

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225727	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER BEAUMONT REHAB & SKILLED NURSING CTR - NATICK		STREET ADDRESS, CITY, STATE, ZIP 3 VISION DRIVE NATICK, MA 01760	
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>Based on observation and interview, the facility staff failed to follow infection control protocol by not changing gloves while disposing of soiled linen and after interacting with residents on 2 of 2 units. Findings include: Review of the Centers for Disease Control (CDC) Guidelines for Hand Hygiene in Health-Care Settings, dated 10/25/02 (https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf) indicated the following: Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients. Review of the CDC's Linen and Laundry Management Guidance dated May 27 2020, (https://www.cdc.gov/hai/prevent/resource-limited/laundry.html) indicated the following: Place soiled linen into a clearly labeled, leak-proof container (e.g., bag, bucket) in the patient care area. Do not transport soiled linen by hand outside the specific patient care area from where it was removed. On 6/23/20 at 8:58 A.M., the surveyor made observations on the (NAME) Unit. The surveyor observed an aide leave a resident's room wearing gloves and holding soiled linen in both of his hands. The aide then placed the soiled linen in a cart and moved on to another task without changing his gloves or performing hand hygiene. On 6/23/20 at 9:15 A.M., the surveyor made observations on the (NAME) Unit. The surveyor observed an aide exit a resident's room wearing two pairs of gloves, enter the kitchen area, open the door to the refrigerator (thus contaminating the refrigerator handle) obtain a beverage from the refrigerator and return to the resident's room. At 9:20 A.M. the surveyor observed another aide on the Eliot Unit exit a resident's room wearing gloves holding a resident's breakfast tray. The aide threw away the tray and removed her gloves in the hallway and held them in her hands, thus contaminating her hands. The aide then entered the residents room without throwing away the contaminated gloves, performing hand hygiene or donning new gloves. During an interview with Unit Manager #1 on 6/23/20 at 9:25 A.M., she said that staff should be changing their gloves and washing their hands after every interaction with a resident, and after leaving a resident's room to prevent the potential spread communicable diseases.</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.