

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225750	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER MASCONOMET HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 123 HIGH STREET TOPSFIELD, MA 01983	
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>Based on observation, interview and document review, the facility failed to follow infection control protocols to prevent the possible spread of COVID-19 by failing to ensure that 2 staff members were screened appropriately upon entry to the facility. Findings include: Review of the Centers for Disease Control and Prevention (CDC) guidance titled Preparing for COVID-19 in Nursing Homes, updated June 25, 2020 indicated the following: -Screen all healthcare personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Review of the Massachusetts Department of Public Health memorandum titled July Update to Caring for Long- Term Care Residents during the COVID-19 Emergency dated July 30, 2020 indicated the following: -Long-term care facilities should be screening all individuals entering the facility, including healthcare personnel, on a daily basis. In accordance with previously issued guidance, every individual regardless of reason for entering a long-term care facility should be asked about COVID-19 symptoms and must also have their temperature checked by another individual. Review of facility policy titled COVID-19 Control Plan, revised 7/29/2020 indicated the following: -All facility personnel will be screened prior to the start of their shift for elevated temperature and COVID-19 symptoms or potential exposure. On 7/30/2020 at 7:06 A.M., the surveyor observed 2 staff members enter the facility through the main entrance. The screening table in the lobby did not have a staff member present. The surveyor observed the staff members check their own temperature (without cleaning the thermometer between use) and complete a screening sheet. The staff members then walked away from the screening table and into the building. There was no additional staff member present to check their screening sheet answers regarding symptoms or check that their temperatures were recorded accurately to ensure that the staff members did not enter the facility with a fever or symptoms. During an interview on 7/30/2020 at 7:15 A.M., Nurse #1 said that someone is usually at the screening table in the lobby and that he had been keeping an eye on the lobby but had stepped away from the screening table. During an interview on 7/30/2020 at 1:25 P.M., the Director of Nurses (DON) said that the screening process in the morning before 7:00 A.M. is usually done by either the 11:00 P.M.-7:00 A.M. nursing supervisor or one of the 11-7 nurses if the nursing supervisor is unavailable. The DON said that after the 11-7 staff leaves then Nurse #1 will usually take over the screening until the daytime receptionist comes in. The DON further said that if there is no staff member present at the screening table when staff arrives, the staff should stop and wait to be screened. The DON further said that staff members should not be self-checking their own temperatures and that this practice is not condoned.</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.