

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER JOHN SCOTT HOUSE NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 233 MIDDLE STREET BRAintree, MA 02184	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on staff observation, staff interview, and Center for Disease Control and Prevention Guidelines (CDC), 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: A. CDC Guidelines, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease (COVID-19) Pandemic, updated June 19, 2020, indicates facilities are to screen everyone entering a health care facility for signs and symptoms of COVID-19 and asking if they have been advised to self quarantine because of exposure to someone with the Coronavirus. This requirement includes assessing for fever (temperature greater than 100.0 F or subjective fever). On 8/18/20 the surveyor observed the following: At 6:45 A.M. the surveyor entered the building, introduced herself and was screened by the 11:00 P.M.- 7:00 A.M. supervisor. She told the surveyor that this was the only entrance into the facility and that she has to open the door for the person who is waiting to enter the facility (There are two sets of glass doors to gain access to the facility. The first set opens automatically, however the second set can only be opened by a person who is already in the facility). The following was observed between 6:50 A.M. and 7:15 A.M.: A staff member was let into the lobby area. The supervisor began asking the appropriate screening questions, took his temperature and told him to take a mask. The staff member took a mask, but never placed it on and proceeded to walk down a corridor. As it got closer to 7:00 A.M. multiple staff were waiting to gain access to the facility. There were 4 staff members waiting to gain access, while the supervisor was screening another staff member. The staff waiting to gain access did not have masks on and they were not socially distancing (they were lined up behind one another). The supervisor was trying to keep up with the high volume of staff that were entering, however as the process continued it was noted that the supervisor did not maintain social distancing of staff who were entering the facility without a mask (staff were taking a mask after the screening process was completed). B. The Center for Disease Control and Prevention (CDC) guidelines, the recommendations for Droplet Precautions (Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) includes: The use of droplet precautions applies when respiratory droplets [MEDICAL CONDITION] or bacteria particles which may be spread to another individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctiva (inner layer of the eyelid) 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 approximately 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 indicates that contact lenses and glasses are not acceptable eye protection). -Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care. (stethoscopes, blood pressure cuffs, gait belts, etc.). The Infection Control Preventionist and the Unit Manager from Florence 1 said that Eye Protection must be worn on all units at all times and that isolation gowns are required when providing direct patient care for residents who tested negative for COVID-19. Residents who are quarantined require full PPE. They indicated that other than the residents who are quarantined, all residents are considered COVID-19 recovered status (the residents had all tested positive in April 2020) Once a resident has finished the 14 day quarantine, they are then moved to the other units. The residents who never tested positive prior to and during the quarantine period, once moved, have a PPE cart outside their door and full PPE is required while performing direct resident care. On 8/18/20 the surveyor observed: At 9:15 A.M. on the Florence 1 unit, the surveyor observed a Certified Nursing Assistant (CNA) preparing to enter the room of a resident who's signage indicated that the resident was on droplet precautions. The CNA took some gloves out of a PPE cart located directly outside the resident's room, entered the room and closed the door behind her. The surveyor knocked on the door and entered the room observing the CNA providing direct care to the resident without the use of an isolation gown (she was assisting the resident with toileting). The Unit Manager was in close proximity of the room, and was notified by the surveyor regarding the breach in infection control. The Unit Manager immediately intervened and instructed the CNA that she don an isolation gown. At 9:30 A.M. on the East 1 unit, the surveyor observed 4 residents sitting in the unit day room (residents with Dementia reside on this unit). Across from the day room, a CNA was sitting and told the surveyor that she was in charge of supervising the residents. She had visualization of all the residents in the room. During interview the CNA had two masks donned. A blue surgical mask covered her nose and a white mask covered her mouth. The CNA kept adjusting both masks, touching the outside of the masks numerous times. A resident then got up and started to ambulate independently. The CNA immediately got up and rushed into the room, assisting the resident to ambulate. The CNA did not don any eye protection or have any eye protection with her. C. CDC guidelines for donning and doffing-Personal Protective Equipment: Questions and Answers (Updated Aug. 8, 2020) includes: -Put on isolation gown. Tie all of the ties on the gown (make sure all areas are covered with the isolation gown). Assistance may be needed by other healthcare personnel. -Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. At 12:00 P.M. on the Florence 2 unit which was the quarantine unit (all new admissions who require 14 days quarantines are placed on this unit), the surveyor observed a CNA opening the door and slightly leaning out of a quarantined resident's room. When she did this the surveyor observed that the isolation gown that the CNA had donned was noted to be loosely tied around her neck and was not tied around the waist (the isolation gown was not correctly donned as her uniform around the neck, sides and back were exposed). The CNA was assisting an x-ray technician performing an x-ray. The Unit Manager told the CNA that the isolation gown was not correctly donned as it was not secured properly. She asked the CNA to doff (take off) the isolation gown. The CNA removed the isolation gown, however she did not doff properly. She proceeded to doff the gown and rolled the gown against the front of her uniform. On 8/18/20 at 12:30 P.M. the Administrator, Unit Manager and the Infection Control Preventionist said the facility staff did not follow CDC Guidelines and Recommendations for appropriate screening when entering the facility and the above observations were infection control breaches in which the staff did not utilize personal protective equipment (PPE) according to transmission-based precautions protocol as required to prevent possible spread of COVID-19 in the facility.</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.