

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225540	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER GERMAN CENTER FOR EXTENDED CARE		STREET ADDRESS, CITY, STATE, ZIP 2222 CENTRE STREET BOSTON, MA 02132	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff observation and staff interviews, the facility failed to effectively implement and monitor staff for transmission-based precautions that are required to be implemented to prevent the transmission of COVID-19 in the facility. Finding include: Center for Disease Control (CDC) recommends the following infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection: -A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission. - Healthcare personal (HCP) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. -Droplet precautions- actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. CDC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (revision May 2020) Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation. The maximum distance for droplet transmission is currently unresolved, but the area of defined risk based on epidemiological findings is approximately 3-10 feet. In contrast to airborne pathogens, droplet-borne pathogens are generally not transmitted through the air over long distances. Facemasks are to be used upon entry (i.e., within six feet of a resident) into a resident's room or cubicle with respiratory droplet precautions. The preference for a resident on droplet precautions would be to place the resident in a private room. If a private room is not available, the resident could be cohorted with a resident with the same infectious agent, or share a room with a roommate with limited risk factors. Social distancing of at least 6 feet and drawing the curtain between resident beds is an especially important for residents in multi-bed rooms with infections transmitted by the droplet route. A review of the facility census indicated rooms 201,202,203, 210, and 211 were new admissions within the last 14 days and noted to be on quarantine. On 6/15/2020 at 11:22 A.M., the surveyor observed Droplet/Contact Precaution signage posted outside rooms 201, 202, 203,210 and 211. There was a supply cart of personal protective equipment (PPE) located outside the room doors. In the carts outside rooms 201,202 and 203 there were no available eye protection in the PPE carts. There was no trash receptacle located at exit point of the room. All three room doors were left open the entire time this surveyor was on the floor. On 6/15/2020 at 11:26 A.M., the surveyor observed Nurse #1 outside room [ROOM NUMBER] wearing a surgical mask donning gloves and gown and entering room [ROOM NUMBER]. This surveyor asked Nurse #1 as he was entering room [ROOM NUMBER] if he wears eye protection as part of the PPE entering a room with resident on droplet precautions. Nurse #1 stopped and said he does not have eye protection but he would go and get some. The surveyor observed 2 face shields hanging on room [ROOM NUMBER] door on the same hook. Nurse #1 said the face shields were not his and he has no idea who the face shields belonged to and they should be thrown away. On 6/15/2020 at 11:33 A.M., this surveyor observed Nurse #2 exiting room [ROOM NUMBER] holding a glucometer in his hand only wearing a surgical mask for PPE. Nurse #1 was interviewed and said he just disposed of his gloves. Nurse #2 said he was only wearing his surgical mask and gloves when he performed the glucose blood testing with the resident. On 6/15/2020 at 12:15 P.M., the surveyor observed the Nurse Practitioner (NP) wearing a surgical mask and eye protection in room [ROOM NUMBER] standing approximately 4 to 5 feet from the resident having a lengthy discussion. The Nurse Practitioner was then observed exiting room [ROOM NUMBER] leaving the door open, performing hand hygiene with alcohol based hand sanitizer and immediately crossing the hall entering room [ROOM NUMBER]. The surveyor observed the NP sitting within 3-4 feet of the resident having a lengthy discussion with the resident. The NP then exited room [ROOM NUMBER] leaving the door open, performed hand hygiene with alcohol based hand sanitizer and walked down the hallway to the nurses station. The NP did not wear full PPE as required. On 6/15/2020 at 12: 28 P.M., Certified Nursing Assistant (CNA) # 1 was interviewed and said she wears a surgical mask and keeps the same short sleeve cloth johnnie on while on the second floor unit the entire shift. CNA#1 said she is able to go in and out of the all the rooms on the second floor unit, including the residents on droplet precautions to answer call lights and deliver food trays. CNA # 1 said, she only puts on full PPE when performing personal care with residents. CNA #1 said she was not aware of eye protection requirements or the doors should be kept closed as part of droplet precautions. The CNA was not aware that the johnnies need to be long sleeved.</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.