

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER JML CARE CENTER INC		STREET ADDRESS, CITY, STATE, ZIP 184 TER HEUN DRIVE FALMOUTH, MA 02540	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff observation, staff interview, and Center for Disease Control (CDC) Guidelines, the facility failed to ensure that staff utilized personal protective equipment (PPE) according to transmission-based precautions protocol as required to prevent possible spread of COVID-19 in the facility. Finding include: CDC guidelines require the use of droplet precautions when respiratory droplets [MEDICAL CONDITION] or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctivae and the mouth. Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation. CDC also requires when a resident is placed on transmission-based precautions, the staff should implement the following: -Clearly identify the type of precautions and the appropriate PPE to be used. -Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne) and instructions for use of PPE (Personal Protective Equipment). -Make PPE readily available to staff caring for the resident - Don (put on) the appropriate PPE upon entry into the environment of the resident on transmission-based precautions (e.g. Droplet precautions); -The PPE used for care of the resident on droplet precautions is gloves, mask, gown and eye protection(CDC indicates that contact lenses and glasses are not acceptable eye protection). -Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care (stethoscopes, blood pressure cuffs, gait belts, etc). -The facility policy indicates that for residents who are considered unknown status (would include negative residents-never tested positive) that gown and glove use can be prioritized for only high-contact resident care. The following are examples of high-contact resident care activities requiring gowns and gloves: *Dressing; Bathing; Showering *Transferring *Providing hygiene; Assisting with feeding *Changing linens *Changing briefs or assisting with toileting *Device care or use: Intravenous lines; Urinary catheter care; Feeding Tube *Wound care: Any skin opening requiring a dressing. a. The following observation was made by the surveyor on 7/9/20 at 10:00 A.M. on the Nobska Unit: Certified Nursing Assistant (CNA) #1 and an activity assistant were observed in a Resident's room, transferring the Resident from a chair to a wheel chair so that the Resident could be taken outside for a visit. The CNA was not wearing the appropriate PPE as she did not have a gown donned. The activities assistant was not wearing any gloves and also had not donned a gown. The activities assistant touched numerous objects/items in the Resident's environment and proceeded to wheel the Resident to the outside. At no time did the activities assistant use hand sanitizer or wash her hands. b. The following observation was made by the surveyor on 7/9/20 at 11:00 A.M. on the Penzance Unit: CNA #2 entered the Resident's room without donning a gown or face shield/goggles. CNA #2 was in the room for approximately 10 minutes, as the surveyor waited outside the room. The surveyor knocked on the door and entered the room to find CNA #2 providing care to the Resident without a gown and face shield/goggles on. The surveyor then alerted the Unit Manager to the observations and the breach in infection control practices. We approached CNA #2 and the surveyor conveyed the observations. CNA #2 indicated that she had her face shield on and had just placed it back on the over bed table. When the surveyor conveyed the observations of her entering the room, providing care without the proper PPE and then exiting the room without a face shield/goggles on, and that she provided high contact resident care without a gown donned. CNA #2 then stated that she did not have the required PPE on. Unit Manager was present during the above interaction and stated that the CNA should have had a gown and face shield on, as she was providing a high contact resident care activity (toileting).</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.