

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225452	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER STERLING VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 18 DANA HILL ROAD STERLING, MA 01564	
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 observation, interview and record review the facility failed to use Personal Protective Equipment (PPE) appropriately related to COVID-19 on 1 out of 3 units. Findings include: Review of the Centers for Disease Control and Prevention (CDC) website, under Preparing for COVID-19 in Nursing Homes indicated the following: -Create a plan for managing new admissions and readmissions . 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 should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a 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's policy for Transmission Based Precautions, dated 9/1/04, indicated that in addition to standard precautions, contact precautions are used for residents with known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the resident or indirect contact (touching) with environmental surfaces or resident care items in the resident's environment . Wear a clean gown upon entering the resident's room if you anticipate substantial contact between your clothing and the resident, environmental surfaces, or items in the room. Remove the gown before leaving the resident's environment. During an observation and interview on July 14, 2020 at 9:27 A.M. on the Aspen Unit (quarantine wing- newly admitted or readmitted residents who are under a 14 day surveillance for signs and symptoms of COVID-19), Occupational Therapist (OT) #1 had a gown, mask, and eye protection on as she exited a resident room on the quarantine wing. She proceeded down the hall and to the therapy gym to wash her hands, still wearing the same PPE she had on while in the resident's room. OT #1 told the surveyor she should have taken the gown off before she exited the resident's room. During an observation and interview on July 14, 2020 at 9:38 A.M. on the Aspen Unit (quarantine), Housekeeper #1 entered a resident's room with only a mask and eye protection on. The resident was seated behind the bedside table that the housekeeper was cleaning. The resident did not have a mask on. When the housekeeper exited the resident's room, she told the surveyor she didn't see the sign outside the resident's room that indicated which PPE she needed. The sign indicated gown, mask, eye protection, and gloves were to be worn upon entering the room. She donned a gown and returned to the resident's room.		
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.