

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TREMONT HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>605 MAIN STREET WAREHAM, MA 02571</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<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 observations, interviews, and policy review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to appropriately remove personal protective equipment (PPE) prior to leaving a resident's room followed by hand hygiene and failed to adhere to standard and droplet precautions while entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital. Findings include: Review of the facility's policy titled, Novel Coronavirus Prevention and Response, dated June 9, 2020, indicated the following: Procedure when COVID-19 is suspected or confirmed: * Implement MA DPH Contact, and Droplet precautions. Wear gloves, gowns, goggles/face shields, and masks upon entering room and when caring for the resident. * All new admissions should be placed in isolation for 14 days after admission and placed on Contact/Droplet precautions using the CDC signage of COVID status unknown. Review of the facility's document titled, Personal Protective Equipment Plan, dated July 6, 2020, indicated the following: * If there is community transmission of COVID-19 within the facility staff should wear full PPE for the care of all residents no matter the status of a COVID-19 [DIAGNOSES REDACTED]. * Quarantined or Patients Under Investigation (PUI): Staff should be in full PPE gloves, gowns, N95, face shield or goggles for all resident care and room entry. If medical facemasks are limited, the use of medical facemasks is restricted to COVID-19 positive or presumed to be COVID-19 positive residents when receiving care or when the resident needs to leave their room for medical necessity. * Eye protection should be worn and if disposable it should be disposed of at the end of the shift to the extent that eye protection is available. If supplies become limited, then eye protection can be removed and cleaned and disinfected. Eye protection should then be stored for reuse. In accordance with the Centers for Disease Control and Prevention, a bulletin titled Coronavirus Disease 2019 (COVID-19), Infection Control Guidance, dated May 18, 2020 indicated the following: * Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. * HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. On 7/7/20 at 11:05 A.M., on the B Wing, the following observations were made: 1- Hospice Chaplain #1 was observed exiting a resident's room with gloves still donned (put on), then crossed the hall entering the dining room to doff (remove) the gloves and did not perform hand hygiene before entering another resident's room. Alcohol based hand rub (ABHR) was located directly above the trash receptacle. Hospice Chaplain #1 was then observed exiting that resident's room with gloves still donned to retrieve a chair near the nurse's station. After returning to the resident's room, Hospice Chaplain #1 was then observed exiting the room with the gloves still donned and entered the nurses station touching a cabinet then removing a resident's chart and attempting to sit before being questioned by Infection Control (IC) nurse #1. During an interview on 7/7/20 at 11:25 A.M., the surveyor asked Hospice Chaplain #1 the process for doffing PPE, particularly his gloves, who said the expectation is to remove the gloves prior to exiting the room and wash his hands. During an interview on 7/7/20 at 11:30 A.M., the Infection Control nurse #1 told the surveyor that Hospice Chaplain #1 cannot leave a resident's room without removing his gloves first and performing hand hygiene. On 7/7/20 at 11:35 A.M., on the A Wing, which included quarantined (a state, period, or place of isolation in which people that have arrived from elsewhere or been exposed to infectious or contagious disease are placed) residents, the surveyor observed: CNA #1 was observed entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital and had direct contact with the resident assisting him/her with ambulation (the act, action, or an instance of moving about or walking) without the use of eye protection (goggles/face shield). CNA #1 was observed entering and reentering the room from the doorway numerous times without donning or requesting a face shield or goggles from staff. During an interview on 7/7/20 at 11:45 A.M. the surveyor asked CNA #1 what PPE was required to enter the quarantine room. CNA #1 said the expectation is to wear full PPE consisting of gloves, mask, goggles, and a gown. When asked why eye protection was not worn, CNA #1 said she dropped it on the resident's bed.</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.