

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225709	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER TIMOTHY DANIELS HOUSE		STREET ADDRESS, CITY, STATE, ZIP 84 ELM STREET HOLLISTON, MA 01746	
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 - Many	<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 staff interviews and a review of the facility policy, the facility failed to ensure that staff followed the facility policy and the recommendations of the Centers for Disease Control and Prevention (CDC) to screen all employees and vendors for respiratory symptoms, travel, and take their temperature upon entry into the facility, to prevent the spread of COVID-19. Findings Include: A review of the facility policy [MEDICAL CONDITION] (COVID-19) Screening procedure, undated, indicated the following: -The facility follows the professional standards and recommendations set forth by the Center for Disease Control (CDC), CMS, and state health care agencies regarding COVID-19. -This facility screens all employees and essential vendors upon entrance to the facility for respiratory symptoms, travel and temperature (refer to questionnaire). The questionnaire requires date, time, temperature check, name and requires answers to the following questions: did you perform hand hygiene upon entry, Respiratory symptoms, travel, worked in healthcare facility with confirmed COVID-19 cases, contact with a person with COVID-19 and if they are currently having symptoms. The CDC recommended practices to prepare for COVID-19 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic last updated July 15, 2020 indicated the following: -Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19 -Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with [DIAGNOSES REDACTED]-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented. -Screen everyone (patients, Healthcare personal (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 greater than 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 On October 14, 2020 at 9:44 A.M., the surveyor viewed the sign in logs for October 14, 2020 at both the front and rear entrances to the facility. There was observed to be a total of 13 employees signed in with their temperature recorded and having answered the question for signs and symptoms of COVID-19. During interview on October 14, 2020 at 10:50 A.M., the Infection Control Nurse (IFC) said all staff should be screened at the start of their shift for temperature and asked if they have had any signs or symptoms related to COVID-19. The IFC Nurse said, she just recently changed the sign in book and the staff are only asked if they have any of signs and symptoms of COVID-19 which are posted on the wall at the entrances to the facility. She said that they are no longer asked if they have traveled out of state or have been exposed to someone with COVID-19. On October 14, 2020 at 02:10 P.M., the surveyor reviewed the current shift staffing for October 14, 2020 for the day shift provided by the Director of Nurses (DON). The staffing schedule indicated there were 19 employees scheduled to work in the facility during the day shift on October 14, 2020. A cross reference of the staff scheduled to work and the staff that were screened at the front and rear entrance indicated, seven staff members working in the building were not screened prior to starting their shift. The staff members that were not screened included the following staff: Housekeeping #1, Dietary Staff #1, Nurse #1, Certified Nursing Assistant #1, #2 and #3 and Activity Staff #1. During an interview on October 14, 2020 at 03:15 P.M., the IFC Nurse reviewed the staff schedule for October 14, 2020 and confirmed all 19 staff members were in the building and should have been screened at the start of their shift today.</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.