

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225544	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER WINGATE AT SILVER LAKE		STREET ADDRESS, CITY, STATE, ZIP 17 CHIPMAN WAY KINGSTON, MA 02364	
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, staff interviews and a review of the facility policies, the facility staff failed to remove and dispose of their personal protective (PPE) reusable gowns before exiting the rooms of residents on 14 day quarantine transmission based precautions for COVID-19 and handle the gowns in a manner to avoid self contamination to prevent the spread of COVID-19 in the facility. Findings include: A review of Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Health Care Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 indicated the following: Personal Protective Equipment -HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. -Gowns- Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. -Gloves -Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene. A review of the facility policy Update for Caring for Long-term Care Residents during the Covid-19 Emergency July 30, 2020 Guidance indicated the following: Wingate Skilled Nursing Facility (SNF) in Massachusetts (MA) will follow MA Department of Public Health (DPH) and Centers for Disease Control (CDC) Guidelines for admitting residents and caring for residents with presumed or confirmed COVID-19 and to help mitigate the spread of COVID-19 in the facility indicated the following: -Use of Personal protective equipment (PPE) -The facility will ensure all staff is using appropriate PPE when interacting with staff in alignment with DPH and CDC guidance on conservation of PPE. The surveyor observed the Oakwood Unit and the following rooms had posted Quarantine precaution signs: #70, #72, #73, #74, #76, #79, #80, #90, #94, #97, #98, #99, #100, #101. On October 15, 2020 at 9:24 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 wearing eye protection and a KN95 mask, put on a re-usable gown and gloves and entered room [ROOM NUMBER] to answer a call light. CNA #1 was then observed exiting room [ROOM NUMBER] and taking off her gown in the hallway, rolling it up and placing it in receptacle container in the hallway marked for used PPE. On October 15, 2020 at 9:31 A.M., the surveyor observed CNA #2 exit room [ROOM NUMBER] wearing face shield, KN95 mask, re-usable gown and gloves. CNA #2 threw away her gloves in the trash can, did not perform hand hygiene and put on another pair of gloves and entered room [ROOM NUMBER] and closed the door wearing the same gown that was worn into room [ROOM NUMBER]. During an interview on October 15, 2020 at 9:35 A.M., CNA #1 said she when she leaves a resident's room, she removes her gown in the hallway, rolls it in a ball and throws it into the container in the hallway. CNA #2 pointed to the container marked for used PPE. On October 15, 2020 at 9:46 A.M., the surveyor observed CNA #2 exit room [ROOM NUMBER] wearing a eye protection, mask, gown and gloves. CNA #2 removed her gown in the hallway, rolled the gown in a ball and placed it under her arm and walked down the hallway to the receptacle container marked for used PPE and disposed of her gown. During an interview on October 15, 2020 at 9:47 A.M., CNA #2 said when she entered room [ROOM NUMBER] she was only answering the call light and was not providing care so she did not have to change her gown, only her gloves. CNA#2 said, if she provides care for any residents, she removes her gown in the hallway and throws the used gown into the container marked used PPE. CNA #2 said she is aware the residents are on precautions, but they don't have COVID-19. During an interview on October 15,2020 at 10:20 A.M., the Director of Nurses (DON) said residents on the Oakwood Unit are under quarantine on droplet precautions due to outbreak of COVID-19 on that unit and two residents are under investigation for COVID-19. The DON said the staff should not be taking their gowns off in the hallway and carrying them to the disposable container in the hallway unless they are bagged. The DON said the staff are supposed be re-using the gowns and hanging them on hooks inside the room and it is the expectation the staff perform hand hygiene between residents.</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.