

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225750</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MASCONOMET HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>123 HIGH STREET TOPSFIELD, MA 01983</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> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and policy review, the facility failed to follow infection control protocols to prevent the possible spread of COVID-19 by failing to ensure that a staff member wore appropriate Personal Protective Equipment (PPE) while in a resident's room. Findings include: On 8/05/20 at 12:16 P.M. Certified Nursing Assistant (CNA) #1 was observed inside the room of a COVID-19 negative resident with the resident. The CNA was wearing a mask only. The CNA was not wearing any eye protection. There was a sign on the resident's door which indicated that eye protection and a mask must be worn in order to enter the room. On 8/05/2020 at 12:17 P.M. Nurse #1 was observed approaching the same resident's room carrying a pair of eye goggles. She said the eye protection was for herself and that eye protection and a mask must be worn when entering COVID-19 negative resident rooms. During an interview on 8/05/2020 at 12:32 P. M. CNA #1 said that COVID-19 negative resident rooms require a mask and eye protection to be worn in order to enter the room. CNA #1 said that she had left her eye protection in another resident's room and was not wearing eye protection when she entered the COVID-19 negative resident's room. During an interview on 8/05/2020 at 12:34 P.M. Nurse #1 said that face masks and eye protection are required to be worn at all times when in a COVID-19 negative resident room. Review of facility policy titled Personal Protective Equipment During COVID-19 Pandemic effective 7/30/20 indicated the following: -Protective eyewear will be worn for the care of ALL residents/ patients except those who are COVID-19 recovered. Even if COVID-19 is not suspected, Health Care Personnel (HCP) may encounter asymptomatic patients/ residents with COVID-19. -Protective eyewear includes goggles, glasses with solid eye shields or face shields		

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.