

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER CEDAR VIEW REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 480 JACKSON STREET METHUEN, MA 01844	
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 observation, interview and facility policy review the facility failed to follow infection control protocols to prevent the possible spread of COVID-19 by failing to perform the appropriate screening for visitors. Findings include: On 7/7/20, at 7:00 A.M., the surveyor arrived at the facility. The front door was locked and no one answered the door bell. The surveyor then called the facility on the telephone, and the staff member who answered said that someone would be down shortly to let her in. At 7:05 A.M., CNA#1 (certified nurse's aide) came to the door and told the surveyor to put on a gown and sanitize her hands before entering the unit. CNA#1 said you can come on the nursing unit when you are done and proceeded to walk back to the nursing unit. CNA #1 did not take the surveyor's temperature or have her complete a screening form prior to her entrance on the unit. At 7:08 A.M., the surveyor went up to Nurse #1 and asked her what the procedure is for visitors. Nurse #1 said there is a staff member designated to start at 8:00 A.M. at the front door, but since it was early, normally an employee from the unit would check the visitor's temperature and then complete the COVID-19 screening on the ipad. The surveyor then informed Nurse #1 that her temperature was not checked and she had not been screened. Nurse #1 replied I told CNA #1 to check your temperature before entering the unit. Nurse #1 then proceeded to take the surveyor's temperature and performed the screening process via the ipad. During an interview on 7/7/20, at 8:35 A.M., the Director of Nursing confirmed that there was a screening policy and procedure that was in place and should have been completed prior to the surveyor entering the nursing unit. Review of the facility policy dated 3/5/20, and titled COVID-19 Visitor Screening indicated the following: -A COVID-19 Visitor Screen will be completed for visitors entering the facility. *Procedure: 1. Upon entrance to the facility, visitors will sign in at the reception area. 2. Visitors entering through the alternate entrances will meet a facility employee prior to entering any resident area. 3. Visitors will complete a COVID-19 Visitor Screening Tool prior to accessing any of the resident areas. 4. Upon completion, the COVID-19 Visitor Screening Tool, will be submitted to facility staff for review. 5. The facility staff member will review for any positive responses. 6. A positive response is considered a yes response to any of the questions. 7. For the health and safety of our residents and employees, visitors will be restricted from access with any positive responses. 8. The facility will retain copies of the COVID-19 Visitor screening tool. Review of the CDC (Centers For Disease Control) document titled Preparing for COVID-19 in Nursing Homes, and updated June 25, 2020, indicated the following: *Long Term Care Facilities are to have a Plan for Visitor Restrictions: *Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. *Screen visitors for fever (T=100.0 F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. *Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility.		
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.