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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225518 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/22/2020 |
| NAME OF PROVIDER OF SUPPLIER SIPPICAN HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 15 MILL STREET MARION, MA 02738 | |
| 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 | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews, and policy review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to adhere to standard and droplet precautions while entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital. Findings include: Review of the facility's policy titled, Special Droplet/Contact Precautions for Residents with Suspected or Confirmed Covid-19, dated June 17, 2020, indicated the following: - While Airborne Precautions are the method of choice for those with suspected or confirmed COVID-19 infection, lack of AIIR, necessary PPE, specifically N95 respirators and properly fit-tested and trained staff, Special Droplet/Contact Precautions will be implemented for all residents with suspected or confirmed COVID-19 while residing in the facility. - Place designated STOP sign at the resident's door to alert staff and visitors of the implementation of Special Droplet/Contact Precautions. - In the absence of appropriate respiratory equipment (N95 Respirator) and fit-tested staff, a surgical mask and eye protection will be worn by all personnel entering the isolation room in addition to gown and gloves. NOTE: If there is a shortage of gowns, they should be prioritized for aerosol-generating procedures such as suctioning where splashes and sprays are anticipated and high contact patient care activities that provide opportunity for transfer of pathogens to the hands and clothing of health care personnel. In accordance with the Centers for Disease Control and Prevention, a bulletin titled Coronavirus Disease 2019 (COVID-19), Infection Control Guidance, dated May 18, 2020 indicated the following: - Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. - HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. During a tour of the Windsor Unit on 6/22/20 at 12:50 P.M., which included 10 suspected COVID-19 quarantine rooms, the following observations were made: 1 - Nurse #1 was observed without goggles or a face shield, inside a quarantine room designated to a Resident who was under investigation related to a recent admission from the hospital. Nurse #1 took the Resident's vital signs and assisted the Resident when transferring from bed to chair. Posted on the Resident's room door was a transmission-based precautions sign indicating that there were transmission based precautions implemented. Two pairs of goggles were observed on the precaution tray table immediately outside of the Resident's room. During an interview on 6/22/20 at 12:53 P.M., the surveyor asked Nurse #1 what personal protective equipment (PPE) was required to enter the quarantine room. Nurse #1 said full PPE was required including a gown, mask, gloves, and goggles. When asked why Nurse #1 was not wearing goggles or a face shield, she responded that she forgot. 2- Occupational Therapist (OT) #1 was observed, without goggles or a face shield, inside a quarantine room for a Resident who was under investigation related to a recent admission from the hospital. OT #1 was wearing her personal eyeglasses and was assisting another staff member in the room. During an interview on 6/22/20 at 1:07 P.M., the surveyor asked OT #1 what PPE was required to enter the quarantine room. OT #1 said full PPE was required including a gown, mask, gloves, and goggles. When asked why OT #1 was not wearing goggles or a face shield, she responded that she has her own pair, but they were in her pocket. She said she did not wear them because she did not have contact with the resident.</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.