

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225739</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DWYER HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>25 STONEHAVEN DRIVE WEYMOUTH, MA 02190</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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, and interview, the facility failed to provide a safe, sanitary environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to adhere to standard and droplet precautions while entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital and to limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care. Findings Include: In accordance with the Centers for Disease Control and Prevention, a bulletin titled Coronavirus Disease 2019 (COVID-19), Infection Control Guidance, dated May 18, 2020 indicates the following: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. -HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. -Limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care (e.g., care partners). During the facility tour on 6/16/2020 the following observations were made: 1) At 1:27 P.M., the surveyor observed Human Resource (HR) Personal #1 touring a visitor through the facility and patient care areas. The HR #1 was interviewed at 1:30 P.M., with the Infection Control Nurse present. He said he was conducting an interview for an available position and was giving the potential new hire a tour of the facility. The Infection Control Nurse then said only essential staff members should be in the building to reduce the spread of infection and the facility should not be conducting tours of the units at this time. 2) At 1:36 P.M., the surveyor observed Certified Nursing Assistant #1 entering the room of a resident without the use of a gown, gloves or eye protection. The resident had been identified as a resident under quarantine due to a recent admission from the hospital. The room was marked with a sign indicating full personal protective equipment was required prior to entering. During an interview with CNA #1, she said she should have donned full personal protective equipment prior to entering the resident's room to provide care.</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.