

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER JML CARE CENTER INC		STREET ADDRESS, CITY, STATE, ZIP 184 TER HEUN DRIVE FALMOUTH, MA 02540	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to implement consistent screening practices to ensure proper monitoring of all healthcare workers, staff and visitors entering the facility to prevent the potential transmission of COVID-19 virus. Findings include: The Centers for Medicare & Medicaid Services (CMS) regulatory requirement to implement infection control practices in nursing homes to help control and prevent the spread of the COVID-19 virus includes guidance from Centers of Disease Control which indicates prompt detection and isolation of potentially infectious residents and staff are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, health care facilities need to be vigilant in identifying any possible infected individuals and perform screening of all staff at the beginning of their shift for fever and respiratory symptoms. The guidance indicates the facility actively perform the screening and monitor by taking the staff members' temperatures and document absence of shortness of breath, new or change in cough, and sore throat. Additionally, further inquiry may include any exposure to individuals with COVID-19 and travel related activities. On 7/2/20 at 7:20 A.M., the main entrance to the facility was not accessible. A sign indicated to use the bell. Another sign directed employees to a different entrance doorway. Inside the employee entrance, a posted sign over a time clock included: All employees must check in at temp (temperature) station upon entering the building and instructed staff to perform hand hygiene, put on gloves, mask and check in. The employee entrance area included a posted sign instructing staff to check in at the station on the unit, to take your own temperature, please put in binder and disinfect/clean equipment. The screening check-in station was located on the resident unit in front of the nurses station. Observations included staff entering the building through the employee entrance, who then performed hand hygiene, put on clean mask and gloves and proceeded to the check-in station on the resident unit. Staff waiting to check in stood apart (6 feet distance) until each individual took their own temperature, called out to nearby staff member and/or displayed the thermometer reading, cleaned equipment with a disinfectant wipe and recorded the result in the book and completed checklist of screening questions without oversight or monitoring. At the main entrance, the facility's screening station was managed by the receptionist from 8:00 A.M. to 8:00 P.M. After hours, all staff, vendors/visitors have to ring a bell to alert staff on the nursing unit to allow entry and perform screening of the individual. Healthcare staff could use the employee entrance and perform self screening for COVID-19 at the screening station on the resident unit from 8:00 P.M. to 8:00 A.M. Review of the facility policy for Screening procedures did not identify staff was to perform self monitoring during the screening process. The procedures includes the following: screen staff for: fever equal or greater than 100 degrees Fahrenheit, respiratory symptoms of cough, shortness of breath, sore throat, myalgia, chills, new onset of loss of taste or smell. Staff that have a positive screen will not enter past the screen area, will contact supervisor or if after-hours shift/weekend house supervisor. The facility practice to allow self checking fails to ensure control steps to detect signs and symptoms and effective monitoring to avoid COVID-19 virus from entering the facility through visitors, healthcare workers and individuals in order to protect the health and safety of high risk nursing home residents and staff by preventing the potential transmission and (rapid) spread of COVID-19.</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.