

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 08/19/2020
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, interview and Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid (CMS) recommendations, and facility policies, the facility failed to implement appropriate infection control measures related to the use of personal protective equipment (PPE) after staff testing indicated two health care personnel (HCP) had tested positive in less than a week. Findings include: Review of the CMS document titled Covid Long Term Care Facility Guidance, dated 4/2/20, indicated the following: -If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE (mask, gown, eye protection, gloves) for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. Prioritize eye protection for prolonged face to face contact with a potentially infectious resident. Review of the CDC Webpage titled [MEDICAL CONDITION] 2019, Strategies for Optimizing the Supply of Eye Protection, dated 7/15/20, indicated the following: -Prioritize eye protection for selected activities such as: *During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable. On 8/19/20 at 8:28 A.M., during an interview with the Administrator, he said that on 8/13/20 and 8/14/20 two HCP had tested positive for Covid-19. On 8/19/20 at 8:30 A.M. during an interview with the Infection Control Nurse by phone, she said there were no residents with an active case of Covid-19 in the facility. Six residents were Covid recovered. She said two staff members had tested positive for Covid-19, both were Certified Nurse's Aides (CNA) and had provided direct resident care. On 8/19/20 at 10:23 A.M. the surveyor, accompanied by the Assistant Director of Nurses (ADON), observed a third floor unit. Staff were all wearing masks, but no protective eyewear. CNA #1 was observed sitting in close proximity to a resident, whom she identified as being negative for Covid 19. CNA #1 said she only uses a mask and gloves for direct resident care, even if bathing or toileting a resident. She did not use an isolation gown for any aspect of direct resident care. She did not use a gown or eyewear for any aspect of resident care. The ADON said this was the normal practice throughout the facility. On 8/19/20 at 10:36 A.M. on the third floor unit, five residents were observed in a common area. A staff member was in the same area in close proximity (less than 6 feet) to the residents with only a face mask on. The ADON said the same PPE measures, face mask and gloves only, for direct resident care was implemented. He said the residents were negative for Covid 19. On 8/19/20 at 1:30 P.M. during an interview with the ADON, he said two CNAs had tested positive for Covid 19 recently. No testing had been done for the residents yet. Staff testing was scheduled for the next two days. On 8/19/20 at 1:48 P.M. during a phone call with the Infection Control Nurse, she said the facility staff had looked at all of the residents the two Covid positive CNAs had cared for and had not observed any symptoms. She said no change had been made in PPE use for resident care since the two staff members had tested positive for Covid 19, which was currently just a mask and gloves. She said resident testing had been scheduled and would be done by the end of today, 8/19/20. Education regarding PPE use would begin right away.</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.