

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>415075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HOLIDAY RETIREMENT HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>30 SAYLES HILL ROAD MANVILLE, RI 02838</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on surveyor observation, staff interview and record review, it has been determined that the facility failed to ensure staff utilized Personal Protective Equipment (PPE) according to professional standards to prevent the transmission of Coronavirus Disease (COVID-19) for 2 of 5 units observed (Newport 2 COVID-19 Unit and Watch(NAME)Unit). Findings are as follows: The Center for Disease Control and Prevention (CDC) document titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 . states in part .PPE must be donned correctly before entering the patient care area (e.g. isolation room, unit if cohorting, PPE must be removed slowly and deliberately in a sequence that prevents self-contamination . 1.) Surveyor observation of the Watch(NAME)unit on 6/23/2020 revealed the following: At approximately 9:35 AM a hospice staff member, Staff B entered the room of a positive Covid-19 resident wearing only a yellow cloth gown and a surgical mask. 2.) Surveyor observation of the COVID-19 Unit (Newport 2 unit) on 6/23/2020 revealed the following: At approximately 9:46 AM a Nursing Assistant, Staff A was taking the residents vital signs wearing only a yellow cloth gown and an N95 mask (mask that filters out harmful airborne particles). During a surveyor interview on 6/23/2020 at approximately 9:38 AM with Staff B, she acknowledged that she was not wearing the required PPE while in a Covid-19 positive room. She further acknowledged that she should have been wearing full PPE (gown, gloves, face shield/goggles and a N95 mask) prior to entering a Covid-19 positive room. During surveyor interview on 6/23/2020 at approximately 9:48 AM with Staff A, she acknowledged that she was not wearing goggles, face shield and gloves while in the room. She further acknowledged that she should have been wearing full PPE (gown, gloves, face shield/goggles and a N95) while in the resident's room. During surveyor interview with the Director of Nursing on 6/23/2020 at 10:51 AM, she acknowledged that all staff entering the rooms of Covid-19 positive residents should be wearing full PPE (gown, gloves, face shield/goggles and a N95). She acknowledged that they have a sufficient supply of PPE and all staff have access to these supplies.		
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.