

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER COLEMAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP 112 WEST MAIN STREET NORTHBOROUGH, MA 01532	
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 - Some	<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 and interview, the facility failed to maintain an infection prevention and control program relative to the use of personal protective equipment (PPE) and disinfecting medical equipment, designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases, infections and/or COVID-19. Findings include: Review of Center for Disease Control and Prevention (CDC) website: Interim Infection Prevention and Control Recommendations for HCP During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated the following relative to environmental infection control; -All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instruction and facility policies. Review of the CDC website for Hand Hygiene in Healthcare Settings, undated, indicate the following; Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. Review of the facility's Clean, Disinfect, Deodorize Equipment Policy, date issued 3/2020, indicated the following: During an infectious outbreak, it is the policy of Coleman House to wipe clean all equipment used on ill residents with bleach Sani-wipes after each use as per manufacturer's directions. During an interview on 7/29/20 at 7:15 A.M., the Assistant Director of Nurses (ADNS) said the facility had no COVID-19 positive residents or staff at this time. She said staff testing is done every 2 weeks as their last round of testing did not indicate any COVID-19 positive staff. She said the census was currently 38, which included 3 new admissions under 14 days of quarantine. During a tour of the facility's west and east side units on 7/29/20 between 7:35 A.M. and 8:30 A.M., the following were observed; -Certified Nursing Assistant (CNA) #1 was observed in room [ROOM NUMBER] at the side of the resident of bed B. She was wearing a surgical mask, disposable gown and gloves. As she neared the entrance to the room, she doffed the gloves and gown, preformed hand hygiene and exited the room pushing a mechanical lift. CNA #1 placed the lift in the hallway. CNA #1 said the resident in bed B was COVID-19 negative and the resident in bed A was COVID-19 recovered. -CNA #2 was also in the same room at the resident's side. She was adjusting the bedside table in front of the resident. The PPE she was wearing was a surgical mask. -CNA #1 donned a disposable gown and gloves and entered room [ROOM NUMBER] while pushing the mechanical lift. Nurse #1 said both residents in this room were COVID-19 negative. CNA #1 was observed leaving room [ROOM NUMBER] pushing the mechanical lift. She left the lift in the hallway and moved onto caring for other residents on the unit. -CNA #2 was observed leaving the room [ROOM NUMBER] with her surgical mask down off her nose, exposing her nostrils. The mask remained this way while she continued to assist residents on the unit. She was observed touching and adjusting the mask with her hand, after staff requested she move it up to cover her nose fully. She did not perform hand hygiene and change her facemask after adjusting it. -CNA #3 was observed entering room [ROOM NUMBER] to provide a breakfast meal tray. He did not perform hand hygiene when leaving the room before moving onto providing other resident's their meals. The resident in room [ROOM NUMBER] was under quarantine. -CNA #1 entered room [ROOM NUMBER] and set up and assist the resident in bed A with their breakfast tray. The PPE she was wearing was a surgical mask. Staff said the resident in bed A was COVID-19 negative. None of the staff were wearing protective eyewear while assisting COVID-19 negative residents in their rooms. The mechanical lift was not disinfected after use of either resident. During an interview on 7/29/20 at 10:35 A.M., the surveyor reviewed the concerns with the Administrator, the Director of Nurses (DON) and the ADNS. The Administrator and DON said staff should have been wear goggles for care of negative and quarantined residents. The DON said the mechanical lift should have been cleaned with disinfectant wipes after each resident use. All of them said a facemask should fully cover the mouth and nose while worn, and staff should perform hand hygiene after all tasks, care and/or when touching potentially contaminated surfaces.</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.