

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER BEAR MOUNTAIN AT READING		STREET ADDRESS, CITY, STATE, ZIP 1364 MAIN STREET READING, MA 01867	
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, interview and Facility policy review, the facility failed to ensure that proper personal protective equipment was utilized to reduce the risk of Covid 19 transmission on 2 of 3 nursing units. Findings include: Review of an undated, and untitled Facility Policy, indicated that when caring for residents that were negative for Covid-19 requires staff to wear full personal protective equipment (PPE) (mask, gowns, eye protection and gloves). It further indicated that when caring for residents that were quarantined it required staff to wear full PPE and change it between residents that are in quarantine and eye protection must be cleaned in between. On 7/8/20 at 9:45 A.M., the Surveyor observed the 3rd floor nurses unit with negative and recovered residents. Certified Nursing Assistant (CNA) #1 entered room [ROOM NUMBER] with a sign that said negative reverse precautions. CNA #1 was wearing a mask, and put on a short sleeve johnny before going to the patient bedside. She was not wearing a gown or eye protection. During an interview with CNA #1 at 9:50 A.M., she said that she should have worn a gown, but they were being washed and not available. She said she would go downstairs to get more gowns. She said she did not need to wear eye protection. On 7/8/20 at 9:55 A.M., the Surveyor observed a sign on room [ROOM NUMBER] which said negative reverse precautions, please see nurse for PPE. During an interview with Nurse #1 on 7/8/20 at 9:56 A.M., she said that the resident in room [ROOM NUMBER] was negative for Covid-19 so staff must wear PPE including a johnny, mask and gloves. She said staff must see the nurse for PPE but they did not need to wear eye protection and had none available for quite some time. On 7/8/20 at 10:15 A.M., the Surveyor observed the 2nd floor nurses unit with quarantined and negative residents. CNA #2 was observed entering multiple rooms with both negative, reverse precaution signs and droplet precaution signs. During an interview with CNA #2, on 7/8/20 at 10:25 A.M., she said that she is the only CNA on the unit and is caring for both quarantined and negative residents. She said she is required to wear full PPE, but does not need to change it unless working a double shift. She said there is no need to change it between quarantined residents or between residents of a different Covid-19 status. She said she had never been made aware of the facility PPE policy to change PPE between negative residents. On 7/8/20 at 10:30 A.M., the Surveyor observed Nurse #2 entering multiple rooms with both negative, reverse precaution signs and droplet precaution signs. During an interview with Nurse #2, on 7/8/20 at 10:50 A.M., she said that she was the only nurse on the unit caring for both quarantined and negative residents. She said that staff is required to wear full PPE and it should be changed when caring for residents of a different Covid-19 status and between each quarantined resident. She said staff must see the nurse for PPE and since the start of the shift at 7:00 A.M. (3 hours and 50 minutes), CNA #2 had not requested PPE. She also said that she had been in both quarantined and negative rooms and had not changed her PPE. During an interview with the Infection Control Nurse on 7/8/20, she said that staff were required to wear full PPE when caring for residents that had a Covid-19 status of negative or quarantined. She said PPE must be changed between residents with different status and between each quarantined resident. She also said that a johnnys is not PPE and the facility had a large supply of isolation gowns and eye protection.</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.