

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER CASA DE RAMANA REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 485 FRANKLIN STREET FRAMINGHAM, MA 01702	
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.</p> <p>Based on observation, interview and document review, the facility failed to maintain an infection prevention and control program relative to the use of Personal Protective Equipment (PPE) and visitor screening, designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Findings include: Review of Centers for Disease Control and Prevention (CDC) Website, Preparing for COVID-19 in Nursing Homes, updated 6/25/20, indicated the following: Health Care Personnel should wear a facemask at all times while they are in the facility. Have a Plan for Visitor Restrictions: -Facilitate and encourage alternative methods for visitation and communication with the resident -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 or 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. Based on the facility document, Screening Protocol, undated, indicated the following: -Each individual entering the facility is screened prior to going to the floors. Each individual has their temperature taken at the beginning of their shift. -A screening sheet is filled out by each staff member or individual that enters the facility and signed off by the person taking the temperature. On 7/8/20 at 7:15 A.M., the surveyor rang the doorbell and the door was unlocked remotely. No one was inside the screening area and no one asked for a reason why the surveyor wanted to come in. The surveyor observed a table set up in a room to the right of the entrance door. The table contained a book of screening forms and a thermometer, but no staff member at this table. The surveyor moved down the hallway to the kitchen which was open and asked a dietary aide to find a staff member who could assist the surveyor. The Director of Nurses (DON) and the Food Service Director (FSD) came to the area immediately. The DON screened the surveyor and directed her to a conference room. While walking to the conference room at this time, the surveyor observed 2 staff in the laundry room, one had their facemask pulled down off their face and was talking to the other staff member. During an observation of the second floor on 7/8/20 at 8:55 A.M., Nurse #1 was observed standing at the medication cart. She had a mask on that was only around her neck. During an interview at 10:50 A.M., the DON said a staff member should have been sitting in the screening area to screen the surveyor when allowed into the building. She also said all staff should have facemasks on while in the building and mask should fully cover their mouth and nose.</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.