

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225773</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LINDEN PONDS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>400 LINDEN PONDS WAY HINGHAM, MA 02043</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>Based on staff observation and staff interview the staff failed to utilize personal protective equipment (PPE) according to the facility's Transmission-based precautions Policy/Protocol, dated 8/20/20, to prevent potential spread of COVID-19 in the facility. Findings include: During interview, the Infection Control Preventionist (ICP) and the Administrative team said that Eye Protection must be worn on all units at all times. They further said that the residents who are quarantined require full PPE (including an N95 mask). On 7/23/20 the facility was directed by the administrative team to implement the following: Gown use only for precaution rooms moving forward Eye protection and surgical mask (N95 for rehab staff) when on neighborhoods (resident units) in resident areas Eye protection, N95, gloves and gown when in precaution rooms (quarantine rooms) gloves will no longer be worn in the hallways Doffing stations will be minimized in the stairwells except boxes for decontaminated masks and wipes for eye protection. Facility policy dated 8/20/20 indicates that residents who are admitted from the hospital will be placed in strict isolation and staff will wear full PPE (gloves, gowns, protective eye wear and N95 respirator). The facility has three units, two units on the first floor which are considered the Long Term Care (LTC) units and the second floor which is the Short Term Rehabilitation (STR) unit. At 8:45 A.M. the surveyor entered the STR unit and observed CNA #1 (certified nursing assistant) who had finished providing care to a resident who was being quarantined. The CNA doffed her isolation gown, placed the laundry into a bag, and proceeded to the laundry area and placed the laundry bag into the washer (the units have washing machines located on the unit) CNA #1 did not have on any eye protection donned. At 9:25 A.M., CNA #1 was observed in the same resident's room (quarantined) with an isolation gown loosely tied around her neck and no eye protection on. The surveyor went to alert the nurse and when the nurse came to make the observation, the CNA had tied the neck ties correctly (tighter), however the back tie remained untied. The nurse indicated to the CNA that she needed to wear eye protection. The CNA stated that she had asked for eye protection but never received it. The Nurse immediately obtained eye protection and gave it to CNA #1. At 10:00 A.M., the surveyor and the ICP were on the LTC unit. The surveyor and the ICP observed two CNAs in a resident's room. One CNA had the proper PPE donned (mask and eye protection as required per the facility policy) and the other CNA with only a mask donned. The ICN immediately corrected the CNA indicating that she needed eye protection. As per the facility policy, all staff needs to have masks and eye protection, at all times, while caring for the residents on the LTC units and full PPE on the STR unit while caring for quarantined residents). At 11:55 A.M., the surveyor exited the conference room and observed the receptionist and a staff member, who was folding washable isolation gowns and conversing with the receptionist. The staff member who was folding the isolation gowns was observed to have her mask around her neck. The surveyor immediately went to alert the ICP. When the surveyor and the ICN approached the reception area, the staff member had donned her mask. The ICP questioned the staff member who now had her mask on and she admitted to the ICP that it had not been in place and apologized for not having it in place. On 8/25/20 at 12:15 P.M., the Administrator, Assistant Administrator, Director of Nursing and the ICP said that the above observations were infection control breaches in which the staff did not utilize personal protective equipment (PPE) according to the facility's policy/protocol, as required to prevent potential spread of COVID-19 in the facility.</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.