

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225537	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER TOWN AND COUNTRY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 259 BALDWIN STREET LOWELL, MA 01851	
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)		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish policies and procedures for volunteers. Based on staff interview and record review, the facility failed to include emergency staffing strategies in the event of an emergency, such as the COVID-19 pandemic, within the facility's Emergency Preparedness Plan. Findings include: During review of the facility's Emergency Preparedness Plan, the surveyor was unable to locate information with regard to emergency staffing strategies (i.e. understanding staffing needs and the minimum number of staff needed to provide a safe work environment, adjusting assignments based on critical and non critical resident needs and at what point is the staffing so critical that transferring of residents to other facilities is indicated). On 6/24/20 at 12:35 P.M., during interview, the Director of Nursing said she did not think emergency staffing strategies were clearly outlined in a policy or procedure. On 6/24/20 at 12:46 P.M., during interview, the Maintenance Director (who manages the EP binder) said that he doesn't believe there is any information within the binder to address emergency staffing strategies.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and policy review the facility failed to ensure staff donned full Personal Protective Equipment (PPE) when caring for residents in the facility which has a known COVID-19 positive resident and community spread and failed to perform proper hand hygiene between residents. Findings include: Review of the facility policy, entitled, Town and Country Health Care Center COVID-19 Plan, dated 3/5/20, indicated that the program will include the use of PPE in situations of possible risk. The facility policy did not include\ what level of PPE was required for COVID-19 positive residents, COVID-19 recovered residents or COVID-19 negative residents. Review of the facility policy, entitled, Transmission Based Precautions, not dated, indicated that hand hygiene was to be performed before and after every procedure/interaction. On 6/24/20 at 12:30 P.M., during interview the Director of Nursing said that the facility has a policy in regard to transmission based precautions, but it wasn't specific in regard to what staff needed to wear for recovered or negative residents. She said that the expectation is that staff wear a mask and goggles on the nursing units and don gloves and gowns when entering and caring for COVID-19 positive residents, COVID-19 negative residents and recovered residents. On 6/24/20, during observation of the South unit, the following was revealed: * 8:30 A.M.- Certified Nursing Assistant (CNA) #1 entered a resident room without donning gloves and removed a dietary tray and placed it on a cart. She did not perform hand hygiene. Without donning gloves, she entered into a second room, chatted with a resident for approximately 2 minutes and removed a breakfast tray and returned the tray to a cart. CNA #1 did not perform hand hygiene. Without donning gloves, she went into a third resident room, began assisting the resident with his/her tray, then she left the room. CNA #1 did not perform hand hygiene. * 11:50 A.M. License Nurse #1 was sitting at the nurses station eating and drinking with her mask off. 2 residents were observed standing near the nurses station as well as other staff members. On 6/24/20, during observation of the North Unit, the COVID-19 positive side, the following was revealed: * 9:40 A.M., CNA #2 was observed walking in and out of resident rooms without an eye shield on. On 6/24/20 at 9:45 A.M., during interview, CNA #2 said that she doesn't wear her eye shield because she feels like she can't see with it on. * 9:45 A.M. CNA #3 was observed coming out of a resident room after providing care carrying a bag of dirty linen. After discarding the dirty linen she entered another resident's room. CNA #3 was not wearing an eye shield. On 6/24/20 at 10:00 A.M., during interview, CNA #3 said she doesn't have an eye shield and hasn't for awhile. * 11:20 A.M., Licensed Nurse #2 was sitting at the North Unit Nursing Station, a second nurse was standing directly in front of her. Licensed Nurse #2 was not wearing her mask. Licensed Nurse #2 said she was just drinking something. On 6/24/20, during observation of the facility, revealed the following infection control breaches: * 9:00 A.M., A staff member was sitting in the activity room area with his mask off. * 9:02 A.M., a staff member was coming out of the kitchen into the hallway with his mask below his chin. * 10:00 A.M., The precaution cart located outside of the COVID-19 positive room did not have the needed supplies to enter the room. There were no gowns or gloves. * 10:15 A.M., There was no EPA approved disinfectant to properly clean staff face shields prior to leaving the COVID-19 positive side of the unit.		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify resident's representatives and families of new COVID-19 positive residents by 5:00 P.M. the next calendar day. Findings include: Review of the facility's COVID Testing form indicated that 2 residents were recently diagnosed with [REDACTED].* Resident #1 was swabbed for COVID-19 on 6/10/20 and staff were notified of the positive results on 6/11/20. * Resident #2 was swabbed for COVID-19 on 6/17/20 and staff were notified of the positive results on 6/18/20. Review of the communications sent to the resident representatives/families by the Chief Executive Officer (CEO) indicated that the last COVID-19 update was sent on 6/16/20, 5 days after Resident #1's results were received by the facility staff, not by 5:00 P.M. the next calendar day as required. There also was no evidence that a communication was sent to the resident representatives/families in regard to the subsequent COVID-19 result for Resident #2 that the facility received on 6/18/20. On 6/24/20 at 1:00 P.M., during interview, the Administrator said that the CEO sends out the COVID-19 updates. She said she only had a letter from 6/16/20 and nothing after that date except for a notice she herself sent to resident representatives/families on 6/19/20 in regard to family visitation. She said it doesn't look like anything was sent to the families in regard to the positive COVID-19 results received on 6/18/20.		

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.