

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST CAMILLUS HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>447 HILL STREET WHITINSVILLE, MA 01588</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on document review, observation and interview, the facility failed to ensure the staff maintained an infection prevention and control program relative to proper personal protective equipment (PPE) use with dirty linen and hand hygiene, designed to help prevent the development and transmission of communicable diseases, infections and/or the COVID-19 virus. Findings include: Review of the facility's Standard Precautions Policy, dated 12/23/2016, indicated the following: -Treat all blood and body fluids as if they're infectious. -Perform hand hygiene immediately after gloves are removed and between resident contacts. -Wear gloves when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and any contaminated items. Do not touch these materials without gloves on. -Wash hands after accidentally touching blood, body fluids, secretions, excretions, and contaminated items. -Wear a gown to protect your skin and prevent soiling of clothes during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. -Handle resident contaminated equipment and linen in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other residents and the environment. Review of the facility's High-Contact Care Document, undated, indicated the following: -High Contact Care includes (but limited to); changing linen. -Before any high-contact care, the following PPE has to be put on: Facemask, face shield/goggles, gown and gloves. Review of the facility's Hand Hygiene Policy, undated, indicated the following: -Decontaminated hands after contact with inanimate objects that are likely to be contaminated in the vicinity of the resident. Review of the Centers for Disease Prevention and Control (CDC) website, Preventing Healthcare Associated Infections (HAI); Appendix D-Linen and laundry management, undated, indicated the following for best practices for linen (and laundry) handling: -Always wear gloves before handling soiled linen (e.g., bed sheets, towels, curtains). -Carefully roll up soiled linen to prevent contamination of the air, surfaces, and cleaning staff. Review of the CDC website for Hand Hygiene in Healthcare Settings, undated, indicated the following: Healthcare personnel (HCP) should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. During an interview on 9/29/20 at 8:10 A.M., the director of nurses (DON) said the facility's census was 105 which included 15 residents that were under 14 day quarantine. She said all staff were wearing facemasks and eye protection while in the facility. She said for COVID-19 negative residents, high contact precautions were maintained for high contact activity. She said that in addition to the facemask and eye protection, gowns and gloves were used. She said for the quarantined residents, droplet and contact precautions were maintained and full PPE was used for the care of these residents. During a tour of the facility on 9/29/20, between 8:50 A.M. and 11:10 A.M., the following was observed: Lobby Area: -The surveyor observed a receptionist touching and adjusting her facemask while setting up clean facemasks for staff use. She did not doff (remove) the mask and/or perform hand hygiene, and continued to work with the clean facemasks. Mingen Way Unit: -The surveyor observed Nurse #1 and Certified Nursing Assistant (CNA) #1 touching and adjusting their facemasks with their bare hands. Neither doffed the mask and/or performed hand hygiene before returning to the care of the residents on the unit.(NAME)Unit: -The surveyor observed Nurse #2 at the medication cart. The surveyor observed the nurse repeatedly adjusting her facemask with her bare hands. She did not doff the mask and/or perform hand hygiene before preparing medications for administration to residents on the unit.(NAME)Court Unit: -The surveyor observed CNA #2 touching her facemask with her bare hands. She did not doff the mask and/or perform hand hygiene before providing care to residents on the unit. -The surveyor observed CNA #3 working in two different residents rooms. The residents in both rooms were all COVID-19 negative. The sign outside of both rooms indicated High Contact Care. CNA #3 was wearing a facemask and eye protection while in the room. The surveyor observed CNA #3 picking up dirty linen with bare hands and bagging it. The surveyor observed CNA #3 handling clean linen with bare hands for residents between these observations. The surveyor did not observe CNA #3 perform hand hygiene during this time. -The surveyor observed Dietary Aide #1 in the kitchen service area on this unit. The dietary aide had her mask down below her mouth and nose, and her eye protection on top of her head in her hair. The surveyor observed her adjust her facemask and eye protection with her bare hand. The surveyor observed her then wipe down equipment and handle pans of food for the lunch meal. The surveyor did not observe the aide perform hand hygiene during this time. During an interview on 9/29/20 at 12:45 P.M., the DON said staff should wear gowns and gloves, in addition to the facemask and eye protection, when handling dirty linen. She said hand hygiene should always be performed after handling dirty linen. She said staff should not be touching or adjusting facemasks, and if they do then hand hygiene is required. She said all staff would need to be re-educated on required infection control practices and hand hygiene.</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.