

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225695</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINGATE AT NEEDHAM</b>		STREET ADDRESS, CITY, STATE, ZIP <b>589 HIGHLAND AVENUE NEEDHAM, MA 02194</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> - Few	<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 observation, record review, and interview, the facility failed to 1. ensure staff properly implemented the use of Personal Protective Equipment (PPE) while providing care for residents negative for COVID-19 ([MEDICAL CONDITION] causing respiratory illness), 2. properly dispose of PPE, increasing the risk for transmission of COVID-19 disease. Findings include: 1. On 8/19/2020 at 7:43 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 enter room [ROOM NUMBER] on the Copley Unit. room [ROOM NUMBER] contained two residents who were negative for COVID-19. CNA #1 was not wearing eye protection when she entered the room. CNA #1 exited room [ROOM NUMBER] without any eye protection on and disposed of soiled linen. On 8/19/2020 at 7:47 A.M., the surveyor observed CNA #1 gather supplies for resident care and entered room [ROOM NUMBER], a room with two residents negative for COVID-19, without wearing any eye protection. She exited the room not wearing any eye protection. During an interview on 8/19/2020 at 7:49 A.M., CNA #1 said she had provided care for a resident in room [ROOM NUMBER] and was about to provide care for a resident in room [ROOM NUMBER]. CNA #1 said she always wears a facemask and gloves when caring for residents, and sometimes will wear a gown. CNA #1 said she did not usually wear eye protection and did not have any form of eye protection (goggles, face shield, etc ) on her. On 8/19/2020 at 12:47 P.M., the surveyor observed CNA #2 enter room [ROOM NUMBER] to bring a meal tray to the resident, who was negative for COVID-19. CNA #2 was not wearing eye protection. CNA #2 exited the room and asked for Nurse #1 to provide assistance with repositioning the resident in bed. CNA #2 then re-entered room [ROOM NUMBER] to reposition the resident without eye protection on. Nurse #1 entered the room after donning a face shield first. CNA #2 exited the room after without wearing any eye protection. Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated healthcare personnel should 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. Review of the facility policy Update for caring for Long-Term Care Residents during the COVID-19 Emergency July 30, 2020 Guidance, dated 7/30/2020, indicated when there have been no residents or staff that have tested positive in the last 14 days, staff will wear a face mask and face shield or goggles when caring for a resident negative for COVID-19. During an interview on 8/19/2020 at 10:39 A.M., the Assistant Director of Nursing (ADON) said any staff caring for residents who are negative for COVID-19 or who have not had COVID-19 should wear a facemask and eye protection to prevent transmission of COVID-19. 2. On 8/19/2020 at 8:14 A.M., the surveyor observed CNA #3 exit room [ROOM NUMBER] while removing used/contaminated gloves. CNA #3 kept the used/contaminated gloves in her hand and proceeded to enter room [ROOM NUMBER] carrying the contaminated gloves with her. room [ROOM NUMBER] was occupied by 2 residents recovered from COVID-19. CNA #3 then disposed of the gloves in the bathroom of room [ROOM NUMBER] and washed her hands in the bathroom in room [ROOM NUMBER]. On 8/19/2020 at 8:19 A.M., the surveyor observed CNA #4 in room [ROOM NUMBER], caring for a resident negative for COVID-19 and on additional contact precautions. CNA #4 began to doff her gown and gloves at the door to room [ROOM NUMBER], and placed the un-bagged/contaminated gown on top of the linen receptacle outside room [ROOM NUMBER]. CNA #4 then entered the bathroom in room [ROOM NUMBER] to wash her hands, and returned holding a paper towel. She picked up the un-bagged/contaminated gown with the paper towel and carried it to another bin down the hall from room [ROOM NUMBER]. CNA #4 did not perform hand hygiene after disposing of the gown. Review of the facility document IC Rounds Checklist, undated, indicated gowns can be discarded in a designated receptacle inside the resident room or bagged appropriately and brought outside the room to a designated receptacle. Review of the facility document PPE Doffing Checklist for Care of COVID-19 Residents, undated, indicated staff should remove PPE at the doorway of a resident's room and discard prior to leaving the room. During an interview on 8/19/2020 at 10:39 A.M., the Assistant Director of Nursing (ADON) said staff should dispose of used/soiled PPE before leaving a resident's room and used gowns should be bagged prior to leaving the room to prevent cross contamination.</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.