

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225573</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANCTA MARIA NURSING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>799 CONCORD AVENUE CAMBRIDGE, MA 02138</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>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation and interview, the facility failed to implement an infection control policy to prevent the potential transmission of COVID-19 evidenced by staff not changing gloves between entering and exiting quarantine rooms on 1 of 4 units. Findings include: On 10/20/2020, the surveyor made observations on 4th floor; the South Side housed residents under quarantine for potential COVID-19 diagnoses, and the North Side housed negative and recovered COVID-19 residents. At 7:35 A.M. the surveyor observed Laundry Staff Person (LS) #1 arrive on the South Side of the unit wearing gloves and pushing a rack of clean clothing, thus contaminating her gloves. Still wearing the contaminated gloves, LS #1 took clean clothing off the rack, (contaminating the clothing) entered room [ROOM NUMBER] with the clean clothing, placed the now contaminated clothing in the resident's closet and removed empty hangers from the closet. LS #1 returned to the clothing rack with clean clothing and placed the empty hanger on the rack. LS #1 did not remove her gloves or wash her hands. LS#1 repeated this process in quarantine rooms #416 and #415, contaminating everything touched with her contaminated gloves. At 7:45 A.M., the surveyor observed LS #1 on the North Side of the unit with the same rack of clothing, wearing gloves and entered room [ROOM NUMBER] with clean clothing, and exited with hangers and placing them on the racks without removing her gloves or washing her hands. LS #1 then entered room [ROOM NUMBER] with clean clothing and after exiting the room, used hand sanitizer on her gloved hands. During an interview with the Director of Nursing (DON) on 10/20/20, at 9:00 A.M., she said that the facility does not have a policy regarding glove use in the hallway. The DON said that staff are expected to remove gloves and perform hand hygiene after exiting a resident room if they have touched any resident property and that LS #1 should not have been wearing the same gloves after entering and exiting resident rooms; especially residents on quarantine.</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.