

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDFORD REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>300 WINTHROP STREET MEDFORD, MA 02155</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to maintain infection control standards to prevent the further spread of COVID -19 in the facility by failing to follow infection control precautions, proper use of PPE, hand hygiene and include complete standard precaution directives in their infection control policy and procedure. Findings include: 1. During observation of the Pleasant View unit on 7/27/20, at 9:50 A.M., the surveyor observed Certified Nurse's Aide (CNA) #2 exit room [ROOM NUMBER] (a COVID-19 negative resident), after providing the resident direct personal care, wearing a contaminated gown and contaminated gloves. CNA #2 was then observed carrying 2 Styrofoam cups, that the resident had used to drink water from, down the hall to the kitchenette, open the door thus contaminating the door handles of the door and faucet, obtain water and ice, walk back down the hall, re-enter room [ROOM NUMBER], wearing the same contaminated gown and gloves and place the cups of water on the bedside table, all without removing his contaminated gown, gloves or performing hand hygiene (HH). CNA #2 then emptied a full commode bucket into the toilet of room [ROOM NUMBER], replace the dirty bucket back into the commode, remove his gown and gloves and exit the room without performing HH. CNA #2 then adjusted the facemask of a Covid-19 negative resident from room [ROOM NUMBER], who was sitting in a wheelchair in the hall, with his contaminated hands. During an interview on 7/27/20, at 9:57 A.M., CNA #2 said that they don't change gowns, only if they leave the unit. During an interview on 7:27/20, at 9:58 A.M., Nurse #1 said that they don't change gowns, only if they leave the unit. 2. During observation of the Winthrop unit on 7/27/20, at 10:36 A.M., the surveyor observed CNA #1 enter room [ROOM NUMBER] B (a COVID-19 negative resident) without changing her gown or performing hand hygiene (HH) before donning gloves. The surveyor then observed CNA #1 perform personal hygiene and dress the resident in bed potentially spreading COVID-19 to the negative resident. The surveyor then observed CNA #1 exit room [ROOM NUMBER], walk down the hall to the laundry chute to dispose of the soiled linen without removing gloves, performing hand hygiene or removing her gown. During an interview on 7/27/20, at 11:29 A.M., the Director of Nursing said that she was not able to locate a policy on what personal protective equipment is to be worn and when. She also said that there was no policy for performing HH before donning gloves. Review of the facility policy titled Infection Prevention and Control, Topic--Standard Precautions and not dated, indicated that hands are to be washed after removing gloves and between resident contacts and when visibly soiled. Further review indicated that gloves are to be removed promptly after use, before touching non-contaminated items and environmental surfaces and before caring for another resident. The policy failed to indicate that hand hygiene is to be performed prior to donning gloves.</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.