

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225773	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER LINDEN PONDS		STREET ADDRESS, CITY, STATE, ZIP 400 LINDEN PONDS WAY HINGHAM, MA 02043	
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, staff interviews, Infection Control Policy review and Centers for Disease Control (CDC) guidelines, the facility failed to ensure that staff consistently follow the appropriate personal protection equipment (PPE) and hand sanitizing guidance, to prevent the potential spread of infection (e.g., COVID-19) for a total census of 50 residents. Specifically, the facility staff were observed wearing full PPE in non-clinical areas after direct care with residents, not consistently disinfecting their hands after close resident contact and wearing the same PPE (gown) into different resident rooms with a COVID-19 negative status. Findings include: The Centers for Disease Control (CDC) guidance, Nursing Home and Long Term Care Facilities 6/25/2020, defines Coronavirus or COVID-19 as an illness caused by [MEDICAL CONDITION] that can spread from person to person with symptoms that can range from mild (or no symptoms) to severe illness. You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has [MEDICAL CONDITION]. You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks. You may also be able to get it by touching a surface or object that has [MEDICAL CONDITION] on it and then by touching your mouth, nose, or eyes. Given their congregate nature and resident population served (older adults), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including [MEDICAL CONDITION]. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (CDC: The CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection (CDC: Infection Control Guidance, July 15 2020). The Department of Public Health (7/6/20), high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers include the following examples: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. Review of the facility's Infection Prevention and Control Preventing Transmission of Infectious Agents (6/2019 page 2 of 13) indicates the following: A. Hand hygiene should be performed immediately after exposure or possible exposure to infectious materials or sources of potentially infectious materials. B. Personal Protective Equipment: Before leaving the resident's room or apartment, remove and discard PPE. 1.) On 7/16/20 at 1:30 P.M., the surveyor observed Nurse #1 wearing a face mask and yellow gown. The surveyor observed the Nurse going in and out of resident rooms responding to call lights without changing her gown. The surveyor interviewed Nurse #1. She said that it was okay to wear the same gown only between the negative resident rooms. (COVID-19 negative residents remain on Droplet precautions and require full PPE. The donning and doffing of new PPE should be done upon entry to the room because it is assumed that residents could be pre-symptomatic or asymptomatic, but potentially infectious with COVID-19. Doffing of potentially contaminated PPE should be done before exiting the resident's room followed by hand sanitizing. (CDC-Coronavirus Disease 2019 Updated Guidance 7/15/2020) 2.) On 7/16/20 at 2:15 P.M., the surveyor interviewed a speech therapist (ST) on the same unit where the previous observation had occurred. The ST said that she also wears the same gown between only the negative rooms. 3.) On 7/16/20 at 3:09 P.M., the surveyor observed a staff member (admission coordinator) appropriately wearing a surgical mask (over nose and mouth) and a long-sleeved white gown, but no eye protection or gloves in a Resident's room. The room had a sign on the door instructing staff to wear full PPE upon entry (mask, gown, eye protection and gloves). The Resident was a new admission (June 2020) and was being quarantined for 14 days. The surveyor observed a hand sanitizer dispenser just outside the room on the wall. The staff member was touching the bedside table and speaking closely (within 6 feet) to a Resident. The surveyor observed the staff member assisting the Resident (touching the Resident's clothing) down the hallway and back to the Resident's room and transferring the Resident to a recliner chair. The staff member again, was touching surfaces in the Resident's room (bedside table and chair). The surveyor observed the staff member exit the room without doffing the potentially contaminated gown and without disinfecting her hands. She walked down the hallway with her gown on and exited the clinical area through double doors and into her office (a non-clinical area). The surveyor interviewed the admission coordinator following the observations. She said that she was giving the Resident a tour of the unit, but could not tell the surveyor what the Resident's precaution status was and therefore, did not know the correct PPE to don/doff upon entry/exit to the Resident's room. She also said that she was told that she could wear a gown into a non-clinical area if she had not provided direct resident care (ambulating/transferring the resident is considered high contact care and therefore, full PPE is required and should be doffed upon exit from the room along with hand sanitizing (according to CDC guidance for all transmission based precautions)).</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.