

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225555</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARY ANN MORSE NURSING &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>45 UNION STREET NATICK, MA 01760</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<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 staff observation, staff interview, and Center for Disease Control Guidelines, the facility failed to ensure that staff utilized personal protective equipment (PPE) according to transmission-based precautions protocol as required to prevent possible spread of COVID-19 in the facility. Finding include: The Center for Disease Control (CDC) guidelines, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) updated April 13, 2020 indicates: * The use of droplet precautions applies when respiratory droplets [MEDICAL CONDITION] or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctivae (top layer of eyelids), and the mouth. *Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation. The average distance for droplet transmission is approximately 6 feet. *When a resident is placed on transmission-based precautions, the staff should implement the following: -Clearly identify the type of precautions and the appropriate PPE to be used. -Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne) and instructions for use of PPE (Personal Protective Equipment). -Make PPE readily available to staff caring for the resident - Don (put on) the appropriate PPE upon entry into the environment of the resident on transmission-based precautions (e.g. Droplet precautions); -The PPE used for care of the resident on droplet precautions is gloves, mask, gown and eye protection (CDC indicates that contact lenses and glasses are not acceptable eye protection). -Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care. (stethoscopes, blood pressure cuffs, gait belts, etc). The following observations were made by the surveyor on 6/23/20: At 9:15 A.M., on the C unit, the surveyor observed that two student CNAs and one CNA (#2) were not wearing eye goggles/face shields for eye protection but had eyeglasses in place. Unit Manager #3 indicated that she was under the impression that eye glasses were okay to use for eye protection. At 9:20 A.M., on the B unit, the surveyor observed that two student CNAs and one activities assistant were not wearing goggles/face shields for eye protection. The staff was also under the impression that it was ok to wear eyeglasses for eye protection. At 9:35 A.M., on the A unit, the surveyor had asked a CNA to toilet a resident, who had previously asked the surveyor to take him/her to the bathroom. The CNA entered the resident's room with a mask and gloves and assisted the resident into the bathroom. Although the CNA had a mask and gloves on. The facility required full PPE while caring for all residents. On 6/23/20 at 9:40 A.M. Unit manager on the A unit said that the CNA should have been in full PPE while caring for the resident.</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.