

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>225420</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><b>07/21/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>CENTER FOR EXTENDED CARE AT AMHERST</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>150 UNIVERSITY DRIVE<br/>AMHERST, MA 01002</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> - Many             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to: 1.) Improper donning and doffing of Personal Protective Equipment (PPE) while caring for quarantine residents 2.) Removing PPE while providing care to a resident 3.) Failure to sanitize hands before donning on gloves and 4.) Staff double gowning while providing resident care. The facility resident census included 43 residents that had tested negative for COVID-19, 39 residents that were recovered from COVID-19 and 4 residents that were new admissions and were on 14 day quarantine precautions. The negative and recovered residents were housed throughout all three units in the facility. Findings include: 1. During a tour of the facility on 7/21/20 at 8:20 A.M., the surveyor observed staff members entering and exiting resident rooms and were not changing PPE gowns. Review of the Centers for Disease Control and Prevention: Preparing for COVID-19 in Nursing Homes Guidance, dated 6/25/20, indicated: -Prioritizing gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of Healthcare Personnel (HCP). -If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile) During an interview on 7/21/20 at 8:52 A.M., Nurse #1 said she cares for one negative resident as well as recovered residents. She further said she wears the same gown throughout her shift and only changes it if it becomes soiled. During an interview on 7/21/20 at 9:08 A.M., Nurse #2 said she cares for recovered and negative residents. She could not indicate which residents were negative and which residents were recovered. She further said she wears the same gown throughout her shift and changes the gown only if it becomes soiled. During an interview on 7/21/20 at 9:08 A.M., Certified Nursing Assistant (CNA) #1 said she wears the same gown when providing care to recovered and negative residents and changes it if it becomes soiled. She could not indicate which residents were recovered or negative for COVID-19. 2. During a tour of the Dharma Unit (dementia unit) on 7/20/20 at 9:00 A.M. CNA #2 was observed providing care to a resident that was negative for COVID-19. CNA #2 had removed her facemask and eye protection while in the room. Review of the CDC guideline: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated: -HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. -Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply. During an interview on 7/21/20 at 9:04 A.M., CNA #2 said she did not have her facemask and eye protection on, as required. 3. During a tour of the Dharma Unit on 7/21/20 at 9:08 A.M., CNA #2 was observed throwing a plastic bag that contained linen into a laundry chute. She then obtained a box of disposable gloves, opened the box and donned a pair of gloves. She did not sanitize or wash her hands before donning the gloves. Review of the CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, included: -HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. -HCP should perform hand hygiene by using Alcohol Based Hand Soap (ABHS) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS. During an interview on 7/21/20 at 9:10 A.M., CNA #2 said she washed her hands and after surveyor repeated that CNA #2 was not observed to have washed or sanitized her hands, she said, Fine, I'll wash my hands. 4. During a tour of West 2A Unit on 7/21/20 at 9:20 A.M., the surveyor observed two rehab therapists assisting a resident from the bed into a wheelchair and adjusting the resident's legs in the chair. Both therapists were wearing a PPE suit and a PPE gown over the suit. Review of the CDC: Using Personal Protective Equipment (PPE) Guidance, updated 7/14/20, indicated: - How to Put On (Don) PPE Gear included: Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel. -How to Take Off (Doff) PPE Gear included: Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. The CDC guidelines did not indicate to wear more than one PPE gown. During an interview on 7/21/20 at 9:26 A.M., the Physical Therapist said she was not aware that double gowning was not an acceptable PPE procedure. During an interview on 7/21/20 at 10:45 A.M., the Director of Nurses said she did not know that double gowning was not recommended in the CDC guidelines for the PPE procedure.</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.