

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225401</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKEVIEW HOUSE SKLD NRSG AND RESIDENTIAL CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>87 SHATTUCK STREET HAVERHILL, MA 01830</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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 and interview the facility failed to ensure the staff follow infection control protocols to prevent the possible spread of COVID-19 by 1). not wearing masks appropriately and 2). not wearing eye protection appropriately. Findings include: 1. On 9/16/20, at 8:01 A.M., the surveyor observed Certified Nurse's Aide (CNA) #1 in room [ROOM NUMBER] with her face mask below her chin, leaving her mouth and nose exposed. CNA #1 then leaned forward, within 2 feet of a resident's face, and asked her/him what he/she wanted for breakfast. CNA #1 then repeated this with the residents in rooms 7, 8 and 9, all while wearing her face mask below her chin. During an interview on 9/16/20, at 8:04 A.M., CNA #1 said she didn't know why she had her mask below her chin but that she knew she should cover her mouth and nose. During an interview on 9/16/20, at 8:05 A.M., Nurse #1 said that he keeps telling the CNA's to wear their masks appropriately but sometimes they don't listen. He said that all of the residents in the building had never had COVID-19 and he was worried that they could catch it from someone coming into the building. Review of the Center for Disease Control and Prevention document titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Updated July 15, 2020, indicated that healthcare providers are to wear a face mask at all times when in a health care facility. 2. On 9/16/20, at 9:54 A.M., the surveyor observed CNA #2 assist a resident into the bathroom of room [ROOM NUMBER] and remain in the bathroom with the resident for more than 5 minutes with the door closed. The surveyor also observed that the eye protection that CNA #2 was wearing had several openings on each side of the protective eyewear she was wearing, exposing her eyes to any potential infectious secretions from the resident. 3. On 9/16/20, at 9:57 A.M., the surveyor observed CNA #1 sitting directly in front of a resident, within 2 feet, providing nail care to a resident in room [ROOM NUMBER] without wearing protective eye wear, exposing her eyes to any potential infectious secretions from the resident. During an interview on 9/16/20, at 9:59 A.M., the Assistant Director of Nursing said that because none of the residents in the facility had had COVID-19 in the past they still had the potential to become infected and if asymptomatic, nobody would know if they were, so everyone providing direct patient care should be wearing eye protection. Review of the facility policy titled EYE PROTECTION and dated 7/16/20, indicated that eye protection is to be worn during activities where prolonged face to face or close contact with potentially infected patient is unavoidable. Further review indicated that eye protection is to be worn during care activities.</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.