

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF THE SOUTH SHORE		STREET ADDRESS, CITY, STATE, ZIP 309 DRIFTWAY BOX 830 SCITUATE, MA 02066	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and staff interviews, the facility failed to properly don facemasks, instead staff donned an N95 and placed a surgical mask over that, increasing the risk of contamination. Findings include: On 8/13/2020 at 8:10 A.M., the Director of Nurses was interviewed and said that the expectation for PPE (personal protective equipment) for staff was as follows: All employees are to wear an N95 mask (if tolerated) or a surgical mask, as well as face shield or goggles, gown and gloves when providing care to Residents with negative COVID status or for those Residents in quarantine. When caring for Residents with a recovered COVID status, staff could wear a face mask and goggles. On 8/13/2020 the surveyor made the following observations: -At 9:00 A.M., in the hallway outside the conference room, the surveyor observed the diet tech wearing an N95 mask that was covered with a surgical mask. -At 10:00 A.M., nurse #1 and nurse #2 were in the hallway of the quarantine unit preparing medication by the medication cart. Both nurses were wearing an N95 mask that was covered with a surgical mask. At 10:05 A.M. nurse #1 was interviewed and said that she wears the surgical mask over the N95 to keep it clean, since they were provided with a new mask every Friday. She did not identify if there was a PPE shortage. -At 10:30 A.M. the Infection Control Nurse entered the conference room to discuss staff education and it was observed that she was wearing an N95 mask covered with a surgical mask. The Infection Control Nurse said staff are provided with one (1) N95 mask a week and the use of the surgical mask could ensure that the N95 mask remained clean until Friday. The Infection Control Nurse said that if staff felt that their mask became soiled, the facility would provide the them with a new N95 mask because of adequate supplies. The Infection Control Nurse said it is the policy of Life Care Centers of America that all staff wear N95 masks when in patient care areas. Kitchen and laundry staff may don surgical masks when in the kitchen or laundry area, but must change to an N95 mask when in patient care areas. Review of the facility policy Coronavirus (COVID 19) ([DIAGNOSES REDACTED]-CoV-2) updated 7/28/2020, (page 23) indicated to avoid risking self contamination, Healthcare Personnel (HCP) should consider continuing to wear their respirator or facemask. The policy also indicated the because face masks or respirators can become saturated with respiratory secretions, care should be taken to prevent self contamination. They should be changed if they become soiled, damp, or hard to breathe through, and hand hygiene should be performed immediately before and after any contact with the face mask or respirator. Review of the CDC guidance titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated that HCP should wear a mask at all times while they are at the healthcare facility. Further review of the CDC guidance titled Using Personal Protective Equipment (PPE) updated July 14, 2020, indicated to don either an N95 mask or a facemask. It did not instruct HCP to wear (don) both masks at the same time. Review of facility education dated the week of 7/16/2020, indicated that We must continue to optimize the supply of N95 masks that we have. To keep it clean you can wear a surgical mask under it or over it. The in-service also highlighted the facility policy (page 10) indicating when caring for a Resident under observation which includes use of an N95 or higher level respirator (or facemask if a respirator is not available), eye protection, gloves and gown. Additionally, the inservice identified (page 23) of the facility policy Because facemasks or respirators can become saturated with respiratory secretions, care should be taken to prevent self contamination. They should be changed if they become soiled, damp, or hard to breathe through, and hand hygiene should be performed immediately before and after any contact with the face mask or respirator. There was no documented evidence in the facility policy that specified or instructed staff to don two masks at the same time. On 8/13/2020 at 12:30 P.M., the Director of Nurses was interviewed and said that she would discontinue the practice of staff wearing two masks immediately, but was unable to provide the surveyor the reason why the four staff members observed by the surveyor that day were wearing two masks. On 8/13/2020 at 1:30 P.M. the Administrator was interviewed and said that there was a policy dated 5/28/2020 that was initiated at the facility to help conserve PPE, however he said that there was currently an adequate supply of N95 masks at the facility. The Administrator provided the surveyor with a list of the most current inventory of PPE which was located at the facility. Review of the PPE inventory list indicated that there were 27 cases of N95 masks available at the facility.</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.