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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225667 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/14/2020 |
| NAME OF PROVIDER OF SUPPLIER PLEASANT BAY OF BREWSTER REHAB CENTER | | STREET ADDRESS, CITY, STATE, ZIP 383 SOUTH ORLEANS ROAD BREWSTER, MA 02631 | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and policy review, the facility failed to implement policies to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Specifically, 1. the facility failed to ensure that all healthcare personnel (HCP) were properly screened at the beginning of their shift for fever and symptoms of COVID-19, 2. failed to ensure staff performed hand hygiene immediately after touching or adjusting their facemask and eye protection to prevent contamination, and 3. failed to ensure staff adhered to standard and droplet precautions while entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital. Findings include: 1. Review of the facility's policy titled, COVID-19 Visitors/Staff Screening, dated March 14, 2020, reviewed May 31, 2020, included the following: Screening process for visitors and staff: * One designated entrance to the facility will be identified, this entrance will be used by all who enter the facility. * Prior to entering the facility, the staff/visitor will have their temperature checked and asked questions regarding symptoms and possible exposure to COVID-19. * Temperature check and questionnaire will be completed for any person re-entering the facility after leaving, even if they have just left for a quick break. On 7/14/20 at 08:13 A.M., at the designated entrance to the facility, the surveyor observed: - Registered Nurse (RN) #1 entered facility with her hands full of personal items, had her temperature checked by Certified Nursing Assistant (CNA) #1, then proceeded toward the Northeast Unit without completing the questionnaire regarding symptoms and possible exposure to COVID-19 and was not asked the questions by CNA #1, who was assigned to the screening station at the entrance to the facility. RN #1 told CNA #1 that she would be back. When RN #1 returned at 08:20 A.M., she told CNA #1 that her answers to the questionnaire were all no's. During an interview on 7/14/20 at 08:20 A.M., CNA #1 said RN #1 should have completed the screening process upon entry per the rules of the facility. During an interview on 7/14/20 at 09:10 A.M., the Administrator said the expectation is to complete the screening process upon entering the facility. 2. The Centers for Disease Control and Prevention bulletin titled, Coronavirus Disease 2019 (COVID-19), Infection Control Guidance, dated May 18, 2020 indicated the following: * Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. Review of the facility's policy titled, PPE Guidance Per Mass Department of Public Health, dated July 6, 2020, included the following: Facemasks: * HCP must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene. Eye Protection: * HCP should not touch their eye protection. If they touch or adjust their eye protection hand hygiene must be performed immediately. a. On 7/14/20 at 11:35 A.M., the following observation was made on the Northeast Unit: - CNA #2 was observed touching his facemask and goggles twice to readjust without performing hand hygiene immediately after. During an interview on 7/14/20 at 11:45 A.M., the surveyor asked CNA #2 what the policy was for touching or readjusting his facemask and goggles. CNA #2 said he cannot touch them, but if he does, he needs to wash his hands right after. b. On 7/14/20 at 12:30 P.M. on the second floor, which was a mixed unit of COVID negative residents and three COVID positive residents, the surveyor observed: - Unit Manager (UM) #1 was observed touching the front of her facemask with her bare hand and did not perform hand hygiene immediately after. During an interview on 7/14/20 at 12:35 P.M., the surveyor asked UM #1 what the policy was for touching or readjusting her facemask. UM #1 said the expectation was to wash her hands right after. 3. Review of the facility's policy titled, PPE Guidance Per Mass Department of Public Health, dated July 6, 2020, included the following: Isolation Gowns: * Gowns should be prioritized for the following activities: * Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. Review of the facility's policy titled, PPE for COVID-19 Negative, Positive and Recovered Residents, dated July 1, 2020, included the following: * The resident that tests negative for COVID-19 requires mask and eye protection for indirect care and full PPE including precaution gown for close personal care. * The resident on 14-day quarantine requires full PPE. On 7/14/20 at 11:50 A.M., on the Southwest Unit, High side, which housed 13 quarantine rooms designated to residents who were under investigation related to a recent admission from the hospital, the surveyor observed the following: - Licensed Practical Nurse (LPN) #1 was observed inside a quarantine room performing a dressing change with her goggles resting on top of her head and she was not wearing a gown. During an interview on 7/14/20 at 12:00 P.M., the surveyor asked LPN #1 what personal protective equipment (PPE) was needed to enter the quarantine room. LPN #1 said full PPE, but that the resident had completed the 14-day quarantine that day so it was only needed for personal care. When the surveyor asked LPN #1 if the dressing change she was performing was considered personal care, she responded yes and that a gown should have been worn. LPN #1 said she was not wearing eye protection because her goggles fogged up so she lifted them to the top of her head so she could see. During an interview on 7/14/20 at 1:15 P.M., the Assistant Director of Nursing Services (ADNS) said that when touching or adjusting a facemask and/or eye protection the expectation is to perform hand hygiene immediately after, and that full PPE is required for quarantine residents including a precaution gown for close personal care which includes changing a resident's dressing.</p> | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.