

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225689	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER ROYAL OF COTUIT		STREET ADDRESS, CITY, STATE, ZIP 161 FALMOUTH ROAD MASHPEE, MA 02649	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and policy review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to adhere to standard and droplet precautions while entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital. Findings include: In accordance with the Centers for Disease Control and Prevention, a document titled Coronavirus Disease 2019 (COVID-19), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, dated May 18, 2020 indicated the following: - Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. - HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. - Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes: - Eye protection * Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. * Remove eye protection before leaving the patient room or care area * Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse - 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 * If there are shortages of gowns, they should be prioritized for: aerosol generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. During a tour of the Santuit Unit on 6/24/20 at 10:20 A.M., which included a mixed unit with negative rooms and 8 suspected COVID-19 quarantine rooms, the following observations were made: 1- Occupational Therapist (OT) #1 was observed inside a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital assisting a resident who was ambulating (walk; move about) with a walker. OT #1 was wearing a lab coat with a disposable gown over it, surgical mask, and gloves. OT #1 was not wearing eye protection consisting of goggles or a face shield. Wearing a lab coat under a gown does not eliminate the lab coat as a vector for transmission of [MEDICAL CONDITION]. Thus this is not recommended by the CDC. During an interview on 6/24/20 at 10:35 A.M., the surveyor asked OT #1 what personal protective equipment (PPE) was required to enter the quarantine room. OT #1 said a disposable gown, mask, and gloves. When the surveyor asked OT #1 about the use of eye protection, OT #1 said she would wear it if she were assisting the resident with activities of daily living (ADLs), but said she wasn't sure and asked Licensed Practical Nurse (LPN) #1 2 - Certified Nursing Assistant (CNA) #1 and Nursing Assistant (NA) in training #1 were observed entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital to change the trash. CNA #1 and NA #1 in training were wearing their unit lab coat, mask, goggles, and gloves. They changed the trash, exited the room to dispose of it, then entered a negative resident room without changing their lab coat in between the different types of residents. During an interview on 6/24/20 at 10:45 A.M., the surveyor asked CNA #1 what personal protective equipment (PPE) was required to enter the quarantine room. CNA #1 said gloves, mask, goggles, and a gown. When asked why disposable gowns were not worn, CNA #1 said they were only getting the trash and said they did not have to change gowns in between the rooms because they did not have close contact with the quarantine resident. During an interview on 6/24/20 at 10:48 A.M., LPN #1 said the expectation is to wear full PPE with disposable gown any time you enter a quarantine room.</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.