

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225194</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REVOLUTION KIMWELL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>495 NEW BOSTON ROAD FALL RIVER, MA 02720</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews and record review, the facility failed to ensure staff were adhering to the implementation of Standard and Transmission-based precautions to prevent the spread of infections wearing Personal Protective Equipment (PPE) per Center for Disease Control Guidelines (CDC). Facility staff, from all departments, were donning double masks, a N95 mask with a surgical mask on top. Findings include: Capacity of facility is 124 and current census is 98 residents. Last testing date was 8/12/20 and no staff tested positive for COVID-19. One resident tested positive and was transferred to the K1 Unit for 14 day quarantine. There were eleven (11) residents on a 14 day quarantine, they were new hospital admissions from 8/10/20 to 8/18/20. On 8/19/20 at 7:10 A.M., Nurse #2 was observed with 2 masks donned, an N95 with a surgical mask. When the surveyor inquired as to the rationale for two masks and if she had any difficulty breathing. Nurse #2 said they wear full PPE, and that everyone wears 2 masks, its better protection. It also saves the N95 mask. On 8/19/20, at 7:30 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 wearing two masks and, she was observed wearing full PPE. The surveyor inquired as to the reason and CNA#1 said that the surgical blue mask is protecting the N95 mask, so they discard the top surgical mask and keep the N95 mask clean, and it's more protection. On 8/19/20 at 10:10 A.M., the surveyor was on Unit 3K and made several observations of staff wearing N95 masks with a blue surgical mask covering the N95 mask. Surveyor observed Nurses #1, #3, #4 and CNAs #3, #4, and #6, Dietary Aide #1, Housekeeper #1 and #2 all with a surgical masks covering the N95 mask. During interviews with the staff, they were consistent in their responses for wearing 2 masks. The surgical mask protects the N95 mask and they throw away the surgical mask. Staff acknowledged that this is not a facility requirement, but they feel better with two masks as its more protection. On 8/19/20 at 10:45 A.M., the surveyor was on Unit 2K and observed staff members, including other disciplines on unit, donned with double masks. Nurses #4, #5 and CNAs #2, #5, #6, Housekeeper #3, and Activities Staff #1, all wearing double masks, N95 with a surgical mask on top. At 10:50 A.M., the surveyor observed CNA #7 with three masks on. During an interview with CNA #7 at 10:50 A.M., the surveyor inquired as to why she has the N95, blue surgical mask and a third pink surgical mask. CNA #7 had gown, goggles and gloves per the facility's PPE requirement. CNA #7 said that if two masks are good, then three is better. On 8/19/20 at 11:30 A.M., the surveyor observed CNA #8, CNA #9, Housekeeper #4, Nurses #7, #8 and #9 all wearing double masks, an N95 mask covered by surgical mask. During the interview the Staff replied consistently, it's more protection and that the surgical mask is thrown away and it protects the N95 mask. On 8/19/20 at 12:10 P.M., during an interview with the Director of Nurses, DON, she said that there is no facility policy to wear double masks. Review of the educational inservices revealed that there was no indication that the facility instructed staff to wear double masks. During this interview, the surveyor informed the DON of the observations of double masking of all departments. The surveyor's observations revealed that nurses, aides and therapy, activities, housekeeping and dietary staff are donning two masks, one even 3 masks. The DON, she said that when she or the Infection Control Preventionist inquired to staff about donning two masks, staff's response was that they feel better wearing two masks and it protects the N95 mask, as they discard the top surgical mask. The DON said that they educated staff per CDC Guidelines and it does not indicate that two masks are more effective than one. The DON said that this is not the facility practice to wear more than one mask. The DON said that all staff need additional training on proper PPE. The following is Guidance from Centers for Disease Control (CDC) on double gowning, dated 7/9/20, the same principles are applicable to any PPE, i.e. double masking. The guidance indicated the following: potential infection control concerns: with the use of double PPE:-self-contamination during the doffing process, which is a concern during the doffing of any PPE ensemble but even more challenging with the use of two masks; it would be important to know what is being done by the healthcare personnel while still wearing the first layer; a false sense of security because of the first layer could lead to contamination; heat stress could be a concern, the use of double PPE is a violation of basic infection control practices and can provide a false sense of security.</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.