

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT NORTHAMPTON		STREET ADDRESS, CITY, STATE, ZIP 548 ELM STREET NORTHAMPTON, MA 01060	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review and interview, the facility failed to maintain an infection prevention and control program relative to hand hygiene and personal protective equipment (PPE) signage, designed to help prevent the development and transmission of communicable diseases, infections and/or the COVID-19 virus. Findings include: Review of the facility's Coronavirus Disease (COVID-19)-Infection Prevention and Control Measures policy, dated 5/19/20, indicated the following: -While in the building, personnel are required to strictly adhere to established infection prevention and control policies including (but not limited to) hand hygiene. -Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g. outside of a resident's room, wing, or facility-wide). Review of the facility's PPE-Contingency and Crisis Use of Facemasks (COVID-19 Outbreak) policy, dated April 2020, indicated the following: -Implemented extended use of facemasks; Do not touch facemask while wearing it. If mask is touched and adjusted at any time, hand hygiene must be performed immediately. Review of the Centers for Disease Prevention and Control (CDC) website; Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease (COVID-19) Pandemic, dated 7/15/20, indicated the following: -Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility. Post visual alerts (signs, posters) at the entrance and in strategic places. Review of the Centers for Disease Prevention and Control (CDC) website for Hand Hygiene in Healthcare Settings, undated, indicated the following: HCP should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. During an interview on 9/2/20 at 7:45 A.M., the administrator said the facility had one COVID-19 positive resident and no COVID-19 positive staff members. He said the COVID positive resident was isolated in a room in a dedicated area on the 2nd floor. He said the 3rd floor was where new admissions were quarantined for 14 days in private rooms. During a tour of the facility's 2 resident care floors on 9/2/20 between 8:35 A.M. and 9:45 A.M. with the assistant director of nurses (ADON), the following was observed: Second floor (COVID-19 negative and recovered residents, and one COVID-19 positive resident) -Rooms 200, 206, 217 and 240 all had at least one COVID-19 negative resident residing in the room. There was no PPE or precaution signage posted outside or near doorways. The ADON said there should have been signs posted outside each of these rooms. -Nurse #1 was observed standing outside of a resident room with the medication cart. While speaking to the surveyor, she was observed touching and adjusting her facemask with her bare hand. She did not doff the mask; perform hand hygiene and/or don a clean mask. -Housekeeper #1 was observed in the hallway and was wearing a facemask. He was observed touching and adjusting the facemask. He did not doff the mask, perform hand hygiene and/or don a new mask. He remained on the unit and was working. Third floor (Quarantined residents) -A face shield was observed resting on the handrail outside of room [ROOM NUMBER]. Additionally in room [ROOM NUMBER], there were 2 more face shields on a piece of furniture just inside the doorway. The ADON said they should not have been left there and was unsure if they were clean or dirty. He said a quarantined resident resided in this room along with a recovered resident. -Nurse #2 was standing at the medication cart near the nurse's station. She was observed touching and adjusting her facemask with her bare hand while talking to the surveyor. She did not doff the mask; perform hand hygiene and/or don a new mask. She continued to work at the medication cart. During an interview on 9/2/20 at 12:25 P.M., facility's staff education nurse said all the facility's COVID-19 infection control policies reference the CDC's infection control guidance. She said staff should not have been touching their facemasks and hand hygiene should have been performed. She said the facility's policy indicated that precaution/PPE signage should be outside of resident's room. She said this would ensure the proper PPE use for the resident in each room. She said signs would be re-posted outside of the 4 rooms on the second floor without them. During an interview on 9/2/20 at 1:10 P.M., the director of nurses, the staff educator and the administrator said staff would need to be re-educated on hand hygiene and proper infection control practices. They said this would help the facility's residents and staff minimize a reoccurrence of the COVID-19 virus.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.