

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAVOY NURSING &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>670 COUNTY STREET NEW BEDFORD, MA 02740</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interviews and review of facility documentation and infection control policies, the facility failed during the COVID-19 pandemic to ensure staff implemented: (1) proper screening procedures and cleaning of equipment for screening individuals entering the facility, (2) proper use of personnel protective equipment and, (3) failed to implement environmental cleaning in order to adhere to CDC guidance for infection control to prevent the potential transmission of COVID-19 spread from resident to resident within the facility. COVID-19 is a highly infectious respiratory disease caused by the novel Coronavirus. Findings include: The Centers for Disease Control and Prevention (CDC) guidelines for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic Infection Control, updated July 15, 2020 indicates to screen everyone entering a healthcare facility for symptoms of COVID-19 and actively take the temperature and document the absence and presence of symptoms consistent with [MEDICAL CONDITION]. 1). On 9/17/20 at 6:55 M., surveyor #1 entered the building through the entrance on the South side of the facility. The surveyor observed that there were no signs at the entrance to the facility to indicate where staff or visitors should go to be screened. The surveyor walked into the facility and came into a stairwell going to the basement and the second floor nursing unit. A door, immediately facing the surveyor upon entering the building, led to the first floor nursing unit that housed COVID-19 residents. The door was not secured. The surveyor opened the door, walked onto the unit, and observed multiple postings at the entrance to residents' rooms that indicated that the residents were on Droplet/Contact precautions. Surveyor #1 walked over to the nurses' station where Nurse #1 was seated at the desk. The surveyor introduced himself and explained that he was there to conduct a COVID-19 Focused Infection Control survey. Nurse #1 asked surveyor #1 questions from the COVID-19 Assessment Tool and asked if he could take the surveyor's temperature. At 7:05 A.M., CNA #2 entered the nurse station area to check in for screening. CNA #2 picked up a thermal thermometer device and took her own ear temperature, discarded the shield and placed the device back into a basket. Nurse #1, Nurse #2 nor CNA #2 cleaned or disinfected the device. At that time during interview, Nurse #2 said the thermometer device should not be placed back into general use without proper cleaning/disinfecting after each use. Review of the Visitor/Staff Assessment for COVID-19 conducted by Nurse #1 for surveyor #2 indicated that the Assessment Tool forms were pre-filled with answers to the screening questions, and the form was already signed by Nurse #1. At this time, Nurse #1 said that the forms were pre-filled in order to be neat and if case an answer did not match how the visitor/staff responded he would cross it out and put the correct response. Review of a Visitor/Staff Assessment Tool for COVID-19, conducted by Nurse #1 on 9/16/20 at 7:30 A.M. and 2:30 P.M., indicated that Nurse #1 conducted his own Assessment for COVID-19. The bottom of the assessment tool form did not indicate that the staff member was cleared to enter the building (Visitor/Staff cleared? YES NO) as neither YES or NO was circled. During interview on 9/17/20 at 2:00 P.M., the Director of Nurses (DON) said that the facility lacked an effective method to restrict others from entering the facility, specifically, the first floor and second floor units that housed COVID-19 infected residents. She acknowledged the risk of infection to those who entered the facility without the knowledge that residents infected with the COVID-19 virus resided there. The DON was interviewed regarding the COVID-19 Assessment screening policy for staff and visitors to the facility. The DON said that staff are prohibited from conducting their own COVID-19 Assessments. The DON said that the self-assessment Nurse #1 performed on himself on 9/16/20 at 7:30 A.M. and 2:30 P.M. was not following the policy. The policy also did not allow for pre-filled and pre-signed assessment tool forms 2) During the entrance conference on 9/17/20, the Director of Nurses (DON) said that the current status of Coronavirus in the building included four residents with positive results, eight residents were in recovered status with five others nearing their last days of isolation, and eight residents with negative (never tested positive) status. Seven residents were out of the facility on medical leave. On unit one and unit two, outside every resident room posted signs were observed that listed Droplet/Contact Precautions and to STOP, clean hands when entering and leaving room, wear mask (N-95 or higher if performing aerosol generating procedures), wear eye protection (face shield of goggles) put on a gown and gloves at the door. Further instructions included how to put on (don) and take off (doff) personnel protective equipment. Centers for Disease Control and Prevention (CDC) Infection prevention and control guidance for healthcare professionals (6/3/2020) indicates for health care workers to utilize personal protective equipment (facemask, eye protection, gown and gloves) and to don (put on) and doff (take off) personnel protective equipment before entering and upon exiting the room for an individual placed on Transmission Based Precautions, such as residents whose COVID-19 status is positive to prevent transmission and spread of the highly contagious respiratory [MEDICAL CONDITION] agent. Facility policy for Transmission Based Precautions (TBP) provided for review on 9/17/20, with a revised date of October 2018, indicated that when a resident is placed on transmission based precautions, appropriate notification is placed on the room entrance door. The signage informs the staff of the type of CDC precaution(s), instructions for use of personnel protective equipment (PPE) and instructions for donning and doffing upon entering and exiting the room. On 9/17/20 the surveyors observed staff failure to properly don and doff personnel protective equipment as follows: a). On 9/17/20 at 9:24 A.M., housekeeping staff #1 was observed improperly wearing personnel protective equipment and failed to remove personnel protective equipment after exiting resident rooms on Contact/Droplet Precautions for COVID-19 as required and according to infection control guidance and facility policy for Transmission Based Precautions dated October 2018. On unit one, housekeeping staff #1 wore an isolation gown, gloves, with eye protection goggles on top of her head and a mask positioned below her nose as she entered residents' rooms, identified by the DON as residents on Contact/Droplet Precautions for COVID-19. Although signage for Contact/Droplet Precautions for COVID-19 was posted at the entrance to rooms #102, housekeeping staff #1 entered and exited the room without doffing the personnel protective equipment before exiting the room and perform hand hygiene after collecting red bagged trash. Housekeeper #1 then entered another resident room (#101) without putting on clean PPE before entering the resident room. According to the DON, residents in room [ROOM NUMBER], at the time of visit were negative (had never tested positive for COVID-19). b). On 9/17/20 at 12:27 P.M., Nurse #2 entered resident room [ROOM NUMBER] with signage posted for Contact/Droplet Precautions. Nurse #2 had on a face mask and gloves. Documentation of residents' COVID status received from the DON on 9/17/20 indicated that, residents currently in room [ROOM NUMBER] were identified as positive COVID-19 and recovered COVID-19 status. Although Nurse #2 wore eyeglasses, she did not don proper eye protection, gown or gloves to enter the room as required by the posted instructions for Contact/Droplet Precautions. Nurse #2 entered the room to leave medications for the resident in bed A and then stood outside the door and verbally encouraged the resident to take the pills. The resident did not immediately follow instructions and Nurse #2, applied gloves and then re-entered the room. During interview, Nurse #2 said that she did not have eye protection equipment, wore eyeglasses and said that she did not find any goggles at the nurses' station this morning and said she had not asked the DON for any protective equipment. Nurse #2 failed to use appropriate personnel protective equipment as directed by facility postings and infection control guidance to prevent the spread of COVID-19 infection. c). On unit one at 10:44 A.M., the surveyor observed that laundry staff #1 failed to don and doff personnel protective equipment according to posted facility Contact/Droplet Precautions for a</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAVOY NURSING &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>670 COUNTY STREET NEW BEDFORD, MA 02740</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>resident with COVID-19 and according to Centers for Disease Control and Prevention (CDC) guidance. Laundry staff #1 was observed wearing gown, gloves, a face shield and mask while in the unit hallway and when entering a resident room (#107), identified by the DON as COVID-19 positive, to deliver clean laundry. Laundry staff #1 exited this room without removal of PPE or performing hand hygiene. During interview at 10:47 A.M., laundry staff #1 said she changes and discards PPE (gown, gloves, eye protection) when she leaves the unit. 3. On 9/17/20 at 9:12 A.M., the surveyor observed housekeeping staff #2 washing the corridor floors on unit two. Housekeeper #2 showed surveyor #2 the product in use to clean the resident rooms, corridor and common area floors in the facility. During interview on 9/17/20 at 9:14 A.M., housekeeping staff #2 said that the facility is using an all-purpose cleaner Oasis 100 to clean floors. Housekeeper #2 said that she was made aware that there was a concern last week and that the product was supposed to be changed but did not know when and was not instructed to use any other product for floor cleaning during the pandemic and COVID-19 outbreak in the facility. Housekeeper #2 said that the facility no longer uses the Oasis 100 for other cleaning as they recently changed the high touch points cleaning/disinfectant product to another product. Review of the CDC List N: Disinfectants for Use against [DIAGNOSES REDACTED]-CoV-2 (COVID-19) does not include the Oasis 100 cleaning product. During interview with the DON and Maintenance staff on 9/17/20, both said that the facility is expecting the delivery of an approved disinfectant product later this week. The facility is aware that the floor cleaning product in use was not listed on the Environmental Protection Agency (EPA) N list but continued to still use it. There was no alternative plan to obtain an appropriate floor cleaning product included on the N list during the interim. During further interview, the DON could not provide manufacturer product information for the Oasis 100 product in use to indicate its effectiveness against the COVID-19 for pr</p>		