

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>10/15/2020</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> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, staff interviews, and review of the facility's infection control policies and procedures, the facility failed to implement proper infection control prevention and control practices. The facility failed to: 1. implement procedures for employee and visitor screening, 2. failed to ensure residents who were identified as negative for COVID-19 wore masks when out of their room, 3. failed to ensure that all staff used Personal Protective Equipment (PPE) appropriately, and 4. failed to ensure that residents eating in the dining room were at least 6 feet apart. The facility census was 86 residents. Findings include: Review of the facility's COVID-19 policy (last revised 10/2020), and the Centers for Medicare and Medicaid Services September 17, 2020 guidance included the following: Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms Face covering or mask (covering mouth and nose) Social distancing at least six feet between persons Appropriate staff use of Personal Protective Equipment (PPE) 1. On 10/15/20 at 7:08 A.M., the surveyor walked through the front entrance of the facility and approached the reception desk. The receptionist asked to surveyor to complete a written COVID-19 screening questionnaire, but did not assess the surveyor's temperature. The receptionist suggested that the surveyor wait for facility staff in the lobby area. The surveyor remained in the vicinity of the reception desk until 7:20 A.M., during which time two staff members entered the building and had their temperature taken by the receptionist. 2. At 7:45 A.M., during observation of the 1st Floor Unit, two residents were observed seated in a small dining room. One resident had a surgical mask looped around his/her ears, but the mask was pulled down underneath his/her chin and exposed the nose and mouth. The other resident did not have any mask on at all. Both residents said that they should have a mask on because they were not in their rooms, and staff did not remind them to put it on. Review of the resident census provided by the facility, indicated that both of the residents had never tested positive for COVID-19. 3. During observation on the 2nd floor unit dining room at 11:49 A.M., two residents were observed seated at a table, not wearing masks, and awaiting their lunch meal. One resident was seated at the very end of the table, and the other resident was seated at the corner of the same table less than 6 feet apart, and not socially distanced. Review of the resident census provided by the facility, indicated that both of the residents had never tested positive for COVID-19. 4. During observation on the 2nd floor unit at 11:50 A.M., Nurse #1 was observed standing outside the dining room, near two residents and one staff member, with a surgical mask looped behind his ears, but the mask was pulled down onto his chin, exposing his nose and mouth. At 12:20 P.M., Nurse #2 was observed preparing medications at the medication cart without eye protection in place. There were two residents seated in Broda chairs in close proximity to the medication cart at the time of the observation. During interview with the Administrator at 7:50 A.M., and 3:55 P.M. she said that all staff and visitors that enter the building must have their temperature taken as part of the screening process, that all staff are to wear masks and eye protection appropriately while in the facility, and that residents are to wear masks when out of their rooms and be seated at least 6 feet apart from each other.		
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.