

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER PARSONS HILL REHABILITATION & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1350 MAIN STREET WORCESTER, MA 01603	
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.</p> <p>Based on observation, interview and record review, the facility failed to appropriately provide and use Personal Protective Equipment (PPE) and failed to appropriately cohort quarantined residents related to COVID-19. Findings include: Review of the facility's Novel Coronavirus Prevention and Response policy, dated June 17, 2020 indicated the following: Promote easy and correct use of PPE by: - Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. - Make PPE, including facemask, eye protection, gowns, and gloves, available immediately outside of the resident's room or where it is accessible to staff. -All new admissions should be placed in isolation for 14 days after admission placed on Contact/Droplet precautions using Centers for Disease Control and Prevention (CDC) signage of COVID status unknown- in a private room then, cohort with a resident that has recovered from COVID then, cohort with another new admission. During an interview on June 23, 2020 at 8:02 A.M., the Infection Control Nurse said the Transitional Care Unit (TCU) was compromised of residents who were COVID-19 negative; COVID-19 recovered, and also had several rooms of residents under their 14 day quarantine due to being new admissions to the facility or having been recently hospitalized. On June 23, 2020 at 8:35 A.M. on the TCU, the following was observed: -Nurse #2 had a gown, mask, and face shield on and was at the medication cart, she then went into a quarantined room and put another gown over the one she had on. Upon exit of the resident's room, Nurse #2 removed the outer gown used hand gel and returned to the medication cart. -Certified Nurse Aide (CNA) #1 had a gown, mask, and face shield on in the hallway and went into a quarantined room then put another gown over the one she had on. Upon exit of the resident's room, CNA #1 removed the outer gown and performed hand hygiene. During an observation and interview on June 23, 2020 at 8:40 A.M., on the TCU, the surveyor observed Resident #1 ambulating in the hallway with a facemask on. Resident #1 went up to Unit Manager (UM) #1 and asked if his/her medications were the same since returning from the hospital the previous night. When the conversation was done, the surveyor asked UM #1 which room Resident #1 resided in and upon observation there was no sign indicating which PPE was required nor was there PPE available outside of the room. UM #1 said she had just found out Resident #1 returned from the hospital the previous night and would get the proper signs and PPE cart. UM #1 said she couldn't speak to what the two previous shifts wore for PPE because she wasn't there. Further observation of the TCU indicated 4 rooms with 2 residents to each room and both of the residents under quarantine per the signage on the resident's doors. Review of the facility's color coded bed census indicated Resident #1 was cohorted with a COVID-19 negative resident. During an interview on June 23, 2020 at 8:50 A.M., CNA #1 stood outside of Resident #1's room and told the surveyor that it was Resident #1's roommate that was on precautions not Resident #1. During an interview on June 23, 2020 at 11:40 A.M., the Administrator and Infection Control Nurse said they thought it was permissible to double gown and they also thought it was permissible to cohort quarantined residents together if they were admitted at or near the same date.</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.