

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225784</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEW ENGLAND SINAI HOSPITAL TRANSITIONAL CARE UNIT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>150 YORK STREET STOUGHTON, MA 02072</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, policy review, and staff interview, the facility failed to ensure that procedures for screening employees and others for Covid 19, prior to entering the facility, were conducted by a dedicated staff member, who was solely responsible for conducting the facility's screening and documenting of all persons entering the facility, in order to prevent the transmission and spread of Covid 19 in the facility. Findings include: The Centers for Disease Control and Prevention (CDC) updated April 13, 2020 indicate facilities should screen everyone entering the facility be screened for fever and symptoms of Covid-19 before entering the facility. A Covid-19 Focused survey was conducted on 6/26/20. The following observations were made regarding the screening of employees entering the facility: Upon entering the facility on 6/26/20 at 7:00 A.M., the surveyor observed employees entering the main entrance to the facility. Each employee waved their identification badges so that the receptionist could see it. The receptionist acknowledged the employee who was then allowed access to the facility via a buzzer that opened the locked door. The facility policy titled Covid-19 Source Control, last revised 6/11/20, indicated that; Everyone entering the facility will be screened for Covid-19 symptoms. Temperature should be taken when possible. According to the policy, The screening question for Covid-19 include: cough, shortness of breath, or difficulty breathing, fever, chills, repeated shaking with chills, sore throat, muscle pain, headache, or new loss of taste or smell. None of the employees who were observed reporting to work were screened for the Covid-19 virus prior to entering the facility. The employees entered the facility and reported to their respective work areas. The Administrator and Director of Nursing of the TCU (Transitional Care Unit) were interviewed on 6/26/20 at 11:30 A.M. regarding the screening process for the Covid-19 virus of employees prior to reporting for work. Both the Administrator and Director of Nursing said that staff of the TCU screened themselves when they reported to the unit, checked their temperature, answered the pertinent questions related to Covid-19 exposure, and documented the information in a log book kept on the TCU. At the exit interview on 6/26/20 at 2:45 P.M., the Hospital President, Administrator, Director of Nursing, and Infection Preventionist were informed of the surveyor's concern regarding the facility's present Covid-19 screening practice. The surveyor explained that the practice of having the employees screen themselves at their work locations was not in compliance with Center for Disease Control and Prevention's guidance. The staff who were present at the exit interview, agreed that screening of employees for Covid-19 should occur prior to allowing staff to enter the facility. . They all acknowledged the potential for an employee to report to their work area without having first been screened, and the potential for that employee transmitting the Covid-19 virus to residents and other staff.</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.