

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER OAK HILL HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 544 PLEASANT STREET PAWTUCKET, RI 02860	
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 surveyor observations and record review, it has been determined that the facility failed to ensure that the staff properly utilized Personal Protective Equipment (PPE) to prevent the transmission of Covid-19, for 2 of the 3 floors observed. Findings are as follows: According to the CDC, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019, states in part, Implement Universal Source Control Measures (.Use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing .) .Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19 . Observations of signs posted on all floors of the facility revealed, This facility is currently under strict droplet and contact precautions (prevention of transmission of infections spread through direct or indirect contact and close respiratory or mucous membrane contact). PPE must be worn at all times when on the units . Surveyor observation of the first floor on 8/13/2020 at 9:40 AM, revealed a staff member (Staff A) not wearing a face mask while speaking with another employee as they walked down the hallway. Staff A then continued onto the unit, without wearing a facemask, walking past both the Unit Manager and the surveyor. Surveyor observation of the second floor on 8/13/2020 at 10:02 AM, revealed a staff member (Staff B), at a resident's bedside in his/her room not wearing a face mask while having a conversation with said resident. During interview with the Assistant Director of Nursing and the Administrator, on 8/14/2020 at approximately 2:30 PM, they could not provide evidence that either of the staff members were properly utilizing PPE to prevent the transmission of Covid-19.		

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.