

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER HARBOR HILL CENTER		STREET ADDRESS, CITY, STATE, ZIP 2 FOOTBRIDGE RD BELFAST, ME 04915	
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 observations, interview and record review, the facility failed to follow professional standards of practice with usage of Personal Protective Equipment (PPE) and to provide a sanitary environment to help prevent the development and transmission of disease and infection related to hand hygiene. Findings: 1. A review of the facilities Outdoor Visitation during COVID-19 Policy and Procedure, revised on 6/17/2020 indicated during the visit: Residents must wear cloth face mask. Visitors must wear a cloth face mask. Visitations will be supervised by our screener who can see visitation area from main desk. His or her role will be to help remind visitors and residents of the importance of adhering to physical separation and to ensure face masks are worn at all times during the visit. On 7/7/2020, two surveyors observed the marked outdoor visitation area located out front on each side of the facilities entrance. During an observation of Resident #6's outdoor visit, from 1:16 p.m.- 1:29 p.m., two surveyors observed Resident #6's face mask below his/her chin exposing his/her mouth and nose. During this observation the following occurred: - The screener was sitting at the main desk looking down, sketching a picture. At 1:18 p.m. a staff member left the facility passing by Resident #6's visitation not observing Residents #6's mask placement. - At 1:20 p.m. another staff member entered the facility passing by Resident #6's visitation not observing Residents #6's mask placement. - At 1:22 p.m. a staff member left the facility passing by Resident #6's visitation as Resident #6's visitor stood up and stepped over to the resident, not observing the 6-foot social distancing expectation and handed the resident a piece of paper clipped with post its. - At 1:25 p.m. another staff entered the building passing by Resident #6's visit as the screener exited the facility to speak with the other visit that was occurring simultaneously on the other side of the entrance. The screener then entered the facility returning to the main desk not observing Residents #6's mask placement. - At 1:26 p.m. another staff exited the facility to escort the other resident who had a visitation back into the building. The screener then exited the facility again and wiped down the chairs, then returned to the main desk, still not observing Resident #6's mask placement. - At 1:29 p.m., surveyor approached the screener at the main desk, who was looking down, sketching a picture. At this time, in an interview with the screener, he/she stated that he/she is to monitor the visitations and ensure both the resident and the visitor wear a mask before, during and after their visit. The surveyor discussed the observations and confirmed with the screener Resident #6's mask below his/her chin. The screener excused herself and went outside to speak with Resident #6 who then placed his/her mask properly over mouth/nose. - At 1:32 p.m., surveyors noted Center Executive Director talking with Resident #6 and the visitor. At 1:40 p.m., in an interview with Center Executive Director and Center Nurse Executive, two surveyors, discussed the above findings of which the facility had 5 opportunities for staff and 2 opportunities for the Screener to intervene/remind and/or educate visitor and Resident #6 of proper mask usage and social distancing expectations. 2. A review of facility Policy titled, Personal Protective Equipment (PPE): Use, Reuse and Extended Use of PPE for All Staff (dated July 6, 2020)(laminated copy posted on isolation room door), page 6 states PPE for Extended (Contact & Airborne) Precautions for Special Respiratory Circumstances: Perform Hand Hygiene BEFORE and AFTER patient contact, contact with environment & after removal of PPE. Wear an N95 Respiratory, Gown, Face Shield and gloves upon entering this room. On 7/7/2020 at approximately 1:55 p.m., a surveyor observed CNA #2 entering an Isolation room [ROOM NUMBER] on Harbor House Unit, without performing hand hygiene or donning gloves according to facility policy. Staff #2 indicated he/she did realize he/she did not wash his/her hands or don gloves prior to entering an isolation room. At approximately 1:50 p.m., the above was confirmed with the Center Executive Director.</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.