

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 305072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER JAFFREY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 20 PLANTATION DRIVE JAFFREY, NH 03452	
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>Based on Observation, Interview, & Record Review the facility failed to develop and/or implement CDC guidelines for the prevention of COVID-19. This deficient practice could affect 40 of 40 residents in the facility and an undetermined amount of staff. Findings Include: Observation on May 21, 2020 at around 9:30am revealed that the facility is screening visitors and staff that enter the building by having staff take their temperatures with a thermal thermometer and noting the temperature on a screening form that also asks questions about symptoms of COVID-19. Staff then place the form in a folder, wash their hands, and enter the building. Further Observation at this time revealed that these forms were not reviewed prior to staff entering the building. Additionally, this surveyor's temperature was taken when entering the building, however the form was filled out was not reviewed by staff prior to allowing entry into the building. Record Review on May 21, 2020 at around 9:45am revealed that about twenty of the screening forms the facility is using to screen staff did not contain any information other than a temperature measurement and a measurement of the employee's oxygen saturation (a measurement used to determine a person's respiratory status, which can be helpful in screening for COVID-19). Additionally, about twenty of the forms reviewed had temperature measurements that ranged from 94.6F to 96.0F, which are below the expected body temperature range for humans. Interview on May 21, 2020 at around 9:45am with the facility administrator revealed that the facility was having a difficult time obtaining a thermometer for temperature screening of employees and visitors, and that the facility was aware that the temperatures taken were low. Additionally, the Administrator confirmed that the screening forms were not completed and that there was not a system in place to actively review screening forms and temperatures prior to staff entering the building. Record Review on May 22, 2020 at around 7:00am of the Centers for Disease Control and Prevention's (CDC) recommendations entitled Preparing for COVID-19 in Nursing Homes updated May 19, 2020 states in the section Evaluate and Manage Healthcare Personnel to 1. Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. 2. Actively take their temperature and document absence of symptoms consistent with COVID-19 (Cough, Shortness of breath or difficulty breathing, Fever, Chills, Muscle pain, Sore throat, and New loss of taste or smell). If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Observation on May 21, 2020 at around 9:30am revealed that one resident was placed on airborne precautions due to respiratory symptoms. The sign on the door states that staff are required to wear an N-95 mask when entering the room. Interview on May 21, 2020 at around 9:45am with the ADON revealed that staff are not fit-tested to wear N-95 masks. The ADON stated that the CDC had waived the requirement for fit testing for N-95 masks and therefore the staff were wearing N-95 masks they are not medically cleared or fit tested for. Interview on May 21, 2020 at around 11:30am with the DON and administrator revealed that the facility was having difficulty getting staff fit tested and that staff were not fit tested for using the N-95 mask. Record Review on May 22, 2020 at around 7:45am of CDC's Strategies for Optimizing the Supply of N95 Respirators updated April 2, 2020 states Respirators, when required to protect HCP from airborne contaminants such as some infectious agents, must be used in the context of a comprehensive, written respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard. The program should include medical evaluations, training, and fit testing. Additionally, the document states that Facilities can consider temporarily suspending annual fit testing of HCP in times of expected shortages. In March 2020, OSHA issued new temporary guidance, regarding the enforcement of OSHA's Respiratory Protection Standard. The guidance gave OSHA field offices enforcement discretion concerning the annual fit testing requirement as long as HCP have undergone an initial fit test with the same model, style, and size. Interview on May 21, 2020 at around 9:30am with the ADON revealed that the facility is taking all residents temperatures and monitoring oxygen saturation twice daily, but that they are not actively monitoring residents at least daily for symptoms consistent with COVID-19. Record Review on May 22, 2020 at around 7:45am of CDC's Preparing for COVID-19 in Nursing Homes updated on May 19, 2020 states Actively monitor all residents upon admission and at least daily for fever (T>100.0F) and symptoms consistent with COVID-19. Therefore, the facility failed to develop and/or implement CDC guidelines for the prevention of COVID-19.</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.