

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER SUMMIT COMMONS REHABILITATION AND HEALTH CARE CNT		STREET ADDRESS, CITY, STATE, ZIP 99 HILLSIDE AVENUE PROVIDENCE, RI 02906	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on surveyor observation, record review and staff interview it has been determined that the facility failed to ensure staff utilized Personal Protective Equipment (PPE) according to professional standards to prevent the transmission of Coronavirus Disease (COVID-19) for 1 of 2 units with COVID-19 positive residents (4th floor). Findings are as follows: Center for Disease Control and Prevention (CDC) document titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 states in part .PPE must be donned correctly before entering the patient care area (e.g. isolation room, unit if cohorting, PPE must be removed slowly and deliberately in a sequence that prevents self-contamination . During an entrance conference interview with the Director of Nursing Services (DNS) on 5/27/2020 at approximately 8:15, she revealed the facility has designated the fourth floor as their COVID-19 unit. Surveyor observation of the COVID-19 Unit (4th floor) on 5/27/2020 revealed the following: - At approximately 9:00 AM the House Keeping Floor Tech, Staff A wearing only an N95 mask (mask that filters out harmful airborne particles). - At approximately 9:35 AM the House Keeping supervisor, Staff B entering the unit wearing N95 mask and gloves. - At approximately 9:40 AM the Assistant Director of Nursing Services (ADNS), entering the elevator after being on the COVID unit with full PPE and did not remove the PPE prior to leaving the unit. During surveyor interview on 5/28/2020 at 11:26 AM with the ADNS, she acknowledged that she did not remove PPE prior to exiting the unit. She further acknowledged that all staff entering the unit should be wearing full PPE and should remove PPE upon leaving the unit. During surveyor interview with the DNS on 5/27/2020 at 10:47 AM, she acknowledged that all staff entering the unit should be wearing full PPE and PPE should be removed prior to exiting the unit.		

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.