

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225497	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER PARKWAY HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1190 VFW PARKWAY BOSTON, MA 02132	
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, interview and record review the facility failed to maintain infection control standards to prevent the further spread of COVID-19 in the facility. Findings include: During inspection of the Galway unit on 6/24/20, at 10:10 A.M., the surveyor observed a staff member exit the elevator, walk through the unit, obtain a clear pitcher from the dining room without wearing complete Personal Protective Equipment (PPE). CNA #1 left the unit when Nurse #2 told her she did not have on the required PPE. During an interview on 6/24/20, at 10:12 A.M., Nurse #2 said that the kitchen staff should not come on to the unit without the appropriate PPE. During inspection of the Gardener II unit on 6/24/20, at 10:15 A.M., the surveyor observed Nurse #1 with a mask on covering only her mouth. The surveyor also observed Nurse #1 not to be wearing a protective covering over her clothes. Nurse #1 was observed to be wearing a short, white jacket, open and exposing her clothing beneath. The surveyor also observed Certified Nurse's Aide (CNA) #1 with a protective gown on but not buttoned and exposing her clothing beneath. The surveyor also observed a staff member enter the unit through the double doors separating the COVID-19 positive unit onto the adjoining unit without PPE other than a mask. The staff member walked past 9 occupied rooms before reaching the PPE storage area where she donned her PPE. During an interview on 6/24/20, at 10:26 A.M., Nurse #1 said that she was not wearing the required PPE. She said that the jacket she had on on top of her clothing was her personal jacket. Nurse #1 also said she couldn't keep her mask from falling off of her nose. Nurse #1 said all staff are supposed to completely close the clothing protectors to prevent contamination of their clothes. During an interview on 6/24/20, at 11:30 A.M. the Director of Nursing said that all staff are to wear full PPE on the units. He also said that staff are not allowed to wear their own clothing as protective equipment. Review of the facility policy titled Guidance for the selection and use of Personal Protective Equipment and not dated indicated that when donning a mask, place it over the nose and adjust to fit snugly. The policy further indicates that PPE should be used for both standard precautions and expanded or transmission based precautions with the patient or the environment of care.		
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.