

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OF SUPPLIER EDGEWOOD REHAB & LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP 221 Fairbanks Rd FARMINGTON, ME 04938	
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 - Some	<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, interview and record review, the facility failed to establish a facility wide Infection Prevention and Control Program (IPCP) that includes standards, policies and procedures that are current with the national standards for undiagnosed respiratory illness and COVID-19. In addition, the facility failed to follow professional standards of practice with usage of Personal Protective Equipment (PPE) and to provide a sanitary environment to help prevent the development and transmission of disease and infection related to hand hygiene. Findings: 1. On 4/16/2020, a review of the facility's Infection Control Standard and Transmission Bases Precautions Policy, revised 9/18, provided no guidance regarding COVID-19 and/or N95 mask usage, except for hand written instructions on page 6 of the policy directing staff to refer to CDC guidelines for COVID 19 precautions and extended use of PPE. A surveyor also reviewed the protocol for Person Under Investigation (PUI) for COVID-19 (undiagnosed respiratory illness), which was provided without company or facility letter head and a date of policy development, a surveyor noted the following missing key elements in their infection control policy and PUI protocol: - screening of employees, visitors and other health care workers - protocol for staff who develop symptoms while at work - return to work for employees - restrictions of visitors - restriction of group activities, meetings, and communal dining - implementation/proper usage of PPE's including N95 masks - protocols for residents who must leave the center for medically necessary purposes - notifying transport and receiving health care team of the residents suspected or confirmed COVID-19 status - surveillance/monitoring of all residents for signs/symptoms or respiratory infection - notifying/reporting to local and state public health officials - cleaning/disinfecting of environment especially high touch surfaces using EPA approved, hospital grade disinfectants - COVID-19 education to employees, residents and visitors 2. Center for Disease Control (CDC) Recommendation for donning and doffing Personal Protective Equipment (PPE). Most recently reviewed April 3, 2020. The following are the recommended steps for donning (applying) PPE. 1. Perform hand hygiene, 2. Isolation gown 3. N95/facemask, 4. Face shield/goggles, 5. Perform hand hygiene before putting on gloves. The following are the recommended steps for doffing (removing) PPE. 1. Remove gloves, 2. Remove isolation gown, 3. Perform hand hygiene, 4. Remove face shield/goggles, 5. Remove face mask/N95 6. Perform hand hygiene. On 4/16/2020 at from approximately 12:25 to 12:38 p.m., a surveyor observed a Certified Nursing Assistant (CNA) #2 who was assigned to the Isolation room [ROOM NUMBER] with a positive COVID-19 resident and room [ROOM NUMBER] with a COVID-19 exposed resident. The following was observed: - CNA #2 was standing in the doorway after coming out of room [ROOM NUMBER], removed face mask with dirty gloves, proceeded to remove designated dirty gown, placing them both on a hook located on the right side of the door. - CNA #2, still wearing dirty gloves, removed designated clean gown from the left hook located on door and donned it over her head, then removed her face shield and hung it on the right hook on top of the dirty gown and face mask. - CNA #2 then removed and disposed of her dirty gloves and immediately put on new gloves without washing her hands and then walked across the hall to the entry of room [ROOM NUMBER]. At this point surveyor attempted to intervene and CNA disregarded request for hand washing stating, Well, I usually do wash my hands and proceeded to remove the dirty gown, face mask and face shield off the hook and placed the dirty gown on top of the closed trash can by the door. -CNA #2 then doffed her clean gown and clean mask and hung them on the hook, allowing potential for cross-contamination to occur. The - CNA#2 then was then observed donning her dirty mask and face shield, then donned the dirty gown over her head. At this time surveyor intervened, indicating concerns regarding PPE and hand hygiene techniques. The CNA indicated she received education regarding the proper donning and doffing of PPE, Infection Control and hand hygiene and proceeded to delivered the lunch tray to room [ROOM NUMBER]. -The CNA, after leaving room [ROOM NUMBER], immediately began doffing PPE by removing her face shield, wiping it with a bleach wipe that was located outside the door and immediately wiped it off with a paper towel (not allowing the bleach time to remain on face shield to disinfect it). Then took her clean gown and placed it on top of the closed trash can (where her dirty gown was previously placed) removed her dirty gown and hung it on the hook. She proceeded to take her clean gown and donned it. She then removed her dirty face mask and hung it up on top of the dirty gown, replaced it with her clean face mask, all while wearing her dirty gloves. She then took off her gloves and performed hand hygiene. A surveyor again expressed concerns about gown placement on trash can, and PPE procedure and hand hygiene allowing potential cross contamination. CNA#2 stated the reason she washed the face shield with a bleach wipe and immediately wiped it off because, I dry it off because it leaves spots. During an interview with CNA #2 she was unable to indicate which resident was positive with COVID-19. Immediately after the above observation, a surveyor discussed the concerns with the Infection Control, Registered Nurse. At approximately 1:58 p.m., a surveyor observed CNA #2 going into room [ROOM NUMBER]. Upon further investigation CNA #2 was bagging room [ROOM NUMBER]'s lunch tray with a plastic bag. CNA #2 then proceeded to bring the tray out to the hall and placed the covered tray on a cart located in between the isolation rooms. The CNA then removed her dirty gown and placed it on the covered trash can in room [ROOM NUMBER]. She then pulled the clean gown over her head, took off the face mask and replaced it with her clean face mask. She then removed the face shield and used a bleach wipe to clean the face shield and hung it on the dirty gown. She then removed her gloves and performed hand hygiene. On 4/16/2020 at 4:59 p.m. donning and doffing of PPE and hand hygiene concerns were confirmed with Director of Nursing 3. On 4/16/2020 at approximately 12:00 p.m., a surveyor observed two staff members (CNA#1 and kitchen staff #1) preparing lunch trays in the Birchwood Caf: dining room wearing face masks without nose covered. At this time, in an intervention with CNA #1 confirmed facemask was on inappropriately. On 4/16/2020 at 2:06 p.m., a surveyor confirmed above with Administrator and Food Services Director. On 4/16/2020 at 4:59 p.m., two surveyors confirmed in an interview with the Administrator and Director of Nursing the above concerns.</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.