

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER PORT HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 6 HALE STREET NEWBURYPORT, MA 01950	
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 and interview the facility failed to ensure laboratory services followed appropriate infection control practices to avoid the potential spread of COVID-19 after obtaining a resident blood sample. Findings include: On 8/13/20 at 7:25 A.M., the surveyor observed Laboratory Tech #1 in room [ROOM NUMBER] at the bedside of a resident by the window. There was a sign on the door indicating that the residents in the room were on quarantine and that all staff who enter the room were to don Personal Protective Equipment including a gown. The surveyor observed Laboratory Tech #1 was not wearing a gown. Laboratory Tech #1 then exited room [ROOM NUMBER] without performing hand hygiene, walked to the nurses station and placed a basket with the resident's blood sample in it on the nurses station along with some paperwork. Laboratory Tech #1 then began speaking with Unit Manager #1 and then performed hand hygiene using hand sanitizer on the medication cart. During an interview with Laboratory Tech #1 on 8/13/20 at 7:30 A.M., she said that she drew a blood sample from the resident in the bed by the window in room [ROOM NUMBER] and that she did not wear a gown. Laboratory Tech #1 said that she did not know she needed to wear a gown while in room [ROOM NUMBER]. She said she did not see the sign on the door and that she should have worn a gown.</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.