

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225688</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SEA VIEW CONVALESCENT AND NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>50 MANSION DRIVE ROWLEY, MA 01969</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure staff properly implemented the use of Personal Protective Equipment (PPE) while providing care for residents negative for COVID-19 ([MEDICAL CONDITION] causing respiratory illness), increasing the risk for transmission of COVID-19. Findings include: 1. On 8/17/2020 at 8:08 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 on the second-floor unit day room feeding a resident. CNA #1 had her facemask down, off her face and underneath her chin. On 8/17/2020 at 8:13 A.M., the surveyor observed CNA #1 pull her facemask up from under her chin, only covering her mouth but not her nose while feeding a resident in the day room. On 8/17/2020 at 8:29 A.M., the surveyor observed CNA #1 in the day room with 4 residents. Her mask was off her face and underneath her chin, not covering her mouth and nose; she was eating at this time. Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated healthcare personnel should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. During an interview on 8/17/2020 at 8:45 A.M., CNA #1 said she should not have removed her facemask from her mouth and nose in the resident day room or in any resident area. During an interview on 8/17/2020 at 11:10 A.M., the Director of Nursing said staff should not remove their masks when in resident areas to prevent the risk for transmission of COVID-19. 2. On 8/17/2020 at 8:08 A.M., the surveyor observed CNA #1 feeding residents in the second-floor day room, she did not have eye protection on. On 8/17/2020 at 8:31 A.M., the surveyor observed CNA #2 on the second-floor unit readjusting a resident in room [ROOM NUMBER], the CNA had a facemask on but did not have eye protection on. On 8/17/2020 at 8:35 A.M., the surveyor observed CNA #3 on the second-floor unit, she was in room [ROOM NUMBER] with a resident and was not wearing eye protection. On 8/17/2020 at 9:08 A.M., the surveyor observed Nurse #1 on the second-floor unit, he did not have eye protection on. Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated healthcare personnel should wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. During an interview on 8/17/2020 at 9:10 A.M., Nurse #1 said staff only wear eye protection if they are caring for residents suspected for COVID-19 or positive for COVID-19. During an interview on 8/17/2020 at 11:10 A.M., the Director of Nursing said staff are not wearing eye protection while caring for residents that have been negative for COVID-19 and never had [MEDICAL CONDITION]. She said the staff were not aware of the PPE recommendations for eye protection for the care of residents negative for COVID-19.</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.