

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER CHICOPEE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 44 NEW LOMBARD ROAD CHICOPEE, MA 01020	
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 and interviews, the facility failed to ensure Transmission Based Precautions (TPB) were implemented relative to donning/doffing Personal Protective Equipment (PPE) in accordance with the Centers for Disease Control and Prevention (CDC) guidance for COVID-19 care and services on 2 of 2 units. The facility also failed to ensure visitors were appropriately screened for COVID-19 symptoms prior to entering the facility as required. Findings include: Review of the facility policy entitled Novel Coronavirus, revised 4/30/2020, indicated the facility will implement actions according to the CDC, Department of Health (DOH), and World Health Organization recommendations including identification, isolation and informing Health Department of any suspected cases of COVID-19. The facility will screen patients and visitors for symptoms of acute respiratory illness (e.g. fever, cough, difficulty breathing) before entering your healthcare facility. Review of the CDC guidance Preparing for COVID-19 in Nursing Homes, updated 6/25/20, indicated the following: -Screen visitors for fever (Temperature =100.0 Fahrenheit), symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea), or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. -Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or Health Care Personnel (HCP) is newly identified in the facility; this could also be considered when there is sustained transmission in the community. -Implement Universal Use of Personal Protective Equipment Review of the CDC guidance Using Personal Protective Equipment, updated 7/14/20, included the following procedure when doffing PPE: -Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). -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. -Healthcare personnel may now exit patient room. -Perform hand hygiene. Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated the following: -Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. -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. -HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If [DIAGNOSES REDACTED]-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: --Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. --Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for: Aerosol generating procedures -For HCP working in areas with minimal to no community transmission, HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP. Review of the facility education sheet, dated 7/13/20, indicated the following: -due to a positive COVID-19 case, all staff must wear full PPE while in the hallway and in the patient's room. PPE must be changed between direct care of each patient. a. On 8/12/20 at 7:10 A.M., the surveyors were screened upon entry into the facility by the Director of Environmental Services. During the screening process, the surveyors were not asked about specific symptoms consistent with COVID-19. During an interview conducted at this time, the Director of Environmental Services said that the process for screening includes hand hygiene, obtaining a temperature and Oxygen Saturation level and asking if the person has been to another location that has had COVID-19 positive cases. During a follow-up interview on 8/12/20 at 2:15 P.M., the Director of Environmental Services said she did not ask the surveyors about the COVID-19 symptoms on the screening form. When the surveyor asked what would have occurred if an employee/visitor had one of the symptoms listed, the Director of Environmental Services said that that employee/visitor would not have been permitted to enter the facility and administration would have been notified. b. On 8/12/20 at 7:10 A.M., the surveyor observed laundry personnel in the hallway where the screening process was being conducted. The laundry personnel did not have a face mask donned. On 8/12/20 at 8:40 A.M., during the entrance with the Administrator, the Social Worker (who was also present) was observed without a face mask donned. Review of the census sheet provided to the surveyors during the entrance indicated the facility had eleven current COVID-19 cases, several residents who were COVID-19 recovered, several residents under investigation for COVID-19 (awaiting test results) and several residents who were negative for COVID-19. c. During a tour of the North Unit on 8/12/20, the following was observed: -at 7:22 A.M., Certified Nurse Aide (CNA) #1 was observed to exit Resident #1's room. CNA #1 had a face mask and a reusable gown donned, but did not have eye protection in place. CNA #1 did not doff her gown prior to exiting the resident's room. The surveyor observed CNA #1 walk down the hallway towards the nursing station and into a side room. After several minutes, the surveyor observed CNA #1 re-enter the hallway with a eye shield, reusable gown and mask donned, walk back down the hallway and re-enter Resident #1's room. Review of the census sheet provided by the facility during the entrance indicated Resident #1 was under investigation for COVID-19 infection. During an interview at 9:19 A.M., CNA #1 said she worked with Resident #1 in the morning. She further said she unsure what Resident #1's COVID status was. CNA #1 said that prior to entering Resident #1's room, staff need to don a gown, face mask, and face shield. She said she did not have a face shield on during the earlier observation, but put one on after. d. During a tour of the West Unit on 8/12/20, the following was observed: -At 8:16 A.M., CNA#2 and CNA #3 were in Resident #2 and Resident #3's room. CNA #3 had a reusable gown and face mask donned, but did not have eye protection donned. Resident #2 and Resident #3 were in the room during this observation. Review of the census sheet provided by the facility, indicated Resident #2 and Resident #3 were negative for COVID-19. -At 8:17 A.M., CNA #2 entered Resident #4's room to deliver a breakfast tray. Resident #4 was observed lying in bed. CNA #2 had a face mask, eye shield and reusable gown donned prior to entering the room. CNA #2 was observed to adjust the resident's bed height, move the resident's blankets to place a pillow on the left side of the resident, adjust the over the bed table and then assist with setting up breakfast without donning gloves or conducting hand hygiene. Review of the census sheet provided by the facility, indicated Resident #4 was negative for COVID-19. -At 8:38 A.M., CNA #2 was observed assisting Resident #5 with breakfast. CNA #2 had a reusable gown, face mask and eye shield donned, but did not have gloves donned. At</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 225539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER CHICOPEE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 44 NEW LOMBARD ROAD CHICOPEE, MA 01020	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>8:42 A.M., CNA #2 exited Resident #5's room without doffing the reusable gown, and entered Resident #6's room. At 8:47 A.M., CNA #2 exited Resident #6's room and immediately entered Resident #7's room to provide feeding assistance to Resident #7 who was in bed. CNA #2 did not doff her gown prior to exiting Resident #6's room, did not don gloves prior to assistance Resident #7. Review of the census sheet provided by the facility, indicated Resident #5, Resident #6 and Resident #7 were negative for COVID-19. During an interview on 8/12/20 at 8:50 A.M., CNA #2 said that a face mask, a gown and eye protection are required with resident interactions. She said that she would don gloves with personal care, and gave examples of personal care as washing or providing incontinence care. CNA #2 further said that her gown would only need to be changed between residents if Activities of Daily Living (ADL) care was provided like washing and toileting. CNA #2 said that said that the reusable gown did not need to be changed between care of residents when repositioning, feeding assistance, or other hands on care was provided, unless that hands on care included washing/toileting the resident. During an interview on 8/12/20 at 1:15 P.M., the Director of Nurses (DON) said that facility staff were to don full PPE (face mask, gown, eye protection and gloves) during care of all residents that are negative for COVID-19 as well as for residents who are under investigation (pending test results). She said that direct resident care is when staff are providing any hands on care and includes anytime they are physically touching the resident. The DON said that some examples of direct care include when staff are providing incontinence care/toileting assistance, feeding assistance, and repositioning the resident. The DON said that after care, the staff would need to discard their gloves and gown, conduct hand hygiene and wash/disinfect their eye protection.</p>		