

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER MAPLEWOOD REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 6 MORRILL PLACE AMESBURY, MA 01913	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to maintain infection control standards to prevent the further spread of COVID -19 in the facility. Findings include: During an interview on 6/17/20, at 11:00 A.M., the Director of Nursing said that the facility had current residents that were COVID-19 positive and there had been community spread. The Director of Nursing said that all staff were to be wearing full personal protective equipment (PPE) which included gloves, masks, gowns, and eye shields. During observation of the 2nd floor unit on 6/17/20, at 11:42 A.M., the surveyor observed Nurse #1 enter room [ROOM NUMBER] without gloves on, carrying a glass of water and a souffle cup of medications. Nurse #1 was then observed to administer the medications to the resident. During an interview on 6/17/20, at 11:44 A.M. Nurse #1 said that she should have had gloves on. During an observation of the 2nd floor unit on 6/17/20, beginning at 11:44 A.M., the surveyor observed Certified Nurse's Aid (CNA) #1 enter rooms # 215 and then room [ROOM NUMBER], each time without gloves on. In room [ROOM NUMBER] CNA #1 patted a resident's arm without gloves on, while in room [ROOM NUMBER] CNA #1 was observed to carry in clean linen without wearing gloves and place the linen on a resident's chair. At 12:02 P.M., CNA #1 was observed to enter room [ROOM NUMBER] and was touching several of the residents belongings without gloves on. During an interview on 6/17/20, at 12:05 P.M., CNA #1 said that she should be wearing gloves any time she enters a resident's room. During an observation of the 2nd floor unit on 6/17/20, at 11:48 A.M., the surveyor observed Nurse Practitioner #1 in the hallway physically redirecting a resident without gloves on, touching the resident multiple times and then enter another resident's room without performing hand hygiene (HH) or donning gloves. During observation of the 1st floor unit on 6/17/20, at 12:10 P.M. the surveyor observed multiple staff members passing out food trays going in and out through a set of closed double doors which were used to separate the COVID-19 quarantine unit from the COVID-19 negative unit without changing personal protective equipment (PPE). The surveyor also observed that the right side of the double doors did not close all the way, leaving an approximately 18 inch opening. On 6/17/20, at 12:13 P.M. Nurse #2 said that the doors were supposed to close automatically and did not notice when she had passed through the doors that one side was not closing properly. Review of the facility policy titled Infection Control indicated that full PPE included the use of mask, gloves, gown and eye protection.</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.