

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225644	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER SALEM REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 7 LORING HILLS AVENUE SALEM, MA 01970	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and policy review, the facility failed to ensure that 1 of 1 staff (Nurse #1) observed, properly disinfected a blood glucose meter after use, which would aid in preventing the spread of infection during the COVID-19 pandemic. Findings include: 1. The facility failed to ensure that Nurse #1 followed the facility policy while disinfecting a blood glucose meter after resident use. Review of the facility policy entitled, Blood Glucose Monitoring, dated 2/3/20, indicated that the testing device should be maintained according to the manufacturer's guidelines. Review of the Manufacturer's Directions for Use, entitled Cleaning and Disinfection, included the following: * The meter should be cleaned and disinfected after each patient use. * The manufacturer has validated specific Environmental Protection Agency (EPA) products for use with active ingredients such as bleach or an ammonium chloride/[MEDICATION NAME] alcohol mixture as safe to use with this specific blood glucose meter. On 9/1/20 at 11:15 A.M., during observation of blood glucose testing with a blood glucose meter, revealed Nurse #1 as he completed the testing process for a resident and returned to the medication cart. Nurse #1 opened an alcohol wipe pad and disinfected the blood glucose meter and left the meter on the medication cart to dry. Nurse #1 did not use a bleach solution or an ammonium chloride/[MEDICATION NAME] alcohol product to disinfect the blood glucose meter per the manufacturer's guidelines. On 9/1/20 at 11:20 A.M., during interview, Nurse #1 said that he thought he was supposed to use alcohol wipe pads. He said he wasn't aware of the facility policy. On 9/1/20 at 12:15 P.M., during interview, the Assistant Director of Nursing/Infection Preventionist said that the facility policy is to use bleach wipes or this(she pointed to a plastic container which contained ammonium chloride/[MEDICATION NAME] alcohol wipes) to disinfect the blood glucose meter, not an alcohol wipe.		
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.