

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER DEDHAM HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1007 EAST STREET DEDHAM, MA 02026	
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	Provide and implement an infection prevention and control program. Based on observations and staff interviews the facility failed ensure staff were doffing their gown before exiting a resident's room that was on droplet precautions to prevent the spread of Covid -19 in the facility. Findings include: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings Last update: July 2019 -IV.B.3.a.ii.-Remove gown and perform hand hygiene before leaving the patient's environment. On 6/17/2020 at 10:33 A.M. Rehab staff #1 was interviewed and said he did not take off the gown before exiting the resident's room on droplet precautions , because he reuses the gown. He said he returns to the rehab room and removes the gown and decontaminates the gown for reuse. Rehab Staff #1 said the facility does not provide him with PPE, he gets it from his rehab company so he can't take PPE from the blue cart.		

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.