

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CARE ONE AT PEABODY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>199 ANDOVER STREET PEABODY, MA 01960</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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, interviews and record review, the facility failed to ensure that infection control protocols for cleaning and disinfecting equipment, and hand hygiene were followed to properly prevent the spread of the COVID-19 virus (a communicable disease). Findings include: During an observation of the 3rd floor nursing unit on 6/15/20, at 8:01 A.M., the surveyor observed Certified Nurse's Aid (CNA) #1 exit room [ROOM NUMBER] and without performing hand hygiene, obtained a food tray from the food cart in the hallway, contaminating both the food tray and the food cart handle. CNA #1 then entered room [ROOM NUMBER] and placed the food tray on the resident's overbed table and assisted the resident with opening the items on the tray, contaminating them. During an observation of the 3rd floor nursing unit on 6/15/20, at 8:02 A.M., the surveyor observed Nurse #1 exit room [ROOM NUMBER] without performing hand hygiene. Nurse #1 then obtained a food tray from the food truck in the hallway contaminating the food truck door handle and the tray. Nurse #1 then entered room [ROOM NUMBER] with the contaminated food tray, placed it on an over bed table for the resident and assisted the resident with opening the items on the tray, contaminating them. During an interview on 6/15/20, at 8:02 A.M., Nurse #1 said that all staff were supposed to sanitize their hands before leaving a resident's room. During an observation of the 2nd floor unit on 6/15/20, at 8:20 A.M. the surveyor observed Nurse #2 obtain a resident's temperature and blood pressure from room [ROOM NUMBER]. After obtaining the vital signs Nurse #2 exited the room with the rolling vital signs equipment stand and leave it across the hall from room [ROOM NUMBER] without disinfecting the thermometer or blood pressure cuff. During an interview on 6/15/20, at 9:00 A.M., the Director of Nursing said that all equipment that is used on a resident is supposed to be cleaned and disinfected immediately after use to prevent the possibility of contamination to another resident. During an observation of the second floor unit on 6/15/20, at 8:22 A.M. the surveyor observed CNA #2 exit room [ROOM NUMBER] without performing hand hygiene. CNA #2 then entered room [ROOM NUMBER], removed a soiled food tray, exited the room and without performing hand hygiene (HH) opened the food cart in the hallway, contaminating the handle and placed the tray inside. CNA #2 then entered room [ROOM NUMBER] without performing HH exited and entered room [ROOM NUMBER] without performing HH. CNA #2 then exited room [ROOM NUMBER] and entered room [ROOM NUMBER] again without performing HH. Review of the facility policy titled Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures and dated edited 5/19/20, indicated that while in the building employees are required to strictly adhere to established infection prevention and control policies including hand hygiene and equipment cleaning. Review of the facility policy titled Cleaning and Disinfecting Non-Critical Resident Care Items and dated reviewed on 3/4/20, indicated that all reusable items are cleaned and disinfected or sterilized between residents.</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.