

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER CENTER FOR EXTENDED CARE AT AMHERST		STREET ADDRESS, CITY, STATE, ZIP 150 UNIVERSITY DRIVE AMHERST, MA 01002	
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	Provide and implement an infection prevention and control program. Based on observation and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to two observations of improper donning of Personal Protective Equipment (PPE). Findings include: During an interview on 6/29/20 at 7:15 A.M., the Director of Nurses (DON) said there were two positive COVID-19 residents in the facility and the staff were required to wear full PPE when working on all 4 units in the facility. She further said full PPE included a gown or coveralls, face mask, eye protection and gloves. 1. During an observation on the Darhma Unit (a secured Dementia Unit) on 6/29/20 at 1:40 P.M., a Physical Therapy Assistant (PTA) entered the unit. She walked pass 2 residents that were seated in the hallway and entered the nursing station. She was not wearing a facemask and was not wearing eye protection. During an interview on 6/29/20 at 1:45 P.M., the PTA said she did not wear a face mask and eye protection, as required. 2. During an observation on the West 2A Unit on 6/29/20 at 2:15 P.M., a Physical Therapist (PT) was assisting a resident in the resident's room. The resident then ambulated with a walker from his/her room, down the hall and into the therapy gym. During the ambulation, the PT gave verbal direction and physically touched the resident to ensure safety was maintained. The PT did not wear a mask or eye protection. Review of CDC guidance, updated June 25, 2020, Preparing for COVID-19 in Nursing Homes; Implement Source Control Measures indicates Health Care Personnel should wear a facemask at all times while they are in the facility. During an interview on 6/29/20 at 2:40 PM., the PT said she did not wear a face mask or eye protection, as required.		

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.