

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER REVOLUTION KIMWELL		STREET ADDRESS, CITY, STATE, ZIP 495 NEW BOSTON ROAD FALL RIVER, MA 02720	
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 observations, staff interviews, review of facility documentation and infection control policies and guidance, the facility failed to ensure staff implement policies of transmission based precautions to prevent potential spread of infections. Specifically, the facility failed: A. to ensure staff performed proper hand hygiene when donning and doffing personnel protective equipment (PPE) on one of three units and for five residents (#1-5) from a total 13 residents, admitted from the hospital setting and placed on Transmission-Based precautions during their 14 day quarantine and, B. to develop and implement infection control policy and procedures to safely extend the use of PPE and ensure the reuse of PPE includes proper handling, storage and decontamination process to avoid cross contamination and potential transmission of COVID-19 (a highly infectious respiratory disease caused by the Coronavirus). Findings include: The Clinical Operations for Staffing in the facility assessment dated [DATE], with a revised date of 7/1/20, indicates for infection prevention and control during the pandemic COVID-19 response, the facility will follow direction and updates based on Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS) and Massachusetts Department of Public Health (DPH) guidelines. The facility policy COVID-19 Admissions (C-IC-41), dated 3/24/20 and revised on 6/1/20, indicates for new admissions, attempt to admit to a specific area of the building and place on droplet and isolation precautions for 14 days. Health care providers should wear an N95 or higher respirator (or facemask) eye protection, gloves and gown when caring for these residents as [MEDICAL CONDITION] is thought to primarily spread from person to person through close contact with one another and respiratory droplets when an infected person talks, coughs, or sneezes. It may also spread from touch contact with infected surfaces or objects. Review of the facility's Clinical Operations policy for Hand Hygiene, dated 8/2016, with a revised dated of 7/1/20, indicates that if hands are not visibly soiled, use an alcohol based hand rub, which is the preferred method for routinely decontaminating hands includes: before putting on gloves, after having direct contact with resident, and after removing gloves. Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic, dated July 15, 2020, for Personnel Protective Equipment and Training, indicates employers need to ensure healthcare personnel can properly don, use and doff personnel protective equipment (PPE) in a manner to prevent self-contamination, how to dispose of or disinfect, and maintain PPE. Any reusable PPE must be properly cleaned and decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing these donning and doffing procedures. During interview on 8/27/20 at 9:15 A.M., the Director of Nurses (DON) said the facility had no active positive COVID-19 cases. Currently 13 residents were in quarantine, or under surveillance for symptoms and signs of COVID-19 for 14 days. The DON said that 12 of 13 residents on Unit 1 are in quarantine. The Clinical Operation policy for COVID PPE - Gowns (dated 4/4/20 and revised 7/1/20, page 2), indicated to help preserve personnel protective equipment (PPE) supply (see additional guideline on reusable gowns): - Extended use isolation gown - wear the same gown when interacting with one or more patients known to be infected with same infectious agent and are housed in the same location (i.e. COVID unit isolation cohort). - Reusable Anti-Microbial Vinyl Protective Gown - An anti-microbial vinyl gown is reusable and should be cleaned after each use. - Reusable gowns can be wiped off with soap and water and a damp cloth. - Scrubbed with antibacterial wipes such as Sani-Cloth The surveyor observed on Unit 1: 1. On 8/27/20 at 11:30 A.M., the surveyor observed certified nurse aide (CNA) #1 wearing a gown, gloves, mask and eye protection and carrying a bag. During interview, CNA #1 said she was going to assist Resident #1 to the bathroom and prepared to enter Resident #1's room, which had a Stop-Special Droplet/Contact Precautions sign at the door. CNA #1 removed the gown and placed it on a hook, removed her eye protection and KN95 mask and put them a paper bag. CNA #1 then took out additional personal protective equipment from a plastic bag she had carried. CNA #1 did not remove her gloves. CNA #1 proceeded to don a different set of personnel protective equipment, a gown, a surgical mask, and eye protection from the plastic bag. During interview, CNA #1 said that the gown from the plastic bag was one that she wore yesterday. CNA #1 then entered into the Resident #1's quarantine room. There was no removal of gloves or hand hygiene performed as instructed by facility policy. The surveyor observed CNA #1 exiting Resident #1's quarantine room at 11:45 A.M. CNA #1 removed her gloves at the doorway and disposed of them into the trash and proceeded to exit the room wearing the same gown, eye protection and a mask. CNA #1 doffed the gown outside the quarantine room, rolling it inward, folded it and placed into the plastic bag. The eye protection and mask were also placed into a paper bag and put into the plastic bag. After doffing PPE worn in the quarantine room, CNA #1 failed to perform hand hygiene. CNA #1 then put on the PPE (gown, mask, eye protection) worn previously before entering Resident #1's room and a pair of gloves from her pants pocket. CNA #1 then carried the plastic bag to the storage area on the unit. During interview, CNA #1 said that she has designated PPE for each of her assigned (quarantine) residents, which is stored in labeled bags for her use only. In addition, to the lack of hand hygiene, the practice of doffing PPE, such as a used gown, outside of the quarantine (room) space fails to adhere to infection control prevention procedures to prevent the potential cross contamination and spread of [MEDICAL CONDITION] pathogens. 2. On 8/27/20 at 11:35 A.M., the surveyor observed CNA #2, in front of Resident #2's room, wearing a gown, gloves, mask and eye goggles and holding a plastic bag. CNA #2 removed the gown and put it on a hook, then removed the goggles and placed them on the hand rail outside of the room, and the gloves remained on. CNA #2 took a new gown from plastic bag, opened it from the package and donned the clean new gown while wearing the same gloves. CNA #2 removed and applied a face shield. CNA #2 left the area to obtain a mask. CNA #2 failed to remove her gloves and perform hand hygiene prior to donning PPE to enter the quarantine room and failed to properly store her goggles in between use. Upon exiting Resident #2's room, CNA #2 disposed of her gloves in room, doffed gown, shield and mask, outside of the quarantine room, placed them into a bag, changed her mask and applied the goggles from the hand rail. CNA #2 said she needed to wash her hands and walked to the utility room. During interview, CNA #2 said that facility provides PPE. She said they have a gown for each resident, wear the same one for few days, we leave it in a bag in a room labeled. There is a spray for goggles and hand sanitizer in a bottle. CNA #2 was asked if she carries hand sanitizer on her person or if there were hand sanitizer dispensers in the resident rooms/bathrooms and CNA #2 said no to both. 3. On 8/27/20 at 11:58 A.M., the surveyor observed CNA #2 preparing to enter Resident #3's room to provide care included failure to perform hand hygiene after removing her gloves, gown, goggles and mask and before applying a different set of PPE (gown, eye protection, mask and gloves) to enter a quarantine room. CNA #2 placed her goggles on the handrail outside Resident #3's room. CNA #2 was not observed exiting the room. 4. On 8/27/20 at 12:00 P.M., CNA #1 failed to perform hand hygiene after doffing PPE and before donning a different set of PPE to enter Resident #4's room. The doffing of PPE was performed outside the quarantine room in the corridor on the resident unit and not in the room prior to exit to reduce the potential spread of [MEDICAL CONDITION] pathogens. 5. On 8/27/20 at 12:05 P.M., the surveyor observed CNA #1 removing a gown, mask and eye protection before entering Resident #5's room, which had a Stop-Special Droplet/Contact Precautions sign at the door. CNA #1 hung the gown on a wall hook outside the room, placed her eye protection and mask in a paper bag and then donned a different gown, mask and goggles from a plastic bag. CNA #1 did not remove her gloves. There was no removal of gloves or hand hygiene</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>performed as instructed by facility policy to wash hands prior to donning PPE and before entering a precaution (quarantine) room. CNA #1 was observed exiting Resident #5's quarantine room at 12:07 P.M. CNA #1 removed her gloves at the doorway and disposed of them into the trash in the room and proceeded to exit the room wearing her gown, eye protection and a mask. CNA #1 doffed the gown, rolling it inward, folded it and placed into the plastic bag. The eye protection and mask were also placed into paper bags and put into the plastic bag. After doffing PPE worn in the quarantine room, CNA #1 failed to perform hand hygiene or use a hand sanitizer. During interview on 8/27/20 at 12:15 P.M., CNA #1 was asked to explain the procedure for donning and doffing and the purpose of the PPE items in the plastic bag. CNA #1 said that the plastic bags are labeled, one for each of her assigned residents and kept in boxes for her use only. CNA #1 said we reuse the gowns, put them in our bags and issued new ones after a few days. CNA #1 was not aware of any sanitizing or decontamination performed on the gowns between uses. CNA #1 was asked if she had any hand sanitizer and she said there were pump bottles at the nurses desk and in the don/doff room on the unit. After observations, interviews, review of infection control policy and procedures and training materials provided, the facility failed to develop and implement procedures for the reuse and extended use of gowns that met the facility needs. During interview on 8/27/20 at 2:30 P.M., Unit Manager #1 and PPE coach said they could not explain what the facility procedures were for disinfecting gowns before reuse. Unit Manager #1 said that she was not aware of any written policy or procedures for staff to disinfect a reusable or extended use gown.</p>		