

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 305030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER MAPLE LEAF HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 198 PEARL STREET MANCHESTER, NH 03104	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and policy and procedure review, the facility failed to follow the Centers for Disease Control and Prevention (CDC) guidelines for universal masking during the COVID-19 pandemic in multiple areas throughout the building. Findings include: Observation on 7/14/20 at approximately 11:30 a.m. at the front entrance of the facility revealed Staff A (Cook) in the lobby with a surgical mask placed below their nose. Staff B (Receptionist) was located approximately 4-5 feet from Staff A. Interview on 7/14/20 at approximately 11:45 a.m. with Staff I (Director of Nurses) and Staff K (Infection Control Preventionist) revealed that surgical masks should be covering staff member's nose and mouth. Observation on 7/14/20 at approximately 12:10 p.m. on the 3rd Floor nursing unit revealed Staff C (Restorative Nurse) at the nurses station on the phone with surgical mask placed below their nose. Interview on 7/14/20 at approximately 12:10 p.m. with Staff I confirmed the above finding. Observation on 7/14/20 at approximately 12:15 p.m. on the 3rd floor nursing unit revealed Staff D (Medical Records) walking in the hallway on the unit with a surgical mask placed below their nose. Staff I approached Staff D as Staff D entered the stairwell and reminded Staff D that the surgical mask needs to cover their nose. Observation on 7/14/20 at approximately 12:20 p.m. in the laundry room revealed Staff E's (Laundry Aide) surgical mask was placed below their nose. Observation on 7/14/20 at approximately 12:25 p.m. in the kitchen revealed Staff F's (Cook) surgical mask was placed below their chin. Approximately 3-4 feet from Staff F was Staff G (Dietary Aide) whose surgical mask was placed below their nose. Staff I reminded Staff F and Staff G that surgical masks needed to cover both their nose and mouth. Staff A was also observed with surgical mask placed below nose. Observation on 7/14/20 at approximately 12:30 p.m. of the business office revealed 2 staff members in the office. Staff H (Business Office Manager) was not wearing a mask. Staff I reminded Staff H that a surgical mask is required in the office if another staff member was present. Review on 7/15/20 of the facility policies and procedures revealed a policy to ensure preparedness in the event of a Coronavirus (COVID-19) outbreak, dated 3/5/20, that said the facility would referred to following CDC guidelines for COVID-19. Further review of facility policies revealed a policy titled Screening Partners/Visitors during COVID-19, dated 6/5/20, that states Upon entering the center all partners/visitors will wash their hands and then apply a mask. Staff I was unable to provide other policies that were specific to universal masking during COVID. Review on 7/16/20 of the CDC website titled, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020 revealed the following (retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html): Core Practices, Implement Source Control Measures, HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility. Further review of the website revealed that the CDC defines HCP as the following: HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, feeding assistants, students and trainees, contractual HCP not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).</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.