

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KEYSTONE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>44 KEYSTONE DRIVE LEOMINSTER, MA 01453</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> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to appropriately designate staff related to the COVID-19 positive wing and failed to appropriately remove Personal Protective Equipment (PPE). Findings include: 1. Review of the Centers for Disease Control and Prevention (CDC) website indicated the following: Assign dedicated healthcare personnel (HCP) to work only on the COVID-19 unit. At a minimum this should include the primary nursing assistants and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that is separate from HCP working in other areas of the facility. Review of the facility's policy for PPE, dated May 21, 2020, indicated to use dedicated staff for COVID-19 positive residents. During an observation on June 25, 2020 at 8:45 A.M., the East Unit which was designated for residents under quarantine due to having symptoms of COVID-19 and a COVID-19 test pending had one occupied room for Resident #1. Resident #1 was admitted to the facility in November 2016. Review of the nurse's note, dated 6/25/20, indicated a COVID-19 test was pending due to an indication of a respiratory virus. During an interview on June 25, 2020 at 9:25 A.M., Housekeeper #1 was on the COVID-19 positive unit and told the surveyor that after she was done with her assignment on the unit she would change her PPE and then go clean the room on the quarantined area. During an interview on June 25, 2020 at 9:30 A.M., Certified Nurse Aide (CNA) #1 said that she took care of the residents on the COVID-19 positive unit first and then went over to take care of Resident #1. 2. Review of the Centers for Disease Control and Prevention (CDC) website indicated that PPE must be removed upon exiting a COVID-19 positive room or a dedicated COVID-19 unit. During an observation on June 25, 2020 at 9:30 A.M., Laundry Aide #1 was observed on the COVID-19 dedicated unit with full PPE on (gown, mask, goggles, and gloves) and was loading dirty linens into a bin. She then exited the COVID-19 dedicated unit with the dirty linen and proceeded onto the COVID-19 negative unit without removing her PPE or performing hand hygiene. During an interview on June 25, 2020 at 9:35 A.M., Laundry Aide #1 said she was unaware she had to remove her PPE when she left the COVID-19 dedicated unit. During an interview on June 25, 2020 at 11:10 A.M., the Regional Nurse said no one should be coming off of the COVID-19 dedicated unit with PPE on and that if they have to share staff between different types of residents the staff should start with the quarantined residents and then proceed to care for the residents on the COVID-19 dedicated unit.		
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.