

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225529	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF THE NORTH SHORE		STREET ADDRESS, CITY, STATE, ZIP 111 BIRCH STREET LYNN, MA 01902	
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	Provide and implement an infection prevention and control program. Based on observation, staff interview, policy and document review, the facility failed to ensure that on two of three units, staff members donned and doffed appropriate Personal Protective Equipment(PPE) when caring for Covid-19 negative residents. Findings include: The facility failed to ensure that staff members donned and doffed appropriate PPE when caring for Covid-19 negative residents and when cleaning/disinfecting the bedrooms of Covid-19 negative residents and residents with an unknown Covid-19 status. Review of the Cleaning of Isolation Rooms education for housekeeping staff, dated 4/29/20, indicated to put on PPE as appropriate to the expected level of risk prior to entering the isolation room. On 7/28/20 at 9:15 A.M., the surveyor observed on the 2nd floor unit, Housekeeper #1 cleaning the tables and floor of a bedroom occupied by a resident with a Covid-19 negative status. The precaution signage on the door indicated to wear eye protection, mask and gown and glove at the door. The resident was sitting in a chair without a mask on and Housekeeper #1 was cleaning around the resident. Housekeeper #1 was not wearing a gown or eye protection increasing the risk of spread of infection. On 7/28/20 at 9:38 A.M., on the 2nd floor unit, the surveyor observed CNA #1 as she was entering the room of a resident with a Covid-19 negative status. CNA #1 was not wearing eye protection. During an interview on 7/28/20 at 9:38 A.M., CNA #1 said she was going in to wash up the resident. CNA #1 said that she did not have any eye protection. She looked into the precaution cart and said there isn't any eye protection in the cart. On 7/28/20 at 9:40 A.M., on the 3rd floor unit, the surveyor observed Housekeeper #2 washing the floor in a room of a resident with Covid-19 unknown status. Housekeeper #2 was not wearing eye protection. The surveyor observed as Housekeeper #2 completed her task and left the resident room. Signage inside the resident's room indicated that the staff member's isolation gown should be removed before exiting the resident room. Without discarding her contaminated isolation gown, she walked to the end of the unit to discard trash. She performed hand hygiene and then proceeded down the corridor and entered another resident's room whose status was Covid-19 unknown and began cleaning that resident's room while still wearing the contaminated gown. During an interview on 7/28/20 at 10:00 A.M., Housekeeper #2 said she didn't know she needed the eye protection or that she should have changed her gown in between resident rooms. During an interview on 7/28/20 at 1:00 P.M., the Director of Nursing said that the staff should don and doff PPE according to the precaution signage located just outside each resident's door as well as signage inside the door that instruct staff what needs to be doffed before leaving the room.		
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.