

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225562</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MILFORD CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10 VETERANS MEMORIAL DRIVE MILFORD, MA 01757</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 - Some</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 observations and staff interviews the facility failed to: - maintain standard and droplet precautions for residents on 14 day new admission quarantine, - take off personal protective equipment (PPE) before exiting the precaution rooms and dispose of the PPE in the room, failed to post precaution signage at entrance to residents' rooms for residents on droplet precautions, -failed to properly limit the use of disposable face shields to 1 healthcare personal (HCP), - failed to properly store KN95 masks when not in use and, - did not provide evidence of staff education for extended use of KN95 masks and face shields to prevent the spread of COVID-19 in the facility. Findings Include: 1. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated June 19,2020: -A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission -All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. -Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. A review of the facility Supplemental Guidance for placement of admissions and readmissions updated June 1, 2020 included the following: 3. Use of Transmission-Based Precautions on the Admission Quarantine Unit (AQU). a. All patients on the AQU are to be placed under both Airborne and Contact Precautions. b. Follow the guidance that has already been communicated for Airborne and contact precautions. A review of the facility policy for Droplet Precautions and Respiratory Hygiene/Cough Etiquette with revision date of 11/15/2109 included the following: Droplet Precautions will be followed in addition to Standard Precautions when caring for a patient who has known or suspected infection by microorganism that are by droplet. 2. Post a Stop,Please see nurse before entering room: sign on the door. 4.3 Before exiting room, remove and bag PPE and wash hands. 4.3.1 Remove bagged PPE from room and discard in soiled utility. On June 23, 2020 at 10:15 A.M., the surveyor observed the quarantine unit hallway. At the beginning of the hallway there was one precaution cart with a sock aide, reacher, baseball hat with a shield on top of the precaution cart. Hanging on the wall beside the precaution cart was a mesh laundry half filled with soiled laundry. There was no signage on resident doors indicating droplet precautions and there were no trash cans at the exits of the rooms. On June 23, 2020 at 10:30 A.M., the surveyor observed Nurse Practitioner (NP) #1 entering room [ROOM NUMBER] with gown, goggles and N-95 mask, he exited the room and used hand sanitizer to clean his hands. The NP then entered room [ROOM NUMBER] without changing his gown or cleaning his goggles. On June 23, 2020 at 10:45 A.M., the NP was interviewed and said it was his understanding he wears gown, goggles and N-95 mask on the quarantine Unit and does not have to change his PPE between rooms because all the residents have tested negative for COVID-19 and are on the same droplet precautions. The NP said all the residents have tested negative prior to admission and on days # 3 and 14 the facility tests the residents for COVID -19 to make sure they are still negative. On June 23, 2020 at 9:45 A.M., CNA #2 was interviewed said once you enter the Quarantine Unit, you have to wear full PPE and then you can go into any resident's room because they are all on the same quarantine. CNA #2 said when you leave the hallway you throw your gown in the mesh linen bag hanging on the wall beside the precaution cart. On June 23, 2020 at 10:30 A.M., the surveyor observed Nurse #1 exit room [ROOM NUMBER] room and then she removed her gown in the hallway, walked down the hallway and disposed of the gown in the mesh laundry bag hanging on the wall by the precaution cart. She was wearing a surgical face mask and eye goggles. On June 23, at 10:35 A.M., Nurse #1 was interviewed and said she always disposes of the reusable gowns in the mesh laundry bag hanging on the wall. On June 23, 2020 at 10:45 P.M., Housekeeper #1 was observed entering room [ROOM NUMBER] wearing a face shield, surgical mask and gown to clean the room. Housekeeper #1 was observed exiting room [ROOM NUMBER] and taking off her disposable gown in the hallway and threw it in the housekeeping cart in the hallway. On June 23, 2020 at 11:30 A.M., DON said she has a quarantine unit for all new admissions and all the residents are at the same level of infection which was COVID-19 negative. She said staff put on PPE entering the Quarantine Unit and can keep the same PPE for all residents unless the PPE gets soiled. 2. The facility staff failed to follow facility policy for KN95 extended use in the COVID-19 outbreak. The facility staff did not store KN95 masks properly when not in use and failed to wear eye protection as required. A review of the facility policy for Personal Protective Equipment (PPE): Use, Reuse and Extended Use of PPE for All Staff, dated June 15, 2020 indicated the following: Guidance for Reuse/Extended Use N95 and Approved KN95 Respirator Masks in the COVID-19 Outbreak. -Extended-use: These steps refer to the practice of wearing the same N95 respirator for an entire shift. Only those direct care staff who will be providing care to the patient who is COVID-positive or suspected/presumed should wear N95 or approved KN95 respirator. -Any staff (e.g.: housekeeping, CNAs, nurses,, medical providers) that enter the patient's room must also wear a N95 or approved KN95 respirator. -Staff assigned to the patient/room of patient who is COVID -positive/suspected/presumed dons her/his N95 or approved KN95 respirator and wears that respirator as her/his universal mask the entire shift: -Do not remove between patients. -Must wear a face shield to cover the respirator during care of the patient that is COVID-positive/suspected/presumed in the room. - Remove the shield after contact to the patient who is COVID-positive/suspected/presumed -Disinfect the face shield if after caring for like with like patients. For example, if going directly from COVID positive patient to another COVID positive patient room-do not need to disinfect face shield when coming out of the first resident's room. If however, if after the second resident patient's room going into a non-COVID positive patient room-would need to remove and disinfect the shield. -Continue to wear the the respirator as a universal mask the entire shift. Per the CDC, cloth masks are not considered PPE. On June 23, 2020 at 9:50 A.M., the surveyor observed CNA #1 wearing a cloth mask and eye goggles on the quarantine unit. On June 23, 2020 at 10:00 A.M., CNA #1 was interviewed and said he has a surgical mask inside the cloth mask. CNA # 1 also said he has an KN-95 mask that he keeps in the plastic precaution cart. CNA # 1 opened the second drawer of the precaution cart, moved around miscellaneous items and pulled out his KN-95 mask. CNA #1 said he uses the mask when he performs direct care for the residents on the quarantine unit. The mask was not stored in a bag or labeled. The surveyor observed the contents of the drawer and saw a second mask in the drawer, not in a bag or labeled and two old unlabeled baseball hats with shields attached to the front of them. CNA #1 said he does not use a face shield, he wears protective goggles. On June 23, 2020 at 10:15 A.M., the surveyor observed Nurse #1 exit room [ROOM NUMBER] room and then remove her gown in the hallway and walk down hallway and dispose of it in the mesh laundry bag hanging on the wall by the precaution cart. On June 23, 2020 at 10:20 A.M., Nurse #1 was interviewed and said she does have a KN95 and that it was in her lunch bag. Nurse #1 walked to the nurses station and removed her KN95 mask from her lunch bag. The surveyor observed the mask being taken out of the lunch bag, not stored in a separate bag. Nurse #1 then put on her KN95 mask without performing hand hygiene and returned to her nursing cart. On June 23, 2020 at 10:50 A.M., Nurse #1 was observed to enter resident room [ROOM NUMBER] wearing</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225562</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MILFORD CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10 VETERANS MEMORIAL DRIVE MILFORD, MA 01757</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)		
<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>goggles, KN95 mask and a gown. Nurse #1 was observed exiting room [ROOM NUMBER] wearing gown, goggles and KN95 mask and returned to her nursing cart. Nurse #1 was observed taking her KN95 mask off and laid it down on top of the the nursing cart and put back on her surgical mask without performing hand hygiene. On June 23, 2020 at 12:10 A.M., the DON observed the precaution cart with the surveyor and said staff should not be storing their masks in the drawer or in their lunch bag. The DON said the baseball hats with shields, one on top of the cart and the second in the second drawer were used by staff when they did not have enough face shields. The DON said they should not be in the precaution cart. 3. The facility failed to dedicate a re-purposed face shield to one Healthcare personal (HCP) following CDC guidelines for conservation of PPE. CDC Strategies for Optimizing the Supply of Eye Protection Implement extended use of eye protection. -Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. -Extended use of eye protection can be applied to disposable and reusable devices. -Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. -If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below. A review of the facility policy for personal Protective Equipment (PPE): Use, Reuse and extended Use of PPE for ALL Staff , dated June 15, 2020 indicated the following: Guidance for Extended Use of Eye Protection ( All Centers) -After removing, all eye protection including face shields must be disinfected and stored. -Face shields: i. See Procedure to Disinfect Face Shields, goggles and protective eye wear, below, for correct procedure. ii. Perform hand hygiene after disinfecting eye protection iii. After the face shield has been disinfected: a. Place in a clean paper bag labeled with the wearer's name and date. b. Store the bag in the same location where standard facemasks are stored in their individual paper bags. c. Store the face shield and standard facemask in separate paper bags. Procedure to Disinfect Face Shields, goggles, and Protective Eyewear - Steps for staff to use cleaning/sanitizing their own face shields or for cleaning/sanitizing collected goggles and protective eyewear: 4. Apply an EPA-approved product germicide on the face shield eyewear. Be careful to coat all edges of the product, including hinges and on elastic bands, ties, and ear pieces. Turn the product over and apply to the back to reach all sides. 7. Rinse eyewear thoroughly under running water and either: a. Take to clean utility room to air dry on clean barrier placed on clean and disinfected surface, or b. Dry eyewear with paper towels. On June 23, 2020, ay 11:30 A.M., the DON was interviewed and said the box of face shields located outside the COVID-19 negative and quarantine units were re-purposed face shields for the staff to have at the beginning of their shift. At the end of their shift, the nurse manager takes the face shields and wipes them down with a disinfectant , then puts them back in the box for reuse. The DON said, the staff were not issued their own face shields, she considers these face shields to be reusable and once cleaned they can be used by any staff member. On June 23 , 2020 at 12:05 P.M., the surveyor and DON observed the cardboard box full of plastic face shields masks on the ground outside the entrance to the negative residents and quarantine resident units. The first face shields looked at had a flimsy plastic shield that loosely hooked onto the front of the plastic frame. The elastic on one of the face shields had multiple knots to keep the elastic intact. On a second face shield, the plastic shield was falling off of the elastic. On June 23, 2020 at 12:25 P.M., the DON said the corporate office ordered so many face shields from different vendors they could not provide documentation for the model or manufacturer of the face shields the facility was using. The DON felt they were multiple use face shields because they were all plastic and could be sanitized and re-used by multiple staff members. 4. The facility failed to document ongoing education to the staff with updated PPE requirements for residents on 14 day quarantine who were on droplet precautions, Extended use and care of N95/KN95 masks or cleaning and sanitizing face shields between entering and exiting resident rooms. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, last updated: July 2019 Provide job-or task-specific education and training on preventing transmission of infectious agents associated with healthcare during orientation to the healthcare facility; update information periodically during ongoing education programs. Target all healthcare personnel for education and training, including but not limited to medical, nursing, clinical technicians, laboratory staff; property service (housekeeping), laundry, maintenance and dietary workers; students, contract staff and volunteers. Document competency initially and repeatedly, as appropriate, for the specific staff positions. On June 23, 2020, ay 12:30 P.M., the DON and SDC ( Staff Development Coordinator) Nurse were interviewed. the SDC nurse said the staff had been educated in PPE requirements for residents on 14 day quarantine for droplet precautions and for the extended use of the N95 or KN95 masks and proper storage when not in use, but was unable to find written inservices and sign in sheets. The SDC Nurse did not have any documentation for the extended use of the face shields or for staff sanitizing as needed. . .</p>		