

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225525	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER WINGATE AT HARWICH		STREET ADDRESS, CITY, STATE, ZIP 111 HEADWATERS DRIVE HARWICH, MA 02645	
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 documentation, interviews, and policy review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility completed Covid-19 surveillance data for residents and staff, but failed to maintain collection and documentation of routine and ongoing surveillance data for all resident infections in the facility for the months of June and July. Findings include: Review of the facility's policy titled, Infection Prevention and Control, effective date November 1, 2019, and updated May, 2020, indicated the following: GUIDELINES: Written standards, policies, and procedures for the Infection Prevention and Control program, include: * Surveillance: A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; DEFINITIONS: Surveillance refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality and to improve resident health status. Review of the facility's Infection Prevention Manual for Long Term Care, Section 2 Surveillance, dated 2012, indicated the following: INFECTION PREVENTION SURVEILLANCE:</p> <p>(Page 5) I: The Infection Control Nurse does surveillance of healthcare-associated infections by: A. Review of culture reports and other pertinent lab data B. Nurse consultation and referral C. Chart review D. Review of the Infection Communication Form, 24- hour report, or morning stand-up meeting E. Personal consultation by employees F. Follow-up on communicable disease exposure G. Review of employee's physical assessments H. Maintenance of the employee infection record I. Physical Consultation J. Other III: Surveillance documentation is maintained on the: A. Line Listing of Resident Infections Review of surveillance documentation for the June 2020 and July 2020 Line Listings of Resident Infections on August 11, 2020 at 11:00 A.M. indicated the following: 1. June 2020 The June 2020 line listings consisted of four forms which were separated by unit including Arborview (AV), Bayview (BV), and Cranview (CV). A fourth form was not identified as the unit, month, and year were left blank at the top. Hand written on the left upper corner of three of the four forms was Please Update Daily/Copy Weekly, Bring to 9am Meeting. All four forms were missing various required surveillance collection and documentation data such as date of onset, the final status (Healthcare Acquired Infection (HAI) or Community Acquired Infection (CAI)), or if the infections were counted as infections in the facility. The forms stated they must be signed by the Infection Control Preventionist (ICP), but were not. They were also not dated. 2. July 2020 The July 2020 line listing consisted of one form, not identified by unit. The form was missing specific surveillance collection and documentation data such as the final status (HAI/CAI), and if the infections were counted as infections in the facility. The form stated it must be signed by the ICP, but was not. It was also not dated. During an interview on 8/11/2020 at 11:30 A.M., the ADON/ICP (Assistant Director of Nursing/Infection Control Preventionist) said the monthly line listings for June 2020 and July 2020 did not contain complete collection and documentation of surveillance data for all resident infections. She said the listings were discussed at morning meetings, but she could not answer why they were not maintained and completed. She also said there were cultures that were obtained, but not documented. In regards to the unidentified unit for the July 2020 line listing, she said it was the BV unit. AV and CV unit line listings were missing and not provided. During exit on 8/11/20 at 3:55 P.M., the Administrator said it was the expectation that the ongoing monthly surveillance be maintained and completed.</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.