

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>22A345</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEW ENGLAND PEDIATRIC CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>78 BOSTON ROAD NORTH BILLERICA, MA 01862</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 observations, record review and interview the facility failed to implement infection control practices for the prevention of the spread of infection, 1. A Certified Nursing Assistant (CNA) had direct contact with a resident without performing hand hygiene, and 2. The facility failed to ensure staff donned full personal protective equipment (PPE:gown, glove, eye shield and face mask) while caring for COVID-19 negative residents (COVID-19 negative residents are at risk for exposure to COVID-19 from staff and/or visitors to the facility). Finding include: 1. Review of the facility's policy titled [MEDICAL CONDITION] preparedness plan, dated 4/16/20 and revised 6/9/20 indicated the following under policies and procedures, point C; Hand hygiene; Hand hygiene must be performed after direct contact with every resident, prior to glove donning and after removal of the gloves and or any intimate object in immediate vicinity of a resident or contaminated surface. On 6/29/2020 at 10:09 A.M., CNA #1 was observed using her ungloved hand to touch a doorknob to enter a room. The CNA did not enter that room and went across the hall and entered a resident's room, using her contaminated hand to touch the resident's bare arm and then touched the resident's lower legs to position them on the wheelchair footboard. On 6/29/2020 at 10:14 A.M., CNA #1 said she should have washed her hands and put on gloves before having contact with the resident. 2. Review of Centers of Medicare and Medicaid titled Covid-19 Long-Term Care Facility Guidance, dated 4/2/2020, indicated the following at point 4. If Covid-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of Covid-19 [DIAGNOSES REDACTED]. During observations on the facility's 2 resident care units, it was observed that staff were wearing surgical masks and no other PPE when in contact with residents and providing care, who are considered negative for Covid-19. During an interview with Unit Manager #1 on 6/30/2020, she said the staff have been using masks since the Covid-19 pandemic began when caring for residents, who are negative for the Covid-19 virus. During an interview on 6/29/2020 at approximately 12:00 P.M., the DON said full PPE was used for resident's who are under investigation for [MEDICAL CONDITION], along with droplet precautions and for residents that are negative only face coverings (surgical masks) were in use.</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.