

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER GOVERNORS CENTER		STREET ADDRESS, CITY, STATE, ZIP 66 BROAD STREET WESTFIELD, MA 01085	
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	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to ensure infection control practices were adhered to relative to Transmission Based Precautions for residents under quarantine for COVID-19 monitoring. Findings include: Review of the Centers for Disease Control and Prevention (CDC) guidance entitled Coronavirus Disease 2019 (COVID-19), updated 6/19/20, indicated the following: -Re-evaluate admitted patients for signs and symptoms of COVID-19 -Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Health Care Personnel (HCP) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Review of the facility policy entitled Isolation Precautions-Categories of Transmission-Based Infections, dated 5/2020, indicated the following: - Gloves and Handwashing (1) While caring for a resident, change gloves after having contact with infective material (for example, fecal material and wound drainage). (2) Remove gloves before leaving the room and wash hands with an antimicrobial agent or a waterless antiseptic agent. (3) After removing gloves and washing hands, do not touch potentially contaminated environmental surfaces or items in the resident's room. - Gown (1) In addition to wearing a gown as outlined under Standard Precautions, wear a gown (clean, nonsterile) for interactions that may involve contact with the resident or potentially contaminated items in the resident's environment. Remove the gown and perform hand hygiene before leaving the resident's environment. (2) After removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces. -If on droplet precautions, wear a mask if within 10 feet of the resident During a tour of the facility on 6/17/20 with the Director of Nurses (DON) from 11:30 A.M. until 2:00 P.M., the following was observed: -Numerous staff walking in the hallway of the dedicated Quarantine/COVID-19 Positive recovered step down unit with PPE in place (gown, face shield and face mask). During an interview with the DON at this time, the surveyor inquired about when PPE was donned/doffed on this unit. The DON said that the facility staff do not change PPE (gowns, masks, face shields) when working between residents on Quarantine and/or COVID-19 positive but recovered residents. She said the new admissions have a negative COVID-19 test prior to admission and are re-tested at the facility.		
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.