

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER OVERLOOK MASONIC HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 88 MASONIC HOME ROAD PO BOX 1000 CHARLTON, MA 01507	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interview, the facility failed to maintain an infection prevention and control program relative to the use of Personal Protective Equipment (PPE), designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Findings include: Review of the Massachusetts Department of Public Health (DPH) Memorandum: Update to Caring for Long-Term Care Residents during the COVID-19 Emergency, dated 4/29/20, indicated the following: -Full PPE, including facemask, eye protection, gloves and gown, should be worn per DPH and CDC guidelines for the care of any resident with known or suspected COVID-19 per Centers for Disease Control and Prevention (CDC) guidance on conservation of PPE. If any residents have confirmed COVID-19 transmission which occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. asymptomatic residents. If HCP PPE supply is limited, implement strategies to optimize PPE supply, which might include extended use of respirators, facemasks, and eye protection and limiting gown use to high-contact care activities and those where splashes and sprays are anticipated. During an entrance phone interview on 6/29/20 at 1:30 P.M., the Infection Control Nurse said the facility staffs are wearing surgical masks during their assigned work shifts. She said that full PPE is only worn when providing care for the one COVID-19 positive resident they have and the residents under surveillance. During of the a tour of the second floor long term care unit on 6/29/20 at 2:10 P.M., with Nurse Consultant, the following was observed: -A licensed nurse was at the desk using a phone, 2 Certified Nursing Assistants (CNA) were in the hallway with a charting station in close proximity to 3 residents. The CNAs had on surgical masks; the resident had no facemasks on. The Nurse Consultant said the residents on this unit were all COVID-19 negative and the staff is only required to wear surgical masks. During a second phone interview on 6/29/20 at 3:50 P.M., the Infection Control Nurse said again that full PPE was only worn to care for the one positive COVID-19 resident and those under surveillance. She also said during a previous Infecting Control Focused Survey the week before, she was informed there was a concern that staff were not wearing full PPE when caring for all residents and the facility had COVID-19 community spread. She said she had not implemented the full PPE requirement yet.</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.