

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225194</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REVOLUTION KIMWELL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>495 NEW BOSTON ROAD FALL RIVER, MA 02720</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, staff interviews, and facility policy based on Center for Disease Control Guidelines for COVID-19, the facility failed to implement their policy and procedure for appropriate use of approved personal protective equipment (PPE) for staff who enter the facility to prevent possible spread of infection, and failed to implement a 14 day quarantine for a resident readmitted from the hospital. Findings include: Review of the facility policy titled, COVID-19, last revised 3/14/20, and COVID-19 Admissions, last revised 6/1/20, indicated the following: -If a resident is confirmed as having COVID-19, immediately contact the local health department -Room assignment: New admission should be placed on droplet and isolation precautions for 14 days -New admissions can cohort with other residents who are recent admissions, within 5 days and within their 14 days of isolation -Residents can be transferred to a non-COVID area of the building at the end of the 14- day period if they remain afebrile and asymptomatic during this time During observation on the first floor unit at 8:15 A.M., Nurse #1 was observed at a medication cart. The nurse was wearing full PPE, except for eye protection (goggles) which were resting on top of her head. At 8:20 A.M., CNA (certified nursing assistant) #1 was observed to be carrying a meal tray to a resident's room with gloved hands. Moments later when she emerged from the resident's room, she removed her gloves, and proceeded to immediately put on a new pair of gloves without performing hand hygiene before doing so. The surveyor reminded her that she needed to either wash her hands or use alcohol based hand rub (ABHR) prior to donning new gloves. The CNA responded, okay, and proceeded into the dining room and provided hands on assistance to a resident with repositioning in their wheelchair without performing hand hygiene. At 8:25 A.M., CNA #1 and CNA #3 were observed to don a surgical gown over gowns already being worn (double gowning), then enter a resident's room. Unit Manager #1 said that the yellow precaution set up hanging on the door indicated that a resident in the room required precautions other those required for COVID-19. During observation of the second floor unit at 8:30 A.M., Nurse #2 was observed walking in the unit hallway wearing a mask, gown, and eye glasses. The nurse said that she knew eye glasses were not considered PPE. She said she had protective goggles downstairs in her office, and should be wearing them. During observation of the third floor unit at 8:45 A.M., a resident was observed to propel him/herself down the hallway without wearing a mask. The resident approached the surveyor and Unit Manager #2 and engaged in conversation. The unit manager did not ask the resident to wear a mask when outside of his/her room, until prompted by the surveyor. She asked the resident where his/her mask was, and the resident replied that coffee had been spilled on it. The unit manager brought the resident a new mask, which he/she willingly put on. During interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) at 9:10 A.M., they said that all staff were to wear full PPE (goggles/face shield, N95, gown, gloves) in the building. She said that they will not decrease the level of PPE usage in the building until they are two weeks COVID-19 free, and they are not at that point yet. During subsequent interview with the DON at 10:42 A.M., she said that a resident was sent out to the hospital for a [MEDICAL CONDITION], tested positive for COVID-19 while in the hospital on [DATE], and returned to the facility on [DATE]. The resident was readmitted to a private room, but was returned to his/her room (shared with 2 other residents, 1 of which had never tested positive for COVID-19) on 7/8/20, 5 days after being readmitted from the hospital, and not 14 days from the onset of symptoms and 72 hours free of symptoms. The DON said that she did not report the new positive case of COVID-19 to the local Board of Health as required.</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.