

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225722	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER CARDIGAN NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 59 COUNTRY WAY SCITUATE, MA 02066	
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 - Some	<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 staff observation, staff interview, and Center for Disease Control Guidelines, the facility failed to ensure that staff utilized personal protective equipment (PPE) according to transmission-based precautions protocol as required to prevent possible spread of COVID-19 in the facility. Findings include: 1. Per CDC Guidelines, the facility should perform appropriate screening, restriction and education of visitors: Signage should be posted at facility entrances for screening and restrictions. Visitors entering a Long Term Care (LTC) facility are required to be screened by the facility staff for signs and symptoms of COVID-19 (should include a temperature-taken by a facility staff member and questions related to the signs and symptom of COVID-19), are instructed to perform hand hygiene and offered Personal Protective Equipment (PPE, e.g., facemask) if the visitor entered without one. No visitor is allowed entry into the LTC facility without being screened for the above by a facility staff member and without wearing a mask. The following observations were made by the surveyor on 6/18/20: At 6:40 A.M. the surveyor entered the building behind a facility employee. The employee was observed to not be wearing a mask. The door was unlocked and the alarm was sounding. The CNA entered the building, walked directly to the nurse's station on the unit (not wearing a mask), and then returned to the entrance to deactivate the alarm. The surveyor introduced herself to the CNA and asked to speak with the staff member in charge. The CNA stated that she would go find the nurse, and instructed the surveyor to take her own temperature and fill out the questionnaire on the table. The CNA, still not wearing a mask, was observed to walk in the unit hallway, entered residents' rooms, while she attempted to locate the nurse. After the CNA eventually found the night nurse, she returned to the nurse's station, checked her own temperature, and filled out the COVID 19 questionnaire. At this time the CNA finally placed a mask on and left the area. The CNA had been in the building for approximately 15 minutes, had entered residents' rooms, without wearing a face mask. The night nurse met the surveyor at the nurses station, and instructed the surveyor to fill out the questionnaire. The nurse did not take the surveyor's temperature. The surveyor alerted the nurse that she needed to check the surveyor's temperature, which she did after prompting from the surveyor. 2. Per the Center for Disease Control (CDC) guidelines the following is recommend for Droplet Precautions: The use of droplet precautions applies when respiratory droplets [MEDICAL CONDITION] or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctivae and the mouth. Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation. The average distance for droplet transmission is up to 6 feet. When a resident is placed on transmission-based precautions, the staff should implement the following: -Clearly identify the type of precautions and the appropriate PPE to be used. -Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne) and instructions for use of PPE (Personal Protective Equipment). -Make PPE readily available to staff caring for the resident - Don (put on) the appropriate PPE upon entry into the environment of the resident on transmission-based precautions (e.g. Droplet precautions); -The PPE used for care of the resident on droplet precautions is gloves, mask, gown and eye protection (CDC indicated that contact lenses and glasses are not acceptable eye protection). The following observation was made by the surveyor on 6/18/20 at 8:45 A.M.: The surveyor observed a CNA who was providing direct care to a resident. The CNA was feeding breakfast to a resident who was totally dependent with Activities of Daily Living (ADLs). The CNA had donned a gown, mask, and eye protection, however, she not wearing gloves as required. During interview with the Infection Preventionist, Director of Nursing and Administrator, they indicated that no one should enter the building without a mask on, that everyone that enters the building must have their temperature taken by the nurse and documented, and a questionnaire must be completed by the staff or visitor. They said that no one should be taking their own temperature. They also said that all staff should be in full PPE when providing care to residents, including gloves.</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.