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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>225331</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                          | (X3) DATE SURVEY COMPLETED<br><b>07/29/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>EAST LONGMEADOW SKILLED NURSING CENTER</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>305 MAPLE STREET<br/>EAST LONGMEADOW, MA 01028</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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Some             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations and interviews, the facility failed to ensure Transmission Based Precautions (TBP) were implemented for COVID-19 care/services for 10 Residents (#1, #2, #3, #4, #5, #6, #7, #8, #9 and #10) on 4 of 4 units. The facility also failed to ensure that a multi-use device (glucometer) was appropriately disinfected for one Resident (#9). Findings include: Review of the facility policy entitled COVID-19 Prevention and Outbreak Management, revised 7/22/20, indicated the following: -masks for residents that come out into the hallway -all employees are required to wear a mask, regardless of duties assigned -effective 7/6/20, all employees providing direct care are required to wear eye protection. -if there are COVID-19 cases identified in the facility, healthcare professional are wearing recommended PPE for care of all residents, in line with the most recent Department of Public Health (DPH) Personal Protective Equipment (PPE) Guidance of 7/6/20, which includes wearing a gown for high contact activities for all direct care for all residents who have never tested positive In addition, the facility policy included a chart which indicated the following PPE use for care of the specified resident: -New Admission/Quarantine residents require staff to don a surgical mask, eye wear, gown (cannot wear the same gown between like residents), gloves for all resident care -COVID Naïve/never positive residents require staff to don a surgical mask, eye wear, gown for ALL high contact resident care (cannot wear the same gown between like residents), gloves for all resident care -COVID recovered residents require staff to don surgical mask, eye protection and gloves with all resident care Review of the facility policy entitled Blood Glucose Meter Cleaning &amp; Disinfection, approved 3/8/18, indicated the following: -cleaning and disinfecting the meter is very important in the prevention of infectious disease -shared blood glucose meters are disinfected after every patient/resident use .to prevent care over transmission of blood-borne pathogens and infectious agents . -avoid placing the meter directly on surfaces at the point of care during the sampling procedure or during the cleaning/disinfecting process -don clean gloves to protect your hands from irritation during the cleaning/disinfecting process -set the meter down on a clean surface (paper towel/tissue) -remove a moist wipe from the canister and clean off visible surface contaminants from top, bottom and sides of meter, discard wipes -a one minute wet/dwell time is required to disinfect using the Clorox Healthcare Bleach Germicidal and Disinfectant Wipe. Allow the meter to air dry on the clean surface ensuring that the surface remains wet for a full minute to disinfect Review of the Centers for Disease Control and Prevention guidance, updated 6/25/20, indicated the following: -All recommended PPE should be used by healthcare personnel when coming in contact with the resident. -Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community. The health department can assist with decisions about testing of asymptomatic residents. -Ensure Environmental Protection Agency (EPA)-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Review of the Massachusetts Department of Public Health (MA DPH) Memorandum, dated 7/6/20, indicated the following: -all HCP should wear a facemask when in they are in the clinical care areas at all times .and are defined as surgical or procedure masks worn to protect the mouth/nose from infectious materials -HCP should wear eye protection for the care of all patients except those who are COVID-19 recovered. Even if COVID-19 is not suspected in a patient presenting for care, HCP may encounter asymptomatic patients with COVID-19. HCP gowns should be prioritized for the following activities: -during care activities where splashes and sprays are anticipated, including aerosol generating procedures -during the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. During an entrance conference on 7/29/20 at 1:00 P.M., the Administrator said that the facility did not have any current COVID positive residents. He further said that there was 55 residents who were COVID recovered, 50 residents who were true negative (have not had a positive COVID test), and several residents on 14 day quarantine. The Administrator said that staff are to don eye protection and mask with care of COVID recovered residents, eye protection, mask, and gown with direct care of COVID negative residents and full PPE (gown, gloves, mask, and eye protection) with residents under quarantine. Review of the resident listing, dated 7/28/20, which was provided to the surveyor during the entrance, indicated the following: -Resident #1 was negative for COVID-19 -Resident #2 was negative for COVID-19 -Resident #3 was COVID-19 recovered -Resident #5 was negative for COVID-19 -Resident #6 was negative for COVID-19 -Resident #7 was COVID-19 recovered -Resident #8 was negative for COVID-19 -Unit 4 included residents currently on the unit that were either COVID negative (2 residents) or COVID recovered (37 residents). Resident #4 and Resident #10 were either COVID negative or COVID recovered During a tour of the Memory Care unit on 7/29/20, the following was observed: -At 1:40 P.M., Activity Staff #1 in a Resident #1's (COVID negative) room conducting a virtual visit. Activity Staff #1 had a reusable gown on, but it was not buttoned and exposed her clothes that were underneath. Activity Staff #1 donned a face mask and face shield donned, but did not have gloves on. -At 1:45 P.M., Nurse #2 at the medication cart in a resident area with a face mask donned. Housekeeper #1 was outside of the nurse's station with a face mask donned. The surveyor observed several residents in the dining/sitting area during this time. During an interview, Nurse #2 said full PPE (eye protection, gown, face mask and gloves) would have to be donned with Activities of Daily Living (ADL's) care and wound care. She said that full PPE is not needed when transferring residents, and that face masks are to be worn while in the facility. -At 1:47 P.M., the surveyor observed Certified Nurse Aide (CNA) #1 assisting Resident #1 (COVID negative), who was seated in a wheel chair, down the hallway. CNA #1 had a face mask donned. During an interview, CNA #1 said that full PPE (gown, gloves, face mask and eye protection) would have to be worn with a COVID positive resident. She further said that if a resident was COVID negative, staff would have to wear face mask and eye protection, but no gown was needed. -At 1:50 P.M., the surveyor observed CNA #2 charting in the hallway on a raised over-bed table. CNA #2 had on a reusable gown and eye protection in place. During an interview, CNA #2 said that prior to providing care for residents; she would wear her gown, eye protection, face mask and gloves. After providing resident care, she would doff her gloves, remove the eye protection and disinfect them, wash her hands, and don new gloves. When asked when her reusable gown would be doffed, she said she changes her gown when she feels she has to, when she goes on breaks, and when she assists with bowel and shower care. She further said there were no specific guidelines as to when the PPE should be changed. When the surveyor asked how staff can determine what the residents COVID status was on the unit, CNA #2 said she received report from the nurse on the resident's current status. -At 2:40 P.M., the surveyor observed CNA #1 conversing with Resident #3 (COVID recovered) in the hallway near the dining/sitting area. CNA #1 had on a reusable gown, which was open and unbuttoned exposing her clothes, and a face mask donned. CNA #1 did not have eye protection donned. During a tour of Unit 3 on 7/29/20, the following was observed: -At 2:30 P.M., Nurse #3 was assisting Resident #2 (COVID negative) with dressing while in his/her room. Nurse #3 had a face mask and face shield in place. Nurse #3 did not have a gown on. During an interview, Nurse #3 said face mask and eye protection need to be worn by staff with all resident 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.

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| F 0880<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p>(continued... from page 1)</p> <p>unless it is a resident on precautions, then staff would have to wear full PPE. -At 3:35 P.M., Resident #5 (COVID negative) and Resident #6 (COVID negative) were seated in wheel chairs in front of the nursing station, neither had face masks donned. Six facility staff who were also in this area, including the Infection Preventionist, CNA #5 and CNA #6, had face masks donned. At 3:37 P.M., CNA #5 was observed to apply a mask to Resident #5, and then assist Resident #5 to his/her room. Also during this time, CNA #6 was observed to be conversing with Resident #6 whose face mask was under his/her chin. During an interview at 3:42 P.M., CNA #5 said she was not sure of Resident #5's COVID status, but said that full PPE needed to be worn for care of all residents when in their rooms and the PPE needed to be changed between residents. CNA #5 said she would apply eye protection when in close contact with residents, but did not need to don a gown or any other PPE besides a facemask when transferring or being near residents in the hallway. -At 3:48 P.M. through 4:02 P.M., Nurse #6 was standing at the medication cart and had eye protection, a reusable gown donned. A face mask was also donned, but was not covering Nurse#6's nose, and the reusable gown was open and unbuttoned exposing her clothing. Nurse #6 assisted Resident #7 (COVID recovered) with applying a coat who was seated near the medication cart, and then Nurse #6 proceed to clean a glucometer (a machine used to check blood glucose levels) using Purell Hand Sanitizing Wipes. Nurse #6 entered Resident #8 (COVID negative)'s room and conducted a blood sugar check on Resident #8 who was lying in his/her bed. Resident #8 did not have a face mask applied and Nurse #6 had a facemask only covering her mouth donned, eye protection and an open reusable gown and gloves donned. Prior to exiting Resident #8's room, Nurse #6 placed the small red bin containing diabetic supplies on the lid of a closed trash can near the entry to the room, doffed her gloves, reusable gown, exited room to place the doffed gown in the designated bin. Nurse #6 was observed to conduct hand hygiene, don a new reusable gown and returned to Resident #8's room to pick up the bin housing diabetic supplies (still located on the lid of closed trash can). Nurse #6 returned to the nursing station where she cleaned the glucometer with the Purell Hand Sanitizing Wipes. During an interview at 4:02 P.M., Nurse #6 said she uses the Purell Hand Sanitizing wipes to clean the glucometer and the blood pressure cuff, and that these devices are shared between residents. When the surveyor asked if she knew what the COVID-19 statuses were of the residents on the unit, she said she didn't know and if she had a question about the residents COVID status, she would ask a supervisor. During an interview at 4:30 P.M., with Nurse #6 present, the acting Director of Nurses (DON) said that glucometer's are to be cleaned with the Clorox Healthcare Bleach Germicidal and Disinfectant Wipe and set to dry for period of time. The DON further said that Resident #8 was the only resident with a blood sugar check at that particular time of day. During a tour of Unit 1 on 7/29/20, the following was observed: -At 2:58 P.M. through 3:00 P.M., CNA #3 and CNA #4 enter Resident #9 (COVID negative)'s room with only face masks donned. During an interview with CNA #4, she said that Resident #9 was negative for COVID-19. When the surveyor asked CNA #4 what PPE needs to be worn when entering Resident #9's room, she said staff need to don mask and gloves only. She further said full PPE needs to be worn with residents on droplet precautions. -During an interview on 3:30 P.M., Nurse #4 said that residents on a 14 day quarantine and require full PPE (gown, gloves, face mask and eye protection). She said staff needs to don gloves and eye protection with care of negative COVID residents. During a tour of Unit 4 on 7/29/20, the following was observed: -At 3:25 P.M., Nurse #5 was standing at the medication care stationed outside of the nursing station. Two residents (Resident #4 and Resident #10) were observed to have face masks donned and were seated in wheel chairs next to Nurse #5. Nurse #5 had a reusable gown, gloves and a face mask donned. The surveyor observed Nurse #5 move both of the residents away from the medication cart. Nurse #5 did not have eye protection donned. During an interview on 7/29/20 at 4:40 P.M., the Administrator said that because the facility did not have current positive cases of COVID-19 in staff or residents, he did not think that they had to adhere to the 7/6/20 DPH guidance. When the surveyor asked if the facility received anything in writing from DPH epidemiology relative to not following the 7/6/20 guidance, he said he did not have anything to provide to the surveyor indicating this.</p> |   |   |