

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225412</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDWAY COUNTRY MANOR SKILLED NURSING &amp; REHABILITAT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>115 HOLLISTON STREET MEDWAY, MA 02053</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, record review, and staff interview, the facility failed to ensure that all staff were consistently screened for signs and symptoms of COVID prior to the start of work and staff failed to ensure that a distance of at least 6 feet was maintained between residents during communal dining, both to prevent the development and transmission of communicable diseases and infections including the Coronavirus. Findings include: 1. Health Care Personnel Screening Review of the facility policy for COVID-19, dated 3/30/2020, indicated that [MEDICAL CONDITION] was thought to spread mainly from person to person, therefore the following guidance would be used to prevent the spread of [MEDICAL CONDITION]. The policy indicated that staff were to be screened daily for risk, upon arrival to work, and prior to work assignment, including obtaining their temperature. If staff answered yes to questions 1-6, or had a fever, they would be sent home. The screener would document the information using the facility COVID-19 Questionnaire/Screening tool. Review of the facility COVID-19 Questionnaire/Screening tool indicated the following information: date, time, name, temperature, and the following questions. -Are you experiencing any of the following symptoms: cough, sneezing, sore throat or shortness of breath? -Are you feeling increased fatigue or weakness? -Are you experiencing any GI symptoms? -Have you had sudden loss of taste or smell? -Have you recently traveled to a COVID high incidence areas? Review of the in-service provided to all staff on Update on LTCF COVID Limitation on Visitors, included a section on Health Care Personnel and screening prior to entry to the building. The facility utilized guidance from the Department of Public Health titled Updates to Limitations on Visitors in Long Term Care Facilities during a COVID-19 Outbreak, dated 8/17/2020. The guidance indicated that the nursing home/or rest home must confirm that health care personnel do not have any signs or symptoms of COVID such as cough, shortness of breath, or sore throat, myalgia (muscle pain/ache), chills, or new onset of loss of smell or taste, and a fever by taking each health care personnel's temperature upon arrival. The health care worker's temperature must be below 100.0 degrees Fahrenheit to enter the facility and provide care to the residents. On 10/6/2020 at 7:40 A.M., the surveyor and a colleague entered the facility lobby. There was no one in the facility lobby or at the screening station. At 7:45 A.M. an employee (later identified as a maintenance employee) asked the surveyor to follow him down the hall to look for assistance. The surveyor declined and remained in the lobby. At 7:50 A.M. a staff member entered the lobby and proceeded to the screening station and used the non-contact infrared forehead thermometer to take her own temperature. She then turned to the surveyor and said, Do you need help?. The staff member introduced herself as the Infection Control Preventionist and asked to screen the surveyor and her colleague. Review of the facility COVID 19 questionnaire, dated 10/6/2020, indicated that the Infection Control Preventionist did not document her temperature nor answer the screening questions as indicated on the facility policy/guidance tool for that day. On 10/6/2020 at 2:55 P.M., the surveyor observed CNA #1 entered the lobby and approached the screening station. The receptionist (screener) at the screening station obtained CNA#1's temperature, then CNA #1 left the lobby. The receptionist called out to CNA #1, but she ignored the receptionist. On 10/6/2020 at 3:10 P.M., the Infection Control Preventionist was interviewed and identified CNA #1 to the surveyor and said that CNA #1 did not follow the screening process as required prior to entering a resident care area. On 10/6/2020 at 4:00 P.M. the Administrator was interviewed and said that the business office staff cover the front door/screening station from 7:30 A.M. to 9:00 A.M. daily. The Administrator said that the business office staff were late and therefore there was no one at the screening station at 7:40 A.M. on 10/6/2020. The Administrator also said that CNA #1 had no excuse for her leaving the screening area without completing the screening tool. 2. Communal Dining Review of the in-service provided to all staff on Update on LTCF COVID Limitation on Visitors, dated 8/17/2020, included a section on Dining and Group Activities. The guidance indicated that Long Term Care facilities may introduce communal dining if the facility meets the certain conditions including The number of residents at each table must be limited with residents spaced at least six (6) feet apart. Further review of the in-service provided to the staff included a summary sheet of Visitation Guidance at the Facility including dining, group activities and indoor space. Under this section one of the bullets indicated that communal dining may occur if the facility had enough PPE supplies and the tables were six (6) feet apart. This information was contrary to the guidance that indicated that during communal dining the residents must be seated at least six (6) feet apart. On 10/6/2020 at 12:11 P.M. in the East dayroom the surveyor observed the following: -Two residents sitting at a round, four foot table eating lunch -One resident sitting at a tray table, but in close proximity to another resident sitting at a four foot round table. On 10/6/2020 at 12:20 P.M. the following was observed on the 2nd floor: -Outside the dayroom was a six foot oblong dining table. There were three residents eating lunch at the table, all in close proximity (less than six feet apart) to each other. Two of the residents were sitting directly across from one another. -The unit dayroom had seven dining tables. Three of the round, four foot tables had one resident seated at each table. One round, four foot table had two residents seated together, while another round, four foot table had three residents seated together while eating lunch. On 10/6/2020 at 4:00 P.M. the Administrator was interviewed and said that she was not aware that the residents were seated less than six feet apart during dining. She also said that she was not aware of the conflicting information in the Visitation Guidance Summary sheet provided to staff addressing communal dining and seating during meals.</p>		
F 0882  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p>Based on staff interview and record review, the facility failed to designate one or more individuals as the Infection Preventionist (IP), who is responsible for the facility's infection control program, and who met the qualifications by education, training, experience or certification including specialized training in infection prevention and control. Findings include: On 10/6/2020 at 8:10 A.M. the Administrator was interviewed and said that there was a new Infection Preventionist who was hired and started on 9/8/2020 at the facility. During interview on 10/6/2020 at 2:25 P.M., the Director of Nurses and 3:00-11:00 P.M. supervisor said that the previous Infection Preventionist's last day was 5/25/2020. In the interim, the 3:00-11:00 P.M. supervisor would collect infection data and provide it to the Director of Nurses. Both the Director of Nurses and the 3:00-11:00 P.M. supervisor said that they had not received any specialized training for infection control. The Director of Nurses said that the Infection Preventionist position was vacant from 5/25/20-9/8/2020. Review of the 6/20, 7/20, and 8/20 line listings indicated that the 3:00-11:00 P.M. supervisor was the only staff collecting resident data pertaining to 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.