

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HOLYOKE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>282 CABOT STREET HOLYOKE, MA 01040</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, policy review and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to proper donning of Personal Protective Equipment (PPE), on one of three units. Findings include: During an observation on the Fourth Floor Unit on 8/25/20 at 9:00 A.M., the Rehab Manager donned an isolation gown. She covered the top of each gloved hand with the cuff of the gown and entered a resident's room. Review of the facility Donning and Doffing Personal Protective Equipment (PPE)-COVID-19 Policy, undated, included to: -Don isolation gown and secure all ties . -Apply gloves, covering the cuffs of the gown During an interview on 8/25/20 at 10:15 A.M., the Infection Preventionist (IP) said the proper way to don an isolation gown is to place the gloves over the cuffs of the gown. She further said the Rehab Manager did not don the PPE, as required.		

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.