

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER DEN-MAR HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 44 SOUTH STREET ROCKPORT, MA 01966	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to ensure the prevention of the spread of infection when a housekeeper failed to perform hand hygiene and wore contaminated gloves in the hallway. Findings include: Review of the facility's policy binder titled; COVID-19 for housekeeping services, dated 4/22/2020 indicated at 7.c, Wash hands thoroughly for at least 20 seconds with soap and warm water or use alcohol-based hand rub after removing personal protection equipment. Review of the facility's policy titled; Standard precautions, dated as revised 12/2007 indicated at point 1. d. Wash hands after removing gloves and at point 2. g. Remove gloves promptly after use, before touching non-contaminated items and environmental services, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments. On 8/10/2020 at 11:24 A.M., Housekeeper #1 was observed with gloved hands removing a soiled mop pad and disposing it in the housekeeping cart trash in the doorway of room [ROOM NUMBER], which had a sign that indicated precautions in place, (Resident in room [ROOM NUMBER] was negative for [MEDICAL CONDITION]). Wearing the same contaminated gloves Housekeeper #1 picked up a spray bottle off the cart and walk through the hallway to the housekeeping closet. At 11:39 A.M., Housekeeper #1 came out of the housekeeping closet with the spray bottle filled with liquid and wearing gloves (Unable to determine if they are the same gloves). Housekeeper #1 proceeded to walk through the hall with gloved hands and into room [ROOM NUMBER], sprayed the surfaces and then stepped into the hall and handed the spray bottle to another housekeeper. During an observation on 8/10/2020 at approximately 12: 30 P.M., with the Administrator and Housekeeper #2 the housekeeping closet failed to reveal that gloves were available. On 8/10/2020 at 1:28 P.M., the Housekeeping Manager said Housekeeper #1 should have removed the contaminated gloves and performed hand hygiene between tasks and should not have worn contaminated gloves in the hallway.		

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.