, 2020 at 11:45 A.M., CNA #2 was interviewed and said she was initially instructed to take off the gown when she leaves room [ROOM NUMBER] and place it in the bottom drawer of the PPE cart to re-use the next time she enters room [ROOM NUMBER]. CNA #2 said she did not know exactly what precautions the resident in room [ROOM NUMBER] was on, she would have to ask the nurse. On August 27, 2020 at 11:48 A.M., Unit Manager #2 was interviewed and said he was not sure why they reuse the gowns with the quarantine residents, he would prefer they dispose of the gowns and get new ones. Nurse Manager #2 said they were supposed to throw away the gowns in the bathroom behind the nurses' station. Nurse Manager #2 said the only resident who has a trash can by the exit door, is the resident that has [MEDICATION NAME]-resistant [MEDICATION NAME] (VRE) infection and is on contact precautions. On August 27, 2020 at 12:35 P.M., the Infection Control Nurse (IFC) was interviewed and said residents in rooms #102, 104, 110 and 113 were new admissions on 14 day quarantine and transmission based droplet precautions. The Infection Control Nurse said the staff are supposed to have a designated gown for each resident on precautions, after providing care they should be hanging the gowns on the hooks behind the door in the room for re-use. The IFC Nurse said they should not be storing them in the clean PPE cart, taking them off in the hallway or disposing them in the bathroom behind the nurse's station. 2. The facility failed to post precaution signs outside the rooms of residents on 14 day quarantine and on transmission based droplet precautions and provide a trash barrel by the exit of the residents' rooms to dispose of PPE. CDC guidance, Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted [MEDICAL CONDITION] (MDROs) updated on 07/26/2019 includes: -Post clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves) -Make PPE, including gowns and gloves available immediately outside of the resident room -Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room On August 27, 2020 at 11:20 A.M., the surveyor observed rooms #102, 104, 110 and 113. There were no transmission based droplet precaution signs posted outside the rooms #102, 110 or 113 or trash cans located inside the room close to the exit in rooms #102, 104, 110 or 113. On August 27, 2020 at 11:48 A.M., Unit Manager #2 was interviewed and said Residents in rooms #102, 104, 110 and 113 were new admissions on 14 day quarantine and on transmission based droplet precautions. Unit Manager #2 said he did not know why rooms #102, 110 and 113 did not have precaution signs posted outside the room or why none of the 14 day quarantine rooms did not have a trash can located by the exit door. On August</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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>27, 2020 at 12:35 P.M., the Infection Control Nurse was interviewed and said all residents on 14 day transmission based precautions should have posted signs outside their room and a trash can at the exit to dispose of used PPE inside the rooms. 3. CNA #1 was observed to be wearing a cloth facemask when exiting a resident's room and then changed the soiled cloth face mask with another cloth face mask without performing hand hygiene. CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic-Updated July 15, 2020 includes: -HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. -When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. -Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed. -To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering. -HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift. -Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering. On August 27, 2020 at 10:25 A.M., the surveyor observed CNA #1 exiting a resident's room wearing a cloth facemask with the facility logo imprinted on the front of the mask. On August 27, 2020 at 10:26 A.M., CNA#1 was interviewed and said her facility issued facemask got soiled with her make-up, so she put on the cloth face mask. CNA #1 showed the surveyor the inside of her current facemask and it was noted to covered with a beige substance. CNA #1 then reached in her shirt pocket and retrieved another mask and put on a clean cloth mask. The surveyor did not observe CNA #1 perform hand hygiene after removing the soiled cloth face mask and putting on the clean cloth facemask. On August 27,2020 at 10:30 A.M., Unit Manager #1 said the staff are not supposed to wear cloth face masks in the building. Unit Manager #1 said the facility issues surgical facemasks to all employees to wear while at work. On August 27, 2020 at 12:35 P.M., the Infection Control Nurse (IFC) was interviewed and said the staff is given a weekly supply of surgical mask that they are expected to wear while in the building.</p>		