

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225650	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT NEW BEDFORD		STREET ADDRESS, CITY, STATE, ZIP 221 FITZGERALD DRIVE NEW BEDFORD, MA 02745	
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	<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 staff interview, the facility failed to ensure appropriate hand hygiene was performed to prevent the transmission of healthcare-associated infections (HAI) during the Covid-19 pandemic. Findings include: During the Covid-19 Focused survey completed on July 10, 2020, the surveyor was informed that there were two positive Covid-19 resident cases, eighteen residents identified as PUI (Person Under Investigation)/ Quarantine and six recovered residents. All staff were observed to be wearing full PPE (gowns, face mask, face shields and gloves) throughout the facility. On 7/10/20 at 9:20 A.M., the surveyor observed on Unit 2 (Covid-19 negative), a housekeeper cleaning a bathroom in a resident's room. The housekeeper was attired in full PPE and was cleaning the toilet rim and seat. After he/she completed the task, they left the bathroom and at the housekeeping cart removed the gloves and threw them in the trash. The housekeeper then moved the cart to the day room area, picked up a floor sign and proceeded to room [ROOM NUMBER]. Before he/she entered the room, the housekeeper put on another pair of gloves and entered the room to get the trash container. The surveyor did not observe the housekeeper perform hand hygiene after removing the soiled gloves. The surveyor asked the housekeeper about washing his/her hands, after removing the gloves used to clean the bathroom, but he/she was unable to answer due to a language barrier. During interview at 10:00 A.M. with the Infection Control Nurse, she said the housekeeping staff have all been educated on hand hygiene and the housekeeper should have washed his/her hands after removing them before moving the housekeeping cart to the next room.</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.