

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225718	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER HANCOCK PARK REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 164 PARKINGWAY QUINCY, MA 02169	
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>Based on observations, staff interviews, review of the facility's infection control policies based on Centers for Disease Control (CDC) and Department of Public Health (DPH) guidance, the facility failed to ensure staff implemented proper infection control and prevention practices. The facility failed to ensure that five of five healthcare personnel (HCP) followed policies and procedures for appropriate use of PPE (personal protective equipment) while caring for residents on quarantine precautions and identified as patients under investigation (PUI) for COVID-19, to prevent the potential for transmission and spread of COVID-19 on one of six units. The facility had a census of 105 residents, seven of whom were quarantined on the 5 East Unit. Findings include: Review of the facility's policy, Infection Prevention and Control Guidelines for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV-2) or Persons Suspected for 2019-nCoV-2, last reviewed 8/3/20, included the following: -The CDC recommended guidelines for infection control practices related to the newly identified Corona 2019 will be followed; policies were derived from initial guidance from CDC, CMS, and Department of Public Health (DPH). Refer to updated long term care guidelines for additional clarification when needed. -New and readmissions to the facility will be considered PUI status for 14 days post admission. -Staff who enter a PUI room will follow standard, contact, and special droplet precautions with eye protection until further direction from the health department; precaution supplies such as masks, N95, face shields, goggles and gowns: facility will follow the extended use CDC guidelines. Review of the CDC's Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, included the following: - Implement strategies to optimize current PPE supply even before shortages occur, including bundling resident care and treatment activities to minimize entries into resident rooms. -Additional strategies might include: Extended use of respirators, facemasks, and eye protection, which refers to the practice of wearing the same respirator or facemask and eye protection for the care of more than one resident (e.g., for an entire shift). Review of the DPH Memorandum, Comprehensive Personal Protective Equipment (PPE) Guidance, dated July 6, 2020, included the following: -DPH recommends that a N95 filtering facepiece respirator or higher, eye protection, isolation gown and gloves be used when caring for an individual who is presumed or confirmed to be infected with COVID-19. During interviews at 7:55 A.M. and 12:10 P.M., the Infection Control Preventionist (IP), and Director of Nursing (DON), said the 5 East Unit was a Quarantine/PUI unit and said that staff working on that unit are to wear full PPE when providing care to residents which included gloves, gown, eye protection, and N95/K95 masks. The IP said that they have plenty of all required PPE, and are not utilizing a conservation strategy. During observation and interview on the 5 East Unit at 9:16 A.M., Certified Nursing Assistant (CNA) #1 said that the unit was made up of seven residents on quarantine, and staff must wear full PPE upon entering each room. CNA #1 was observed to be wearing a respirator mask covered by a surgical mask (double masking). CNA #2 was observed walking down the hallway wearing two surgical masks, one layered on top of the other, and not wearing a respirator mask. Basic Infection Control Precautions does not include wearing two masks as the top layer, when being removed, has increased risk of contaminating the bottom layer. At 9:25 A.M., the surveyor observed Unit Manager #1 wearing a respirator mask covered by a surgical mask (double masking). She said that all staff on the unit wear a new surgical masks over the KN95s every day, and dispose of the K95 at the end of the week, or sooner if they become dirty. At 9:27 A.M., CNA #2 was observed to emerge from a hallway pushing Resident #1 in a wheelchair down the hall to his/her room, then closed the door. Unit Manager #1 said CNA #2 wore two surgical masks and not a N95/K95 respirator when providing care to the PUI resident, and she said she was not sure. At 9:29 A.M., CNA #2 was observed to emerge from Resident #1's room wearing two surgical masks, and no N95/K95 respirator. At 9:30 A.M., the surveyor observed Nurse #1 standing at the medication cart wearing a respirator mask covered by a surgical mask (double masking). At 10:15 A.M., the surveyor observed Rehab staff #1 emerge from a resident's room, and was wearing a respirator mask covered by a surgical mask (double masking). The Rehab staff said that she had just worked with a newly admitted resident in his/her room. At 10:17 A.M., the surveyor observed CNA #2 open the door to Resident #2's room, look up and down the hallway, and then close the door. The CNA was again observed to be wearing two surgical masks, and no N95/KN95. During interview at 1:23 P.M., the Administrator provided the surveyor with PPE inventory documentation, and the facility's burn rate spreadsheet. He said that there is a stockpile of PPE supplies at a corporate facility in Braintree, MA. Review of the facility's on-hand PPE Inventory, last updated 9/9/20, indicated that the facility had 5,420 N95 respirator masks in the facility. During interview at 2:15 P.M., the IP, DON, and Administrator said that CNA #2 should have worn a N95/KN95 and not two surgical masks. The Administrator said that staff on the 5 East Unit were wearing a surgical mask over the respirator mask was to conserve the N95/K95 masks. CDC guidance dated August 7, 2020 indicates proper use of N95 and does not indicate the use of a surgical mask over an N 95.</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.