

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225493	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER ST JOSEPH REHAB & NURSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 321 CENTRE STREET DORCHESTER, MA 02122	
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 document review, the facility failed to ensure staff was appropriately using Personal Protective Equipment (PPE) while assisting a resident. Findings include: On 7/8/20 at 12:35 P.M., CNA #1 was observed in a COVID-19 negative resident room helping to feed a resident his/her lunch. CNA #1 was seated next to the resident and CNA #1 was wearing her mask under her chin, not covering her mouth or nose. CNA #1 was wearing her eye protection on top of her head, not covering her eyes. During an interview on 7/8/20 at 12:46 P.M. CNA#1 said that eye protection and a face mask are required while in COVID-19 negative rooms and she couldn't answer why she hadn't been wearing her eye protection or mask while in the COVID-19 negative room and assisting the resident. During an interview on 7/8/20 at 12:50 P.M., Nurse #1 said that eye protection and a mask must be worn while in a COVID-19 negative room. Review of facility document titled Updated PPE Guidance, dated 7/6/20, indicated the following PPE is required in a COVID negative room: general wearing of mask and eye protection.		

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.