

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER PARK PLACE REHABILITATION & SKILLED CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 113 CENTRAL AVEUNE HYDE PARK, MA 02136	
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>Based on observation and interview, the facility failed to follow infection control protocols to prevent the possible spread of COVID-19 by failing to appropriately utilize personal protective equipment (PPE). Findings include: Review of the Massachusetts Department of Public Health memorandum titled, Comprehensive Personal Protective Equipment (PPE) Guidance, dated 7/6/20, indicated the following: * HCP should wear eye protection for the care of all patients except those who are COVID-19 recovered. Even if COVID-19 is not suspected in a patient presenting for care, HCP may encounter asymptomatic patients with COVID-19. During an interview on 7/7/20 at 9:15 A.M., the Administrator said that a resident had been sent out to the hospital 3 days ago and had tested positive for COVID-19. The Administrator said that the two roommates of the resident that had been sent out were tested for COVID-19 but that the results had not yet returned. The Administrator said these two residents were being quarantined and being treated on the floor as positive until results come back negative. On 7/7/20 at 9:30 A.M., the surveyor entered the second-floor unit. Upon entering the unit, the door of the room where the two residents under quarantine reside was observed to be open. In addition, Housekeeper #1 was observed to be walking down the hallway without eye protection and began cleaning the floor of the quarantined room without putting on a new gown or eye protection before entering the room. Once done, Housekeeper #1 left the quarantined room, did not change her gown, and went into another room to clean those floors. The housekeeper was observed without eye protection until 9:55 A.M. During an interview on 7/7/20 at 9:50 A.M., Nurse #1 said that eye protection is to be worn at all times when on the unit. Nurse #1 also said that all residents under quarantine for suspicion of COVID-19 should be behind closed doors. During an interview on 7/7/20 at 9:55 A.M., Housekeeper #1 said that she should be wearing eye protection, but had forgotten to put it on. Housekeeper #1 then left unit without taking of her gown to go down stairs and get her eye protection. On 7/7/20 at 10:00 A.M. Certified Nursing Assistant #1 exited the quarantined room after providing care. Before taking off her contaminated gown, she stepped into the hallway and obtained a clean gown from the PPE bin. While holding the clean gown, she took off the contaminated isolation gown, with the clean gown and contaminated gown touching one another. She then walked down the length of the hallway to discard the contaminated gown. Certified Nursing Assistant #1 then put on the clean gown without disinfecting her hands first. During an interview on 7/7/20 at 10:05 A.M., Certified Nursing Assistant #1 said that contaminated PPE did not need to be bagged before walking down the hallway with it. Certified Nursing Assistant #1 said that contaminated PPE does not have to be put into the laundry bin outside of the room she is exiting, but can be placed into any laundry bin on the unit.</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.