

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER HIBBARD SKILLED NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1037 WEST MAIN STREET DOVER FOXCROFT, ME 04426	
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	Provide and implement an infection prevention and control program. Based on observation, interviews and policy review, the facility failed to ensure staff were wearing their Personal Protective Equipment (PPE) while in the facility and the facility failed to follow Center for Medicare and Medicaid Services (CMS) recommendations and their facility Staff Screening Policy and Procedure for their employees reporting to work. On 1 of 1 days of survey (6/24/20). Finding: The Facility Staff Screening Policy and Procedure, dated May 26, 2020, on page 1 under the heading Purpose indicates any employee entering the building will be screened prior to entering. CMS's COVID-19 Long-Term Care Facility Guidance, dated April 2, 2020, under number 3, indicates Long-term care facilities should immediately implement symptom screening for all and directs that Facilities should limit access points and ensure that all accessible entrances have a screening station. On 6/24/20 at 10:45 a.m., a surveyor observed a staff member without a mask or face shield enter onto the TraMel Unit. The Certified Nursing Assistant (Cna) walked to the nurses' station and began her self-screen when she was approached by another staff member who told her to put on a face mask. The Cna continued to self-screen when she was told a second time to go get her mask and put it on; the Cna then stated yes, I have one in my car. The staff person then told the Cna that she needed to go get her mask on. The surveyor observed the Cna leaving the TraMel Unit. On 6/24/20 at 11:24 a.m., a surveyor confirmed the above finding during an interview with the Infection Control Nurse and the Administrator who explained they had been made aware the staff member did not have a mask or shield on while completing their screening at the TraMel Nurses station. A surveyor then asked what the facility's process for staff screening was, they indicated that staff enter through the back-door downstairs. Staff are allowed to keep their PPE in their locker or in the conference room, they are to get their PPE and come upstairs to the TraMel Nurses station and self-screen. The TraMel charge nurse is responsible for overseeing if there are any concerns.		

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.