

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF NASHOBA VALLEY		STREET ADDRESS, CITY, STATE, ZIP 191 FOSTER STREET LITTLETON, MA 01460	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure staff were properly screened for COVID-19 (a respiratory illness caused by [MEDICAL CONDITION]) prior to the beginning of every shift to prevent the possible transmission of COVID-19 within the facility. Findings include: A Covid-19 screening tool is used to screen all staff and essential visitors for fever and symptoms of illness before starting each shift. A trained person should be present to physically monitor temperature of staff entering the building and ask questions regarding other COVID-related symptoms. During an interview on 7/6/20 at 11:50 A.M., the Director of Nursing (DON) said the facility's only point of entry was the main entrance. She said the receptionist screens everyone going in and out the facility. She said that the night supervisor screens the 11:00 P.M. to 7:00 A.M. staff coming in for their shift. During an interview on 7/6/20 at 1:00 P.M., Nurse #1 said that both 7:00 A.M. to 3:00 P.M. shift and 3:00 P.M. to 11:00 P.M. shift staff get screened by the dedicated screener at the front desk before going in to their respective units. She said that 11:00 P.M. to 7:00 A.M. shift staff self-screen (check their own temperatures and answers sets of Covid-19 questions) upon entering the facility. Nurse #1 said she did not recall if that has been the screening process for the 11:00 P.M. to 7:00 A.M. shift staff. During an interview on 7/6/20 at 1:40 P.M., Nurse #2 said the 11:00 P.M. to 7:00 A.M. shift staff self-screen prior going in to their respective units. Nurse #2 said that it was the facility policy that the 11:00 P.M. to 7:00 A.M. shift staff to self-screen when entering the facility. During an interview on 7/6/20 at 2:00 P.M., the Lead Receptionist said the housekeeping supervisor screens the staff that comes in before 8:00 A.M. and that she takes over the screening process for both the employees and visitors from 8:00 A.M. to 4:00 P.M., she told the surveyor that she was not sure who screens the 11:00 P.M. to 7:00 A.M. shift staff. Review of the facility employee screening records indicates the following: -On 7/2/20 six staff self-screened -On 7/3/20 five staff self-screened -On 7/5/20 two staff self-screened During an interview on 7/6/20 at 2:20 P.M., the DON reviewed the facility employee screening record and acknowledged that some staff had self-screened. She said that she was not aware of it and not sure if the staff that self-screened came in late. She said the staff should not be self-screening when entering the facility.</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.