

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER HELLENIC NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 601 SHERMAN STREET CANTON, MA 02021	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and a review of the facility's laundry policy, the facility failed to ensure that: 1. staff handled, stored and transported linens to prevent the possible spread of infection and 2. wear appropriate personal protective equipment (PPE) when providing care to a resident on a 14 day quarantine, including droplet precautions, to prevent the spread of COVID-19 in the facility. Findings include: 1. The facility staff transported an open cardboard box of discarded gowns down the hallway, passing a resident eating lunch on a tray table and passing the dietary food truck with the doors open and staff removing lunch trays to be served to residents on Unit A. The open cardboard box of discarded gowns was stored in a bathroom by the nurses station along with a second open cardboard box of discarded gowns. A review of the facility policy Clean Facilities Group Laundry Aid Training (no date) provided to the surveyor by the Administrator as the facility's laundry policy indicated the following: -Soiled linen must be covered while transporting and while in the soiled linen room. If nothing else is available, use a sheet. -Clean linen and soiled linen must not be transported together or with meals, particularly the elevators. -Clean linen and soiled linen must not be transported during mealtimes. -Soiled linen bins are to be cleaned on a daily basis On 8/13/2020 at 12:20 P.M., the surveyor observed an open cardboard box lined with a trash bag at the end of the hallway on Unit C. The surveyor observed discarded gowns in the box. On 8/13/2020 at 12:24 P.M., the surveyor observed Nurse Manager #1 carrying a cardboard box lined with a trash bag and discarded gowns down the hallway on Unit C, past a resident eating their lunch in the hallway on a tray table and past the dietary lunch truck with its doors open and staff members removing lunch trays to deliver to the residents. Nurse Manager #1 was observed putting the cardboard box on top of another cardboard box containing discarded gowns in the bathroom by the nurses station. Nurse Manager #1 left the bathroom door open and then pulled a curtain closed across the opening to the hallway. On 8/13/2020 at 12:26 P.M., Nurse Manager #1 said she was removing the cardboard boxes of used gowns from the hallways because they were not supposed to be on the floor when meals are being served. Nurse Manager #1 said she was only temporarily storing the cardboard boxes in the bathroom during mealtime. On 8/13/2020 at 10:55 A.M., the Director of Maintenance was interviewed and said they are using the cardboard boxes with trash bag liners for laundry bins for reusable gowns that needed to be washed. 2. The facility failed to ensure staff were wearing the appropriate PPE when entering a resident's room who was on 14 day quarantine including droplet precautions to provide direct care to the resident. Droplet precautions are used for residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated when an infected person speaks, sneezes, or coughs. The Center for Disease Control and Prevention (CDC) guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel 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. CDC Clinical Questions about COVID-19: Questions and Answers-Updated Aug. 4, 2020 includes: -A patient hospitalized for [REDACTED]. To ensure a patient was not exposed and might subsequently develop [DIAGNOSES REDACTED]-CoV-2 infection, nursing homes should place the patient in Transmission-based Precautions in a separate observation area or in a single-person room for 14 days after admission. On 8/13/20 at 12:10 P.M., the surveyor observed CNA #1 in room [ROOM NUMBER] on the right side of the bed attempting to feed the resident who was sitting up in bed. CNA #1 had her eye goggles on her forehead, wearing only a surgical mask for PPE. The surveyor observed a droplet precaution sign on the door for room [ROOM NUMBER] and there was a precaution cart with available PPE at the entrance to room [ROOM NUMBER]. On 8/13/20 at 12:12 P.M., Nurse Manager #2 was interviewed and said resident in room [ROOM NUMBER] was a new admission on 14 quarantine which included droplet precautions. Nurse Manager #2 said CNA #1 should have been wearing full PPE when providing feeding assistance to the resident in room [ROOM NUMBER]. On 8/13/20 at 12:14 P.M., CNA #1 exited room [ROOM NUMBER] still wearing her goggles on her forehead and was interviewed with Nurse Manager #2 present. CNA #1 did not have a reason for not wearing full PPE as she viewed the droplet precaution sign on the door indicating full PPE was required to enter the room. CNA #1 said she did not realize her goggles were on her forehead.</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.