

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225564</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF ATTLEBORO</b>		STREET ADDRESS, CITY, STATE, ZIP <b>969 PARK STREET ATTLEBORO, MA 02703</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff interviews, and facility policy based on Center for Disease Control Guidelines, the facility failed to implement their policy and procedures for appropriate use and availability of personal protective equipment (PPE) for residents who required transmission based precautions to prevent possible spread of infection on 1 of 3 units. Findings include: The facility policy for Transmission-based Precautions and Isolation Procedures (last revised 5/7/2020) included the following: -Make PPE readily available near the entrance to the resident's room -Don appropriate PPE upon entry into the environment (room) of a resident on transmission- based precautions During observation on the Capron Unit hallway A on 6/17/20 at 9:45 A.M., CNA (certified nursing assistant) #1 was observed standing outside a resident's room at a plastic drawer [MEDICATION NAME] which contained personal protective equipment including gowns, masks, and gloves. Two large, colorful signs were adhered to the door frame of the resident's room. One sign indicated a resident inside the room had an infection, and was on droplet precautions. The second sign had printed images and instructions which indicated that before entering the room, the following PPE must be donned (put on): gown, mask or respirator, goggles or face shield, and gloves. CNA #1 said that the resident was on droplet precautions, and was on her assignment. The surveyor noted that there was no eye protection worn by the CNA, and no eye protection was in the PPE drawer [MEDICATION NAME]. The CNA said that she thought it might be in her bag in the documentation room. The CNA and surveyor went to the documentation room, looked in her bag, and said that it was not there, and that she must have left them in her car. During interview with Nurse #1 at 9:50 A.M., she said that there were no goggles or face shields on the unit, and that she would have to call central supply to get some. During observation on the Capron Unit hallway B on 6/17/20 at 10:00 A.M., a call light above a resident's room illuminated and sounded. A plastic drawer [MEDICATION NAME] was outside the resident's room and contained personal protective equipment including gowns, masks, and gloves. Two large, colorful signs were adhered to the door frame of the room. One sign indicated a resident inside the room had an infection, and was on droplet precautions. The second sign had printed images and instructions which indicated that before entering the room, the following PPE must be donned (put on): gown, mask or respirator, goggles or face shield, and gloves. Nurse #1 was observed to approach the resident's room, open the drawer and don a gown and gloves (she was already wearing a mask). The nurse did not don any type of eye protection, and then entered the resident's room. A few minutes later, Nurse #1 was observed to doff (removed) the gloves and gown, sanitized her hands and left the room. During interview with Nurse #1 at 10:08 A.M., she said that the resident in the room is on droplet precautions and she should have worn eye protection, but that it was not available on the unit. She said that she would need to ask her supervisor for eye protection. During interview with the Assistant Director of Nursing/Infection Control Nurse at 10:10 A.M., she said that staff must wear all required PPE when entering a resident's room, and that it should be available on the units and accessible to all staff.</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.