

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER NEWTON CENTER		STREET ADDRESS, CITY, STATE, ZIP 35 JULY STREET SANFORD, ME 04073	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on Interview, Observation, and Record Review the facility failed to implement the United States Centers for Disease Control's (CDC) and Centers for Medicare and Medicaid Services' (CMS) COVID-19 Long-Term Care Facility guidelines. This could affect 1 of 3 residents reviewed. Findings Include: Record Review of Resident #1 Progress Note dated 6/15/2020 revealed that Resident #1 was outside of facility property visiting c (with) dtr (daughter) s (without) wearing a mask and dtr was not wearing a mask. Resident was moved and placed on droplet precautions and resident must be supervised when going outside, he/she cannot be left unattended Observation during the facility tour revealed that Resident #1's room had a sign stating that the room was placed on Droplet precautions, however there was no isolation cart located outside the room, nor was there any gowns near the room. Interview during the facility tour with the facility Director of Nursing (DON) outside Resident #1's room revealed that Resident #1 was on precautions, however these precautions included staff wearing eye protection and a surgical mask within the room or if the resident was wearing a surgical mask then the staff could wear only a surgical mask. Interview on June 18, 2020 during the facility tour with a facility physician revealed that he/she was consulted about Resident #1 and it is his/her expectation that the resident would be place on precautions which include staff wearing eye protection, a mask, gown, and gloves when entering Resident #1's room and interacting with Resident #1. Interview with the DON on June 18, 2020 during the facility tour confirmed that Resident #1 went outside of the facility unattended and visited with and hugged his/her daughter (both of whom were unmasked during the interaction). Interview further confirmed that Resident #1 was not tested for COVID-19 nor was he/she placed on enhanced droplet precautions (which includes all persons entering the room to wear eye protection, a mask, gown, and gloves) after visiting with and hugging his/her daughter. Interview with the DON also confirmed that Resident #1's daughter was not screened for signs/symptoms of COVID-19 at the time of the visit. Record Review on 6/22/2020 of the CDC Preparing for COVID-19 in Nursing Homes updated on 6/19/2020 states Restrict all visitation to their facilities except for certain [MEDICATION NAME] care reasons, such as end-of-life situations. Record Review on 06/22/2020 of CMS S&C Memo QSO-20-14-NH states For ALL facilities nationwide: Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain [MEDICATION NAME] care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).</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.