

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225433</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ABERJONA NURSING CENTER, INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>184 SWANTON STREET WINCHESTER, MA 01890</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, the facility failed to follow infection control practices in response to COVID-19 on 2 of 2 units. On 7/6/20, the following was observed on the second floor unit: * At 8:05 A.M., a staff member walked into the hallway out of a resident's room with used gloves still on. On 7/6/20, the following was observed on the third floor unit: * At 7:10 A.M., a staff member walked into the hallway out of a resident's room with used gloves still on. * At 7:30 A.M., a staff member placed a used isolation gown on the hallway railing and walked away. * At 8:30 A.M., a staff member touched a resident's muffin and peeled banana with ungloved hands during breakfast.</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.