

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTHEAST HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>184 LINCOLN STREET NORTH EASTON, MA 02356</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 0583  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Keep residents' personal and medical records private and confidential.</b>  Based on interviews and a review of the facility social media account (Facebook), the facility failed to ensure that residents right to privacy were protected and promoted when the facility published first and last names of seven residents, out of 128 residents, on a software program which was unsecure, not password protected and available to the public through social media. Findings include: A review of communication to family members dated 7/27/20 indicated families could make appointments for outside visitation through phone, email or using a link to a sign-up program (Sign-Up Genius). Review of the facility's Facebook page included a post from 8/14/20 at 3:57 P.M. with a hyperlink to access the resident visitation sign up calendar. After clicking the hyperlink, the program Sign up Genius opened up. There was no password request, and the outdoor visitation calendar appeared on the screen. The page indicated that outdoor visits with residents could be scheduled independently by selecting an available time slot, and entering the resident's name, and visitor's name. Review of the page indicated a visitation calendar schedule for 8/17/20, 8/18/20, 8/19/20, 8/21/20, and 8/22/20. A review of the schedule included first and last names of seven residents. During an interview with the Activity Director on 8/19/20 at 1:15 P.M. she said that the facility had become aware that first and last names were being entered in the sign up system the previous week (8/11/20) and was accessible on their public Facebook page. She said she had reached out to family members and requested that they only utilize the first name and room number of residents when putting them on the web page. She said she was not sure how to ensure that all friends/families would know to not include full names, as the information was sent to health care representatives. The Activity Director said that she can edit the sign-up system so that if a full name was entered she could change it to the name and room number, but did not have a system to ensure this was checked and edited on a regular basis or to prevent access to the general public.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observations and interviews the facility failed to ensure COVID-19 symptom screening of staff, vendors and visitors upon entering the facility per Center for Medicare and Medicaid Services (CMS) guidance. Findings include: A review of CMS guidance for long term care facilities, dated 4/2/20, indicated the following: Long-term care facilities should immediately implement symptom screening for all. In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. On 8/19/20 at 9:10 A.M. the surveyor observed two staff members (the admissions coordinator and a rehabilitation staff member) enter the facility. The receptionist took the temperatures of both staff members. The receptionist did not ask either staff member if they had any symptoms of COVID-19. The surveyor approached the receptionist and the receptionist took the temperature, no questions were asked regarding COVID-19 symptoms. A laboratory technician approached the receptionist and again the receptionist took the temperature of the person and did not ask any questions regarding symptoms. During an interview on 8/19/20 at 12:00 P.M., the receptionist said she had three forms to use for people entering the facility. She said one form was for staff, one for family members who come for outdoor visits and one form for vendors. The surveyor reviewed the employee and the vendor forms and found that the receptionist had answered no to all symptom questions for both staff members and had answered no to all symptom questions for the surveyor and the laboratory technician who had entered the facility that morning. The receptionist said she was new to the position and was aware that she was supposed to ask each person who entered about symptoms, but had not done so this morning. A review of the facility policy for Coronavirus Surveillance dated as revised on 7/31/20 indicated heightened surveillance activities would be implemented to limit the transmission of COVID-19, including screening visitors, staff and residents for signs or symptoms of respiratory infection such as fever, cough, shortness of breath or other symptoms of Coronavirus (i.e. new loss of taste or smell) or if there had been any travel to high risk areas. During an interview on 8/19/20 at 12:50 P.M., the Infection Preventionist said she had educated the reception staff on screening of all visitors, vendors and staff. She said the screening included asking the staff, vendors, and visitors if they had any respiratory symptoms, increased fatigue, gastrointestinal issues or loss of taste/smell. She said that anyone who enters the facility was to be asked these screening questions.		
F 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	Based on interviews the facility failed to ensure that residents, their representatives, and families were notified of a COVID-19 positive staff member by 5:00 P.M. the following day. Findings include: During the entrance conference on 8/19/20 at 9:20 A.M. the Director of Nurses said an employee had tested positive for COVID-19 as a result of surveillance testing that was conducted on 8/6/20. A review of the facility policies, procedures and information related to COVID-19 included copies of emails and letters from the previous Administrator to residents, families and representatives. The information did not include a copy of notification from August 2020 regarding a staff member who was COVID-19 positive. During an interview on 8/19/20 at 12:50 P.M., the Infection Control Preventionist said the Administrator was responsible for notifying the residents, families, and representatives of COVID-19 positive cases. She said staff surveillance testing was completed on 8/6/20 and the results were received on 8/10/20. She said one staff member had tested positive for COVID-19. During an interview on 8/19/20 at 1:45 P.M. the interim Administrator said that he started at the facility on 8/17/20. He said he had checked with the corporate office and they were unable to locate any information that would indicate residents, families, and representatives were notified of the COVID-19 positive staff member for 8/10/20. The Director of Nurses said she had no knowledge of the notification sent to residents, families and representatives for the most recent COVID-19 positive staff member. A review of the facility policy for Coronavirus Surveillance, dated 7/31/20, indicated residents and representatives would be kept up to date on the conditions inside the facility related to COVID-19 and the minimum information to be reported would be: within 12 hours and subsequently of the occurrence of a single confirmed infection of 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.