

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225594	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER BEAUMONT AT UNIVERSITY CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 378 PLANTATION STREET WORCESTER, MA 01605	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to appropriately use Personal Protective Equipment (PPE) related to COVID-19, on 1 out of 3 units. Findings include: Review of the Centers for Disease Control and Prevention (CDC) website, Conventional Capacity Strategies, indicated the CDC does not recommend double gloves when providing care to suspected or confirmed COVID-19 patients. Review of the facility's PPE Use policy, dated 7/6/20, indicated the following: Full PPE, including facemask, eye protection, gloves and gown, should be worn per Department of Public Health (DPH) and CDC guidelines for the care of any resident who is COVID-19 positive, negative, symptomatic, or quarantined. (new admissions quarantined for 14 days to monitor for signs or symptoms of COVID-19 due to exposure). During an observation and interview on the 4th floor unit (quarantine) on July 24, 2020 at 8:50 A.M., Certified Nurse Aide (CNA) #1 was exiting a resident room and was taking her gown off at the door. She told the surveyor that the process was to wear 2 pair of gloves when caring for a resident on the unit, she said she had just removed both pair and was then going to remove her gown. During an observation and interview on the same unit, on July 24, 2020 at 9:20 A.M., Nurse #1 was at the medication cart preparing to bring medications into a resident room. Nurse #1 put on a pair of gloves and a gown, donned another pair of gloves and removed the surgical mask she had on and donned an N95 and goggles that she had stored in a brown paper bag on the medication cart. She went into the resident room to administer the medications/treatment. Nurse #1 then proceeded to the doorway, removed the goggles and N95 along with outer layer of gloves. She then applied hand gel sanitizer to the inner pair of gloves before putting on the surgical mask and doffing the gown. Nurse #1 told the surveyor that it was their process to wear 2 pair of gloves. During		
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.