

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225672	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER COMMONS RESIDENCE AT ORCHARD COVE		STREET ADDRESS, CITY, STATE, ZIP 1 DEL POND DRIVE CANTON, MA 02021	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, review of the facility's infection control policies and the Center for Disease Control (CDC) guidance for prevention of COVID -19, the facility failed to implement proper infection control procedures for employee and visitor screening prior to entrance to the facility. Findings include: CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated July 15, 2020), included the following: - Screen and Triage everyone entering a healthcare facility for signs and symptoms of COVID-19. - Screen everyone (patients, healthcare personnel (HCP), visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. - Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature = 100.0F or subjective fever. - Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. Review of the facility's policy, Employee and Visitor Screening Protocol COVID-19 (last revised 6/25/20), included the following: - All employees and visitors will be asked screening questions: (1) Do you have a fever or feel feverish, sore throat, new cough, new nasal, congestion or runny nose, new muscle aches, new loss of taste or smell, or shortness of breath? - All employees and visitors will be screened for a fever at or above 100.4 degrees, and anyone reporting symptoms will not be allowed to enter the building. (2) Have you traveled internationally or flown domestically in the last 14 days? (3) Is there anyone in your household who is currently COVID-19 positive? (4) Have you come into contact with anyone who you know is currently COVID-19 positive? - The protocol indicated that if a visitor answered yes to questions 2 - 4, they were asked to reschedule their visit, and if an employee answered yes to questions 2 - 4, they were to report to their shift with appropriate mask and Personal Protective Equipment (PPE) and notify their Human Resource representative. The policy also indicated, during your visit, the facility requests you wear a mask, use hand sanitizer upon entering, wash hands frequently, cover cough and sneeze into your elbow, keep physical distance of at least 6 feet from others and refrain from hand shaking. On 09/15/20 at 6:45 A.M., the surveyors walked to an entrance door of the building and were provided entrance to the building by a staff nurse. There was no signs directing to a screening center and there was no one directing the surveyors to be screened for COVID-19 symptoms prior to entering the building. The nurse and the surveyors got into a elevator and arrived on the long term care unit. The nurse said she would contact the administration staff. The nurse asked for identification, but did not direct or ask the surveyors to be screened prior to / or upon entering the facility. On 9/25/20 from 7:00 A.M. through 7:20 A.M., four employees were observed near a desk. The employees were observed signing a book and some had taken their own temperature. Review of the area and book, indicated there was a set up for the employees to be screened for COVID-19 prior to their shift. The directions indicated that if an employee took his/her own temperature that it had to be validated by another employee, and they answered the series of questions outlined in the protocol. Observations of the employees, indicated that one employee did not get another employee to validate her temperature and another employee did not take her temperature at all (leaving the area on the paper blank) and was observed going to her assigned area. During the observations, employees spoke with the surveyors and one Certified Nursing Assistant (CNA) said that temperatures had to be witnessed before entering them onto the log book, but at no time did the CNA direct or indicate the surveyors be screened. During interview with the Administrator and the Director of Nurses at 8:30 A.M., they said that the facility screened all visitors and some employees before entering the building. The Administrator said that screening for most employees and all visitors was done at the main entrance and the nursing employees were screened on the unit. The surveyors informed him of their access to the building without being screened and not being directed to any screening area, and the observations of the employees screening process not being followed. The Administrator was made aware that the surveyors had not been screened, nearly 2 hours after entering the building. The Administrator said that someone should have directed the surveyors to the screening area, and later he brought the surveyors there to be screened.</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.