

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225613	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2020
NAME OF PROVIDER OF SUPPLIER POPE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 140 WEBB STREET WEYMOUTH, MA 02188	
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 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews and review of the facility policy, the facility failed to designate a staff member as the infection Preventionist at least part-time who is qualified by education, training, experience or certification as specified by Center for Medicare and Medicaid Services (CMS). Findings include: A review of the facility [MEDICAL CONDITION] (COVID-19) policy (not dated) indicated the following: -The facility follows the professional standards and recommendations set forth by the Center for Disease Control, Center for Medicare and Medicaid Services (CMS) and state health care agencies regarding COVID-19. The Centers for Disease Control and Prevention (CDC) guidelines for Preparing for COVID-19 in Nursing Homes, updated June 25, 2020 indicated the following: -Facilities should assign at least one individual with training in infection prevention and control (IPC) to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of health care personnel (HCP), and auditing adherence to recommended IPC practices. During interview on October 9, 2020 at 9:15 A.M., the Director of Nursing (DON) and the Minimum Data Set (MDS) Nurse said the DON and the MDS Nurse have been covering the position of Infection Preventionist for the facility since July 2020. The DON said she has not completed any specialized training as an Infection Preventionist. The MDS Nurse said she has not completed any specialized training as an Infection Preventionist. On October 9, 2020 at 3:20 P.M., the Administrator said the Director of Nurses (DON) and MDS Nurse have covered the role of the Infection Preventionist for the facility the last couple of months. The Administrator said neither the DON or the MDS Nurse as of this date have completed any specialized training or have certification as an Infection Preventionist.		

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.