

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225682	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER OAK KNOLL HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 9 ARBETTER DRIVE FRAMINGHAM, MA 01701	
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 observation, record review and interview, the facility failed to provide proper infection control practices to help prevent the transmission of Covid-19 and Multiple Drug Resistant (MDRO) infections for two residents (#1 and #2). Findings include: Review of the Centers for Disease Control and Prevention (CDC) Guidelines for Infection Control and Transmission-Based Contact Precautions, on August 13, 2020, indicated the following: - . Donning Personal Protective Equipment (PPE) upon room entry and properly discarding before exiting the patient room is done to contain pathogens. Review of the facility policy for Transmission Based Precautions, revised 3/12/20, indicated the following: -Contact precautions: shall be used in addition to Standard Precautions for patients/residents with known or suspected infections that represent an increased risk for contact transmission -Gloves should always be worn when entering the room and while providing care for the resident. -Don all PPE upon room entry and properly discard in waste receptacle inside the room before exiting the resident's room to contain pathogens. Wash hands immediately. -Droplet precautions shall be used in addition to standard precautions for patients/residents known or suspected to be infected with pathogens transmitted by respiratory droplets . -Remove and dispose of contaminated PPE inside the room into a dedicated waste container and perform hand hygiene. 1. For Resident #1 the facility failed to properly dispose of gloves prior to exiting the room of a resident on contact precautions for [MEDICAL CONDITION]-Resistant Staphylococcus Aureus (MRSA) infection and [MEDICATION NAME]-Resistant [MEDICATION NAME] (VRE). Resident #1 was admitted to the facility in July of 2020, with [DIAGNOSES REDACTED]. Review of the physician's orders indicated an order, dated 7/10/20, requiring contact precautions [MEDICAL CONDITION]/VRE in wounds. During an observation of Resident #1's room on 8/13/20 at 10:25 A.M., the surveyor observed a sign that indicated the resident was on transmission based precautions. During an observation on the Sub-Acute Unit, on 8/13/20 at 10:28 A.M., two surveyors observed Therapist #1 exit the resident's room and doff her gloves in the hallway as she walked away from the room. During an interview on 8/13/20 at 10:50 A.M., Therapist #1 said she had just provided therapy treatment to Resident #1 and did not remove the gloves in the room because the wheelchair was in the way. During an interview on 8/13/20 at 1:14 P.M., Unit Manager (UM) #1 said Resident #1 was on contact precautions [MEDICAL CONDITION]/VRE (contained) in his wounds. She further said the process was to remove all PPE and wash hands prior to exiting the resident's room. 2. For Resident #2 the facility failed to properly handle contaminated linen (a reusable isolation gown). Resident #2 was admitted to the facility in July of 2020 from an acute care hospital. Review of the record indicated the resident was on a 14 day quarantine from admission through 8/15/20. Further review indicated the resident was monitored for potential symptoms of COVID-19 every 4 hours. During an observation on the Sub-Acute Unit, on 8/13/20 at 10:20 A.M., the surveyor observed a sign on the door of Resident #2's room that indicated droplet and contact precautions were required. During an observation, on 8/13/20 at 10:24 A.M., the Director of Medical Records (with a face mask and eye protection already in place) donned a reusable cloth isolation gown and gloves and entered Resident #2's bathroom to assist the resident. A few moments later, two surveyors observed the Director of Medical records as she exited the room and carried the used isolation gown in her gloved hand. She carried the potentially contaminated gown, unbagged, down the length of the hallway to the shower room and put it in the dirty linen hamper. Review of the CDC Guidelines in Appendix D - Linen and laundry management, on August 13, 2020, indicated the following: Place soiled linen into a clearly labeled, leak-proof container (e.g., bag, bucket) in the patient care area. Do not transport soiled linen by hand outside the specific patient care area from where it was removed. During an interview on 8/13/20 at 10: 32 A.M., the Director of Medical Records she said the procedure for disposing a reusable gown was to roll it up and carry it, leaving one dirty glove on, to the laundry hamper in the shower room near the nurses station. During an interview on 8/13/20 at 1:14 P.M., UM #1 said the gown should have been bagged for transport to laundry bin. She further said unbagged dirty linen should not be carried through the hallway.</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.