

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVERCREST LONG TERM CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>DEACONESS ROAD W CONCORD, MA 01742</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview the facility failed to ensure that (1.) A Housekeeper followed appropriate infection control practices after touching contaminated surfaces and (2.) Two Certified Nursing Assistants (CNA#1 and CNA#2) followed appropriate infection control practices to avoid the potential spread of COVID-19 after providing resident care. Findings include: The facility policy titled Handwashing/Hand Hygiene, undated, indicated: * All personnel shall follow the handwashing /hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. * Handwashing before and after direct contact with residents, after handling contaminated equipment , after contact with objects (i.e. medical equipment) in the immediate vicinity of the resident, before and after entering isolation precaution settings. * The use of gloves does not replace handwashing/hand hygiene. Integration of glove use along with with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. * Single use disposable gloves should be used when in contact with a resident, or the equipment of a resident, who is on contact precautions. * When using gloves discard used gloves into the waste receptacle inside the examination or treatment room. On 7/7/20 at 6:55 A.M., the surveyor entered the facility's long term care unit. Three staff were observed in the hallway, one wearing no gloves, and two of the staff were wearing gloves on each hand. On 7/7/20 at 7:20 A.M., the surveyor observed a housekeeper exit the elevator on to the unit, wearing a glove on each hand and pushing an empty linen cart. He pushed the cart to the dirty utility room and without performing hand hygiene, used a gloved hand to enter the code on the keypad to unlock the door, potentially contaminating the keypad. The surveyor observed the housekeeper place the empty cart into the dirty utility room and without performing hand hygiene exit the dirty utility room with both hands still in the same gloves. He then walked to the elevator and without performing hand hygiene pressed the button to call the elevator, potentially contaminating the elevator button. When the elevator arrived, he stepped on to the elevator and then immediately pressed an elevator button to prevent the doors from closing and stepped off, potentially contaminating the elevator's inside button as well. Without performing hand hygiene, the surveyor observed the housekeeper walk to a precaution room, where a resident was on a 14 day quarantine and droplet precautions to rule out having had COVID-19. Without performing hand hygiene, the housekeeper used the same gloved hands to open a bin outside the resident's room containing Personal Protective Equipment (PPE), potentially contaminating the bin and PPE inside. On 7/7/20 at 7:25 A.M., the surveyor observed the same housekeeper, without performing hand hygiene, walk down the hall to a second room where another resident was on a 14 day quarantine and droplet precautions to rule out having had COVID-19. Without performing hand hygiene, the housekeeper used the same gloved hands to open the bin outside the resident's room containing PPE, potentially contaminating the bin and PPE inside. On 7/7/20 at 7:28 A.M., the surveyor observed a Certified Nursing Assistant (CNA #1) walking down the hall, wearing a glove on each hand, carrying clean towels in her left hand and a bag of soiled linen in the right hand. The surveyor observed CNA #1, without performing hand hygiene, use her right gloved hand to enter the code in the keypad to open the dirty utility room. She then used her foot to prop open the door, used the same gloved hand to open a laundry chute and deposit the bag of dirty linen into the chute. The surveyor then observed CNA #1 exit the dirty utility room without performing hand hygiene, wearing the gloves on each hand, carrying the clean towels and begin to walk down the hall. CNA #1 observed the surveyor, turned around and re-entered the dirty utility room, deposited the towels, removed the potentially contaminated gloves and perform hand hygiene. CNA #1 did not clean the keypad or door handle, both of which were potentially contaminated by the gloved hand. On 7/7/20 at 7:40 A.M., the surveyor observed a male nurse (Nurse # 1) exit room [ROOM NUMBER] , wearing a glove on each hand, and carrying medication items. As the Nurse #1 began to walk down the hall he viewed the surveyor, turned around and returned to the room. The nurse, without performing hand hygiene, used the right gloved hand to open the door and reentered room [ROOM NUMBER]. When the nurse re-exited room [ROOM NUMBER] he was not wearing gloves, or carrying items, however he did not clean the door handle he had touched with the gloved hand, potentially leaving the door handle contaminated. On 7/7/20 at 8:06 A.M., the surveyor observed CNA #2 standing in the hallway outside room [ROOM NUMBER]. CNA #2 had a glove on both hands, as she leaned against the wall, watching the TV in a nearby room. After a minute CNA #45, without performing hand hygiene, opened the door to room [ROOM NUMBER], potentially contaminating the door handle. On 7/7/20 at 8:26 A.M., the surveyor observed CNA #2 exit room [ROOM NUMBER], wearing a glove on each hand. CNA #2 walked to the clean utility closet and without performing hand hygiene opened the door, potentially contaminating the door handle. CNA #2 retrieved towels from the closet and without performing hand hygiene returned to room [ROOM NUMBER] and shut the door behind herself, potentially contaminating the door surface. On 7/7/20 at 8:44 A.M., the surveyor observed CNA #2 exit room [ROOM NUMBER] wearing a glove on each hand. The surveyor approached CNA #2 who said that she should not be wearing gloves in the hallway at any time. She acknowledged that she had done so and said it was a mistake. During an interview with the facility's infection control nurse/staff educator on 7/7/20 at 9:12 A.M., she said that staff should absolutely not be wearing gloves in the hall way at any time. She said that both the housekeeper and CNA # 1 and 2 all had been educated about the risk of contaminating the environment and had been instructed to remove gloves inside of rooms and to perform hand hygiene prior to returning to the hallway, particularly given the COVID-19 pandemic. During an interview with the Director of Nursing and facility Administrator on 7/7/20 at 9:51 A.M., both indicated that the staff were required to remove gloves and perform hand hygiene prior to exiting a room.</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.