

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER HANNAH DUSTON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 126 MONUMENT STREET HAVERHILL, MA 01832	
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	Provide and implement an infection prevention and control program. Based on observation, interview and policy review, the facility failed to ensure that staff were actively screened upon entry to work for signs and symptoms of COVID-19. Findings include: Review of Centers for Disease Control and Prevention (CDC) guidance, entitled, Preparing for COVID-19 in Nursing Homes, last reviewed 6/25/20, included the following: * Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Review of the facility policy, entitled, Covid-19 Employee Screening/Return to Work, revised 5/7/20, indicated that all employees are screened at the beginning of each shift and all employees will be screened for symptoms. On 8/13/20 at 8:10 A.M., observation of the screening process revealed a staff person enter the facility. Screener #1 took the staff member's temperature but did not actively screen the staff member for signs and symptoms of Covid-19. On 8/13/20 at 11:00 A.M., during interview, Screener #1 said that all staff had completed a screening tool that spoke to the signs and symptoms of Covid-19 but she could not recall when. Screener #1 said that when staff report to work now, she takes their temperature and asks them if there are any changes from when they were originally screened, and if the staff member says no, then they sign the log with the time, temperature and signature and go to work.		

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.