

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225654</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BENJAMIN HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>120 FISHER AVENUE BOSTON, MA 02120</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, policy review, and interview, the facility failed to ensure staff properly performed hand hygiene to reduce the risk of the transmission of COVID-19 ([MEDICAL CONDITION] causing respiratory illness). Findings include On 8/26/2020 at 8:30 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 in room [ROOM NUMBER]. CNA #1 was setting up a resident's tray on his/her tray table. CNA #1 then left the room, and did not perform hand hygiene. CNA #1 then went to the food truck on the unit, retrieved a new tray and took it to room [ROOM NUMBER]. CNA #1 set up the tray for a resident in 229 on his/her tray table and did not perform hand hygiene while in the room or upon leaving the room. On 8/26/2020 at 8:38 A.M., the surveyor observed CNA #1 in room [ROOM NUMBER], assisting a resident to change position in bed. CNA #1 then repositioned the resident's tray table and left the room without performing hand hygiene. On 8/26/2020 at 8:52 A.M., the surveyor observed CNA #1 finish feeding a resident in room [ROOM NUMBER], pick up the breakfast tray, and return it to the food cart in the hallway. CNA #1 did not perform hand hygiene after returning the tray. During an interview on 8/26/2020 at 8:54 A.M., CNA #1 said she should cleanse her hands with hand sanitizer or wash them whenever leaving a resident's room. Review of the facility policy Infection Control Guidelines of All Nursing Procedures, dated August 2012, indicated the following: -Employees must wash their hands for ten to fifteen seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: -Before and after direct contact with residents. -In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% [MEDICATION NAME] or [MEDICATION NAME] for all the following situations: -Before and after direct contact with residents -After contact with a resident's intact skin. -After contact with objects in the immediate vicinity of the resident. -After removing gloves. During an interview on 8/26/2020 at 11:45 A.M., the Assistant Director of Nursing (ADON) said staff should cleanse/wash their hands whenever leaving a resident's room or after touching a surface in a resident's room or assisting a resident.</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.