

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225766	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE HALL NORTH		STREET ADDRESS, CITY, STATE, ZIP 55 COOPER STREET AGAWAM, MA 01001	
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, interviews and document review, the facility failed to follow Universal Source Control Measures, pertaining to the use of facemask's, to prevent and/or contain the spread of COVID-19. Findings include: Review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, revised on June 19, 2020, indicated the following: Health Care Personnel (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. When available, facemask's are preferred over cloth face coverings for HCP as facemask's offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. For HCP, the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include: Reminding HCP that the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 is not limited to direct patient care interactions. Designating areas for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked. During an interview with the Infection Preventionist at 8:20 A.M., she said the policy was for staff to wear a face mask in all areas of the building. During a tour of the F-unit with the Infection Preventionist, on 7/1/20 at 9:20 A.M., the surveyor observed Certified Nurse Assistant (CNA) #1 seated at the nurses station without a mask on. The IP reminded the aide she needed to put on a mask and the aide said she had no mask on because she had just eaten a snack. During a tour of the C-unit with the Infection Preventionist, on 7/1/20 at 9:27 A.M., the surveyor observed CNA #2 seated at a bedside table near the nurses station without a mask. There were 3 other staff members nearby. The Infection Preventionist reminded the aide she needed to have her mask in place. During an interview on 7/1/20 at 10:00 A.M. with the Infection Preventionist, she said both aides should have been wearing a mask.</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.