STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225266	A. BUILDING _____ B. WING _____	08/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ELIZABETH SETON	125 OAKLAND STREET WELLESLEY, MA 02481

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	**Provide and implement an infection prevention and control program.** Based on observations, interviews and facility policy review, the facility failed to prevent the possible spread of COVID-19 on Pods A, B, C and E as evidenced by (1.) A laundry staff member failing to wear proper Personal Protective Equipment (PPE) and failing to perform hand hygiene after contact with the environment of a resident quarantined for potential COVID-19, (2.) A Certified Nursing Assistant failing to remove her gloves and performing hand hygiene prior to exiting a resident room, and (3.) The failure of multiple CNA's to perform hand hygiene appropriately and to remove their johnny's (a short collarless gown that ties in the back) that they were wearing under an isolation gown, prior to exiting resident rooms. In all instances the staff members potentially contaminated the environment with pathogens. Findings include: The facility policy titled Hand Hygiene, dated 3/2020, indicated: * Hand hygiene is a simple and effective way to prevent the spread of pathogens which cause infections and is considered the single most important procedure to prevent the spread of microorganisms. * Pathogens can contaminate the hands of staff during contact with residents, contaminated equipment and environmental surfaces. * Failure to adequately clean contaminated hands can result in the spread of pathogens. * All staff is required to wash hands after direct or indirect resident contact. The facility policy titled Droplet Precautions, undated, indicated: *Droplet precautions are used in addition to standard precautions for residents with infections that are spread by droplets. Droplets may be generated by coughing, sneezing, talking or during the performance of procedures such as suctioning. * Appropriate Personal Protective Equipment (PPE) is provided for all staff and must be used when exposure to the infection is planned or anticipated. The facility's policy titled Infection Prevention and Control Program, dated 1/2020, indicated 1.) Hand hygiene is required: * Before and after resident contact. * After contact with inanimate objects in the immediate vicinity of the resident. 2.) Airborne precautions are used in addition to standard precautions for residents with infections that are spread by the air and: * Appropriate PPE is provided for staff and must be used when exposure to an infection is planned or anticipated. On 8/4/20 at 7:18 A.M., the surveyor arrived at the facility's 2nd floor pod (Pod B) that housed all of the rooms for residents on quarantine for potential COVID-19. Nurse (#1) informed the surveyor that all persons entering the pod's must wear a mask and goggles at all times. On 8/4/20 at 7:20 A.M., the surveyor observed Laundry Aide #1 (LA) open the door of Pod B, she entered Pod B wearing a glove on each hand. LA#1 was pushing a cart of clean linen, and the surveyor observed that LA (#1) did not have on googles or a face shield during this time. LA #1 then opened room B2 with her gloved hand, potentially contaminating the door handle, and entered the room without wearing goggles or a face shield. Moments later LA #1 exited the room wearing the same gloves on each hand, and without performing hand hygiene, she opened Pod B's main door, potentially contaminating the door handle. LA (#1)then exited the Pod with her linen cart. At 7:23 A.M., the surveyor observed LA (#1) stop her cart outside a room identified by a sign as the Shower Room, she opened the door with her gloved hand and potentially contaminated the door handle. LA (#1) then reached onto a shelf, moved some towels around with her gloved hand, potentially contaminating the towels, and removed a towel from the shelf. LA (#1) then opened the towel with her gloved hands and laid it atop the clean linen cart, potentially contaminating all the linen in the cart. LA (#1) then observed the surveyor and removed the gloves and placed them in her pocket without performing hand hygiene, and continued to push the linen cart down the corridor. At 7:25 A.M., the surveyor observed LA (#1) walk to the elevator, and without performing hand hygiene she pushed the elevator button, potentially contaminating the button, and left the unit. On 8/4/20 at 7:35 A.M., the surveyor arrived at the facility's 2nd floor Pod E which housed a mix of COVID-19 recovered and negative residents. The surveyor observed a Certified Nursing Assistant CNA (#1) exit room #E1 without performing hand hygiene, wearing a glove on each hand and carrying trash. CNA #1 crossed the pod and placed the items in the trash and then turned around to return to room E1. CNA (#1) saw the surveyor, turned back around again, removed the gloves and performed hand hygiene before returning to room #E1. On 8/4/20 at 8:42 A.M., the surveyor arrived the the facility's 1st floor Pod E. The surveyor observed CNA (#2)opening the door of room #E4 that housed a resident negative for COVID-19. There was a sign outside the door indicating that the staff should wear full PPE in the room and remove full PPE prior to exiting the room. CNA (#2) removed her gown with the gloved hands, potentially contaminating a the johnny that she wore underneath. CNA (#2) then removed her gloves and eye wear, and after performing hand hygiene, exited the room still wearing the johnny. On 8/4/20 at 8:45 A.M., the surveyor observed CNA (#2) enter room #E6, wearing the same johnny and 2 face masks, and without performing hand hygiene enter the room that housed a resident negative for COVID-19, and potentially contaminated the resident and room. During an interview with CNA (#2) on 8/4/20 at 8:50 A.M., she said that she wears a johnny over her scrubs at all times to protect herself and that she didn't realize that she had touched the johnny with her gloved hands. On 8/4/20 at 8:55 A.M., the surveyor observed a CNA (#3) exit the first floor Pod A wearing a johnny and cross over into another hallway, potentially contaminating others with her contaminated johnny. On 8/4/20 at 9:00 A.M., the surveyor entered first floor Pod C and observed a CNA (#4) standing in the common area of the Pod wearing a johnny. Pod C had two rooms that housed COVID-19 recovered residents and 2 rooms that housed COVID-19 negative residents. CNA (#4) then entered one of the negative resident rooms, wearing the johnny and without performing hand hygiene. A short while later CNA (#4) exited the room and the Pod without removing the johnny and without performing hand hygiene, potentially contaminating the environment. On 8/4/20 at 9:06 A.M., the surveyor observed CNA (#4) return to Pod C wearing the johnny. The surveyor interviewed CNA (#4) who said that she always wore the johnny to protect her clothes and self from exposure to germs. CNA (#4) further said that she did not change the johnny between rooms but did wear a second gown over the johnny when providing care. The surveyor met with the Director of Nursing (DON) on 8/4/20 at 9:45 A.M., to review the morning observations. The DON said: 1.) The housekeeper entering the Pod wearing gloves is a huge concern due to the risk of potential contamination to all residents in the Pod who were on quarantine for potential COVID-19. Further she said, it is absolutely not okay for any staff to exit resident rooms wearing gloves, or enter a quarantined resident room without goggles due to the risk of contamination and spread of COVID-19 and other pathogens. 2.) That she has discouraged the staff from wearing a johnny under a gown but they don't get it and feel better protected. She acknowledged that when touching the johnny with gloved hands they are potentially contaminating the johnny that they wear from room to room and potentially risk infecting COVID-19 negative residents with 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.