

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER LAKEVIEW HOUSE SKLD NRSG AND RESIDENTIAL CARE FAC		STREET ADDRESS, CITY, STATE, ZIP 87 SHATTUCK STREET HAVERHILL, MA 01830	
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 policy review, the facility failed to ensure that 1.) staff received active screening for temperatures and signs and symptoms of COVID-19 and 2.) staff properly disinfected equipment (eye goggles) after exiting a Covid positive resident's room. Findings included: 1. The facility failed to ensure staff were actively screened for temperature and signs and symptoms of Covid-19, increasing the risk of spread of infection. Review of Centers for Disease Control and Prevention (CDC) guidance, Infection Control in Nursing Homes, last reviewed on 6/25/20, included the following: - Evaluate and Manage Healthcare Personnel. - Screen all Health Care Personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. - Actively take their temperature* and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. *(Fever is either measured temperature >100.0 F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations). Review of the facility policy entitled, Covid 19: Detection, Triage, Isolation, dated 3/19/20, included the following: *All employees will be screened before entering the facility and have their temperature taken before starting work. *Any employee with sore throat or cough will be assessed for new shortness of breath and results recorded on reverse side of the Declaration Form. * Once temperature has been taken and assessment done, employee will proceed to perform hand hygiene. On 10/7/20 at 2:49 P.M., surveyor observation of the screening process, across from the nurses' desk, revealed Nurse #1 take her own temperature and document it on the back of a form entitled, Declaration Form. Staff did not actively screen Nurse #1 to ascertain the presence of Covid-19 symptoms. Review of the Declaration Form, that Nurse #1 signed on 9/9/20, indicated that she declared no signs or symptoms of Covid-19. On the back of the form were 23 entries from 9/9/20 through 10/7/20 that only indicated temperature. There was no indication that Nurse #1's temperature was actively screened or that active screening for signs and symptoms was conducted by another staff person. On 10/7/20 at 3:05 P.M., during interview, Nurse #2 said that staff sign the initial Declaration Form indicating they have no signs or symptoms of Covid-19, but assigned staff do not actively ask staff in regard to Covid-19 symptoms when they report to work each day. She said that they allow staff to take their own temperature and they rely on staff to come forward if they have a fever. She said they do not actively screen the staff for temperature. 2. The facility failed to ensure that staff properly cleaned/disinfected eye goggles after use in a Covid-19 positive resident's room. Review of the facility policy, entitled, Eye Protection, dated 7/20/20, indicated that if goggles are used, the facility must assure appropriate cleaning and disinfection between uses according to manufacturer's instructions. On 10/7/20 at 9:45 A.M., surveyor observation on the Level 2 Unit revealed Certified Nursing Assistant (CNA) #1 as she entered the room of a Covid-19 positive resident. Once CNA #1 completed her task in the resident's room, she exited the room having doffed her Personal Protective Equipment, except for her eye goggles, inside the resident's room. Wearing the same goggles, CNA #1 went into another resident's room who was not Covid-19 positive and began shaving the resident. CNA #1 did not disinfect her goggles between resident rooms as the facility policy indicated. On 10/7/20 at 11:00 A.M., during interview the Assistant Director of Nursing said that staff need to disinfect their eye goggles after coming out of a Covid positive 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.