

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EAST LONGMEADOW SKILLED NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>305 MAPLE STREET EAST LONGMEADOW, MA 01028</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, record review, and interview, the facility failed to implement infection prevention and control practices to prevent the transmission of Coronavirus (COVID-19), in relation to proper removal of Personal Protective Equipment (PPE)/isolation gowns, on one out of four units. Findings include: Review of the facility COVID-19 Prevention and Outbreak Management policy, revised 8/13/20, indicated it was the practice of the facility to follow the guidance of the government resources including the Centers for Disease Control and Prevention (CDC), Massachusetts Department of Public Health (DPH) and American Health Care Association (AHCA). Review of the CDC Core Infection Prevention and Control Practices for Safe Health Care Delivery in all settings, last updated 3/15/17, indicated the following: *Core Practice Category 5. Standard Precautions: - Core Practice # 1 Ensure proper selection and use of PPE based on the nature of patient interaction and potential to exposure to blood, bodily fluids and/or infectious material: *Remove and discard PPE, other than respirators, upon completing a task before leaving the patient's room or care area . Review of the undated CDC Guidelines for Infection Control and Transmission-Based Precautions, on 9/2/20, indicated the following: *Contact precautions: Use PPE appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. Review of the undated facility policy titled Doffing (Removing) PPE with Suspected, Negative or Positive Patients on the Same Unit, indicated the following when doffing PPE: *(instructions on removing reusable gown types) Place in a linen hamper in resident's room. *Remove gloves . *Perform hand hygiene . *Exit room wearing eye protection and mask. During an interview on 9/2/20 at 9:15 A.M., the Director of Nurses (DON) said the Rehabilitation (Rehab) Unit had both quarantined and COVID-19 negative (never tested positive) residents. She said the quarantined residents were on droplet and contact precautions, and the negative patients required full PPE (gloves, gown, and N95 and eye protection) for high contact activities. In an interview later that day, at 2:15 PM. the DON reviewed the line listing with the surveyor and said 15 out of 29 rooms on the Rehab Unit (all private) were occupied. She further said 9 residents were under 14 day quarantine, 5 were COVID-19 negative and 1 was COVID-19 recovered. During observation of the Rehab Unit on 9/2/20 the following observations and interviews took place: During an observation at 9:45 A.M., the surveyor observed two therapists exit a resident room marked Negative while they were still wearing white reusable isolation gowns. They walked up the corridor and passed the linen bin that was in the hallway. They stood and talked a few moments before they doffed their gowns in the hall and then they walked back to the linen bin to dispose of them. During an interview at 9:48 A.M., Certified Nurse Aide (CNA) #1, she said there were no linen bins in the rooms and that the reusable gowns were put in the linen bin, located in the hallway, after use. During an observation at 9:50 A.M., CNA #2 exited a room with a sign that indicated the resident was on 14 day quarantine, special droplet and contact precautions. The aide entered the hallway while still wearing an isolation gown. The aide then walked (a few rooms down) to the linen bin, doffed the gown in the hall and disposed of it in the bin. During an interview at 9:54 A.M., CNA #2, said she hangs the gown on a hook to reuse, if the resident is assigned to her. She further said if she is not assigned to the resident she doffs the gown and brings it to the linen bin in the hallway. During an interview on 9/2/20 at 9:56 A.M., Unit Manager #1 said the process had been to remove the reusable gowns and put them in the linen bin in the hall. When the surveyor asked if the gowns should be doffed before exiting the room, the UM said she was not aware of that requirement and she further said there were no bins in the rooms for that purpose. When the surveyor asked why there was only one linen bin for the entire unit, the UM said there should have been a linen bin in each hall but the second hall had only just opened and did not yet have a bin. During an interview on 9/2/20 at 1:00 P.M., the DON said she had just started her position as DON last month, on 8/3/20. She reviewed the facility PPE policy with the surveyor and said she was not aware the gowns had to be doffed in the room and placed in a bin or bagged to transport them to a linen bin (outside the resident's room).</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.