

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225452</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>STERLING VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>18 DANA HILL ROAD STERLING, MA 01564</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations and interviews, the facility failed to ensure Transmission Based Precautions (TPB) were implemented relative to donning Personal Protective Equipment (PPE) in accordance with the Centers of Disease Control and Prevention (CDC) guidance for COVID-19 care and services on 3 of 3 units. The facility also failed to ensure facility staff were appropriately screened for COVID-19 upon entering the facility on 1 of 3 units, as required, and failed to ensure the screening process included symptoms consistent with COVID-19. Findings include: Review of the CDC guidance Preparing for COVID-19 in Nursing Homes, updated 6/25/20, indicated the following: -Screen visitors for fever (Temperature =100.0 Fahrenheit), symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea), or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. -Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or Health Care Personnel (HCP) is newly identified in the facility; this could also be considered when there is sustained transmission in the community. -Implement Universal Use of Personal Protective Equipment Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated the following: -Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. -HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. -HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If [DIAGNOSES REDACTED]-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: --Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. --Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for: Aerosol generating procedures -For HCP working in areas with minimal to no community transmission, HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP. Review of the facility policy entitled Coronavirus, revised 7/20/20, indicated the following: -all employees to wear mask -the nursing home or rest home must confirm that health care personnel do not have any signs or symptoms of COVID such as a cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste and a fever by taking each healthcare personnel's temperature upon arrival. The health care worker's temperature must be below 100.0 degrees Fahrenheit (F) for him or her to enter the facility and provide care. -all health care personnel are permitted to come into the facility as long as they meet the CDC guidelines for health care personnel. Review of the facility education entitled PPE Requirements, revised 7/14/20, indicated the following: - Masks and goggles or face shields are to be worn at all times while on the second floor (the second floor houses all of the resident rooms) A gown is to be worn with: -a resident on quarantine (will have special contact/droplet precaution sign posted on the door) -a negative COVID patient during high contact (dressing, showering, ambulating, changing linens, wound care, changing briefs, bathing, transferring, providing hygiene, device care or use, and with any physical contact A. During a tour of the Aspen unit on 8/13/20, the following was observed: -10:00 A.M., Resident #1 was observed in the rehabilitation gym with Rehabilitation Staff #1. Rehabilitation Staff #1 had a face shield, face mask and gloves donned, but did not have a gown donned, while providing direct (hands on) assistance to Resident #1. During an interview conducted at this time, the Director of Nurses (DON) said that Resident #1 was negative for COVID-19. During an interview on 8/13/20 at 11:58 A.M., Rehabilitation Staff #1 said when directly touching a resident who is negative for COVID-19, the facility staff would have to don a face mask, eye protection, a gown and gloves. She said that she forgot to don a gown when working with Resident #1. -10:10 A.M., during a tour of the COVID-19 section of the Aspen unit, Nurse #1 and Certified Nurse Aide (CNA) #1 were observed seated across from each other at a table in the designated nurses station for COVID-19 resident care. Neither Nurse #1 nor CNA #1 had a face mask donned. -12:15 P.M., the surveyors entered the designated nurses station for COVID-19 resident care and observed Nurse #1 completing paperwork. He then proceeded to walk past the surveyors to answer the telephone that was ringing. Nurse #1 did not have face mask nor eye protection donned. B. During a tour of the Chestnut Unit on 8/13/20, the following was observed: -10:44 A.M., Nurse #2 provided hands on assistance to Resident #2, who was in a wheelchair, from a seated position to a standing position in order to be weighed. Nurse #2 had a face mask and eye protection donned, but did not have a gown nor gloves donned. Nurse #2 then provided hands on care to assist Resident #2 from the scale back to his/her wheelchair. During an interview on 8/13/20 at 10:59 A.M., Nurse #2 said that Resident #2 was negative for COVID-19. She further said that if staff were to physically touch Resident #2, they would need to don a face mask, eye protection, a gown and gloves. C. During a tour of the Birch Unit on 8/13/20, the following was observed: -12:30 P.M., Nurse #3, who had a face mask donned (did not have eye protection) was observed to apply a face mask to Resident #3 who was ambulating in the hallway. Unit Manager (UM) #1, who had only a face mask donned, also approached Resident #3 during this time to converse. Resident #3 was observed to continue to ambulate down the hallway and was approached by CNA #2 (who had only a face mask donned and had eye protection positioned on the top of her head). CNA #2 was observed to converse with Resident #3 and provide hands on assistance to re-direct him/her back down the hallway towards his/her room. While ambulating Resident #3, CNA #2 was observed to take her eye protection (which were on the top of her head) and put them on to cover her eyes. During an interview on 8/13/20 at 12:38 P.M., Nurse #3 said that for residents who are negative for COVID-19, staff are required to don a gown and gloves in addition to a face mask and eye protection. When the surveyor indicated that he was not wearing his eye protection, Nurse #3 said that sometimes they get foggy. During an interview on 8/13/20 at 12:40 P.M., CNA #2 said that Resident #3 was negative for COVID-19. She further said that she would have to wear a face mask and eye protection, but would also have to don a gown and gloves with close contact. She said that she was trying not to get too close to Resident #3 when they were ambulating because she did not have a gown and gloves on. When the surveyor indicated that her eye protection was on the top of her head and not donned while assisting Resident #3, she did not respond. During an interview on 8/13/20 at 12: 42 P.M., UM #1 said that all facility staff need to wear a face mask and eye protection. When the surveyor indicated that he did not have eye protection donned during the 12:38 P.M. observation, the UM said he went to</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.

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<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 1) the nursing station and put them on after. D. Review of the facility screening form entitled Prevent COVID-19 Start of Shift Daily Employee Screening Log, undated, indicated the following criteria to be completed: -First and Last name, -Temperature documentation -indication of cough, sore throat or new shortness of breath- if yes answer to any, see supervisor/Staff Development Coordinator The form did not indicate the updated signs/symptoms of COVID-19 which also includes chills, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea. During an interview on 8/13/20 at approximately 10:10A.M., during the initial tour of the facility, the DON said that employee screening occurs on the nursing units after entrance into the facility. She said the Nurse on the unit would obtain the employee temperature. During an interview on the Chestnut unit on 8/13/20 at 10:59 A.M., Nurse #2 said that she would go to her assigned unit nursing station where she would take her own temperature and have another nurse verify it prior to starting her shift. She further said that if a temperature is present, her supervisor would be notified. During an interview on the Birch Unit on 8/13/20 at 11:30 A.M., CNA #3 said that employee screening had not been done for a while. She said during COVID, the facility staff would check her temperature and ask questions every week, but said that this had not occurred for a while. During a review of the COVID-19 binder for employee screening on the Birch unit, indicated the last documented evidence of employee screening that was conducted on the unit occurred in July (7/8/20 through 7/14/20). During an interview on 8/18/20 at 12:42 P.M., UM #1 said that he checked his own temperature prior to starting his shift, but did not document this information anywhere. When the surveyor asked if other employees on the unit had been screened for COVID-19 prior to starting their shift, he said he did not know. UM #1 said that there was no record on his unit to indicate that facility staff were checking their temperatures prior to their shift.</p>		