

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER APPLE VALLEY CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 GROTON ROAD AYER, MA 01432	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to maintain an infection prevention and control program relative to proper doffing of personal protective equipment (PPE) use and proper hand hygiene, designed to help prevent the development and transmission of communicable diseases, infections and/or the COVID-19 virus. Findings include: Review of the facility's PPE policy, review date 9/26/19, indicated the following: -Purpose: To prevent the transmission of microorganisms from employee to resident or resident to employee. -All PPE will be removed and disposed of prior to leaving the work area. Review of the Centers for Disease Prevention and Control (CDC) website; Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease (COVID-19) Pandemic, dated 7/15/20, indicated the following: -HCP should put on a clean isolation gown upon entry into a patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. Review of the CDC website for Hand Hygiene in Healthcare Settings, undated, indicated the following: HCP should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. During an interview on 8/25/20 at 7:45 A.M., the administrator said the facility had no active COVID-19 positive residents or staff. He said staff were being tested biweekly. He said the bed capacity of the facility was 123, but was unsure of the exact census. During an interview on 8/25/20 at 8:00 A.M., the infection control nurse (ICN) said there were 9 residents under quarantine in a separate area on the first floor. She said the census was 92 and at the time none of the residents were COVID-19 positive. During a tour of the facility's 2 resident care floors on 8/25/20 between 8:55 A.M. and 10:15 A.M. with the ICN, the following concerns were observed. South 2: -Certified Nursing Assistant (CNA) #1 was observed in the hallway wearing a facemask and eye protection. She was observed touching and adjusting her facemask. She did not doff the mask; perform hand hygiene and/or don a new facemask. She continued to work on the unit. North 1 Admission Observation Unit: -Nurse #1 was observed going into room [ROOM NUMBER] in full PPE (face mask, eye protection, gloves and reusable isolation gown) to administer medication to a resident in the room. She was observed coming out of the room with the disposable isolation in her bare hand. She carried the isolation gown down the hallway, opened a utility room door and disposed of the gown. -Rehabilitation Therapist #1 was observed working with a resident in room [ROOM NUMBER]. She was wearing a reusable isolation gown, facemask, eye protection and gloves. She was observed exiting the room carrying her isolation gown in her bare hand. She walked in the hallway with it and disposed of the gown in the utility room. During an interview on 8/25/20 at 11:45 A.M., the ICN said staff should not have carried the dirty isolation gowns in the hallway without having bagged them before leaving the resident's room. She also said staff should not touch their facemasks and if they do, they need to remove it and wash their hands before putting on a clean mask. During an interview on 8/25/20 at 12:15 P.M., the administrator and ICN said the infection control issues were a concern and staff would need to be re-educated on hand hygiene and proper disposal of dirty PPE.</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.