

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225749	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER LEE HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 620 LAUREL STREET LEE, MA 01238	
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 was found to be not in compliance with COVID-19 infection control guidelines relative to 1.) Failure to adhere to Transmission-Based Precautions 2.) Failure to ensure Personal Protective Equipment (PPE-which includes face masks, face shields or goggles, gowns and gloves) was readily accessible and 3.) Failure to post precaution signage in appropriate locations in the facility. Findings include: Review of the Center of the Centers for Disease Control and Prevention (CDC) Responding to Coronavirus (COVID-19) in Nursing Homes Guidelines, dated 4/30/20, indicated to create a plan for managing new admissions and re-admissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask, if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. 1.) During an observation on 6/23/20 at 8:45 A.M., the Director of Nurses (DON) entered a resident's room that had signage outside the room indicating the resident was on precautions. The signage further indicated a mask; eye protection such as a face shield or goggles, a gown and gloves must be worn when entering the room. The DON did not don any PPE and entered the resident's room. The DON approached the resident and touched the bed linen, railings, adjusted the call bell and then exited the room. During an interview on 6/23/20 at 8:50 A.M., the DON said she did not don on PPE prior to entering the resident's room, as required. 2.) During a tour of the facility on 6/23/20 at 8:40 A.M., 2 out of 5 quarantine occupied resident rooms (rooms [ROOM NUMBERS]) did not have compartments outside the rooms for PPE storage. 3 out of 5 quarantine occupied resident rooms did not have any PPE stored in the multi-drawer compartments that were outside the resident rooms (Rooms 217, 222 and 223). During an interview on 6/23/20 at 8:50 A.M., the DON said Rooms 217, 222 and 223 did not have PPE compartments outside the rooms, as required. During an interview on 6/23/20 at 10:00 A.M., the Infection Preventionist said the PPE compartments outside the resident rooms did not contain PPE gowns. He said the staff needs to see a nurse to be issued a gown, if it is needed, as the gowns are stored in the medication carts and the facility keeps count of gowns issued. He said PPE was not readily accessible to staff, as required. 3.) During a tour of the facility on 6/23/20 at 8:45 A.M., 4 of the 5 quarantined occupied resident rooms did not have the required signage outside the rooms. -room [ROOM NUMBER]- did not have a sign to indicate, Please See Nurse before Entering the Room. -room [ROOM NUMBER]- did not have a sign to indicate, Please See Nurse before Entering the Room. -room [ROOM NUMBER]- did not have a sign to indicate the resident was on Contact/Droplet Precautions. -room [ROOM NUMBER]- did not have a sign to indicate, Please See Nurse before Entering the Room. During an interview on 6/23/20 at 8:50 A.M., the DON said Rooms 217, 219 and 223 did not have the required signage posted outside the rooms to indicate to see nurse prior to entering the room. She further said room [ROOM NUMBER] did not have the required signage indicating the resident was on special precautions. During an interview on 6/23/20 at 10:00 A.M., the Administrator said when a resident was placed on precautions; a pink colored paper indicating to Please See Nurse before Entering the Room is hung.</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.