

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER SHREWSBURY NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 40 JULIO DRIVE SHREWSBURY, MA 01545	
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>Based on observation, interview and record review the facility failed to appropriately use Personal Protective Equipment (PPE), related to COVID-19, on 2 out of 3 units. Findings include: During an interview on July 28, 2020 at 7:10 A.M., the Assistant Director of Nurses (ADON) said that on Station 3 there were 4 residents who had never tested positive for COVID-19 and the rest of the unit was COVID-19 recovered. She said that the COVID-19 negative residents were on droplet precautions, requiring a mask and eye protection at all times and a gown for any activity that involved direct resident care. The ADON said that the residents on Station 2 were either on quarantine due to being a new admission or had completed their 14 day quarantine and were now considered COVID-19 negative. She said the residents on quarantine required full PPE (gown, gloves, mask, eye protection) to be worn by staff at all times when in the resident room. Review of the Department of Public Health Memorandum for Comprehensive use of PPE, dated July 6, 2020; indicated that Health Care Personal (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. 1. Review of the facility's resident list for COVID-19 Related Precautions, indicated that there were 4 residents on Station 3 that were COVID-19 negative and on droplet precautions. During an observation and interview on July 28, 2020 at 8:10 A.M. on Station 3, Certified Nurse Aide (CNA) #1 came out of one of the resident's room who was listed as COVID-19 negative with a gown, mask, and regular eyeglasses on. CNA #1 removed the gown and placed it in a receptacle right outside the room and then walked down the hall to wash his hands. When he returned, he told the surveyor that he wore a mask, gown, and gloves when caring for the COVID-19 negative residents. He said he did not wear a face shield or other eye protection over his eyeglasses because it made him too hot. During an observation and interview on July 28, 2020 at 8:25 A.M. on Station 3, CNA #2 came out of one of the resident's room who was listed as COVID-19 negative with a mask on. She told the surveyor that when she provided direct resident care she wore a mask, gown, and gloves. The surveyor asked if she wore a face shield or some other type of eye protection and CNA #2 said no. 2. During an observation and interview on July 28, 2020 at 8:40 A.M. on Station 2, Unit Manager (UM) #1 was observed seated in a resident's room that had a sign outside of the door that indicated the resident was on special/droplet precautions. UM #1 had her mask down under her chin. The surveyor walked by 3 more times and the mask remained under her chin until the surveyor asked why her mask was off and UM #1 then put the mask back on correctly. During an observation on July 28, 2020 at 9:00 A.M. on Station 2, CNA #3 went into a resident's room, which had a sign outside of the door that indicated the resident was on special/droplet precautions. CNA #3 entered the room with a mask on and proceeded to pick up the breakfast tray and exit the room. She did not wear eye protection or gloves as required. CNA #3 told the surveyor that she only needed to wear a mask when going into a quarantined resident room. During an observation and interview on July 28, 2020 at 9:10 A.M. on Station 2, Nurse #1 prepared medications to bring into a resident's room that had a sign outside of the door that indicated the resident was on special/droplet precautions. Nurse #1 had on a mask, eyeglasses, and a gown. Upon exiting the room, she told the surveyor that she did not wear eye protection because it was too hard to see out of her eyeglasses if she did. During an observation and interview on July 28, 2020 at 9:20 A.M. on Station 2, CNA #4 entered a COVID-19 negative resident room with a mask on and proceeded to change the resident's socks. When she exited the resident's room, she told the surveyor that the resident had completed his/her 14 day quarantine and was considered COVID-19 negative. She said she did not wear a face shield/eye protection because she would only have to wear that if the resident was COVID-19 positive.</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.