

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225485</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OUR LADYS HAVEN OF FAIRHAVEN INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>71 CENTER STREET FAIRHAVEN, MA 02719</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 0886  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>Based on staff interviews and review of the facility's policies, the facility failed during the Covid-19 pandemic, to ensure that staff followed the Centers for Medicaid &amp; Medicare Services (CMS) guidance for Long-Term Care Facility Testing Requirements for Staff and Residents, by not having established a policy and/or protocols for Residents who refuse Covid-19 testing. Findings include: During the entrance conference on 10/14/20 at 7:30 A.M., the Director of Nurses informed the survey team that the facility has had no staff or residents who had tested positive for Covid-19 since May 2020. The Centers for Medicaid &amp; Medicare Services (CMS) requirement, dated 8/26/20, for Long-Term Care Facility Testing Requirements for Staff and Residents includes having established policies for residents and staff who refuse Covid-19 testing. The testing requirement for residents and staff also indicated to document the refusal and include in the policy how the facility will address those cases. A review of the facility's policies noted a policy had been established for the staff who refuse Covid-19 testing, dated 9/2020, but had no policy and/or procedure to review for residents who refuse to have Covid-19 testing. During interview on 10/14/20 at 10:30 A.M., the Infection Preventionist Nurse (IPN) said, I thought we had a policy and wanted to review the policies. The IPN said we know what we would do if a resident refused to have the Covid-19 test and said she would have the Director of Nurses look for it. The Director of Nurses came into the conference room and said she had a call out to the facility's Clinical Director and would return when she had the information. The Director of Nurses later returned and informed the survey team that the Clinical Director just sent over the policy for the residents' refusal for testing. She explained the Clinical Director had just made the policy and the policy had not been in place prior to the surveyor's inquiry.</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.