

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NORTH END REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>70 FULTON STREET BOSTON, MA 02109</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>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview, and policy review, the facility failed to ensure that staff wore proper personal protective equipment (ppe), including eye protection and gowns, while caring for residents that were negative for Covid 19, to reduce the risk of asymptomatic spread of [MEDICAL CONDITION] on 2 of 3 nursing units and failed to ensure that staff did not care for a resident that was positive for Covid 19 prior to caring for a resident with an unknown Covid 19 status, to reduce the risk of transmitting [MEDICAL CONDITION] to a potentially Covid 19 resident, on 1 of 3 nursing units. Findings include: 1. The facility failed to ensure that proper ppe, including eye protection and gowns, was worn during the care of residents that were negative for Covid 19 to reduce the risk of asymptomatic spread of [MEDICAL CONDITION]. Findings include: Review of the Centers for Disease Control website (www.cdc.gov), titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated on July 15, 2020 indicated the following: HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If [DIAGNOSES REDACTED]-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays. Review of the facility policy, titled Personal Protective Equipment, adopted March 2016 indicated that eye wear included goggles and or face shields. During an interview with the Administrator and the Director of Nursing Services on 8/4/20 at 9:00 A.M., they said that the facility had 2 staff members and 2 residents test positive for Covid 19 within the last 2 weeks, therefore there was moderate to substantial community transmission within the facility and the expectation was that staff would wear full personal protective equipment (ppe), including, a surgical mask, eye protection, gown and gloves when caring for residents that were negative for Covid 19 and when caring for residents that were positive for Covid 19 or residents under quarantine with an unknown Covid 19 status that staff would wear full ppe including an N95 mask, eye protection, gowns and gloves. On 8/4/2020 at 9:37 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 providing care to a resident in room [ROOM NUMBER]. CNA #1 was wearing eyeglasses, but not protective eyewear. Her eye glasses had gaps between the glasses and the face and gaps on the side and were not able to protect her eyes from splashes and/or sprays during close care. She was not wearing goggles and or a face shield per facility policy. During an interview with CNA #1, on 8/4/20, at 9:45 A.M., she said that all the residents on her assignment were negative for Covid 19, including the resident in room [ROOM NUMBER]. She said that the resident required, and she provided extensive assistance with bathing, dressing and grooming. She said that she should have a shield over her glasses when providing care. On 8/4/20 at 9:50 A.M., the surveyor observed CNA #2 providing care to a resident in room [ROOM NUMBER]. CNA #2 was wearing eyeglasses, but not protective eyewear. her glasses had gaps between the glasses and the face and gaps on the side and were not able to protect her eyes from splashes and or sprays during close care. She was not wearing goggles and or a face shield per facility policy. She also was not wearing a gown. During an interview with CNA #2, on 8/4/20 at 9:55 A.M., she said that all the residents on her assignment were negative for Covid 19 including the resident in room [ROOM NUMBER]. She said she only needed to wear a face shield and gown when caring for residents that are positive for Covid 19. 2. The facility failed to ensure that staff did not care for a resident that was positive for Covid 19 prior to caring for a resident with an unknown Covid 19 status, to reduce the risk of transmitting [MEDICAL CONDITION] to a potentially Covid 19 negative resident, on 1 of 3 nursing units. Findings include: Review of the Centers for Disease Control website (www.cdc.gov), titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020 indicated the following: As a measure to limit healthcare persons (HCP) exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shift. Review of the undated facility policy, titled, Cohorts, sharing staff indicated the following: Care will be provided moving from negative cohorts into positive cohorts. During an interview with CNA #3, on 8/4/20, at 10:15 A.M., she said that she was caring for 4 residents that were positive for Covid 19 and 10 residents that were on new admission quarantine for 14 days. She said she had already taken care of the 4 residents that were positive for Covid 19 including the resident in room [ROOM NUMBER] which is totally dependent on staff for bathing dressing and grooming. She said she was gathering supplies to care for the resident in room [ROOM NUMBER] who is a new admission on quarantine. The surveyor observed CNA #3 enter room [ROOM NUMBER] with clean linens, including a johnny. During an interview with the Director of Nursing on 8/4/20, at 10:45 A.M., she said that CNA #3 should have provided care to the residents on her assignment that were on quarantine before providing care to confirmed Covid 19 positive residents.</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.