

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER HATTIE IDE CHAFFEE HOME		STREET ADDRESS, CITY, STATE, ZIP 200 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02914	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to properly prevent and contain the potential spread and transmission of COVID-19 relative to personal protective equipment (PPE), monitoring and quarantine guidance. Findings are as follows: 1) The Center for Disease Control (CDC), titled Coronavirus Disease 2019 (COVID-19) Preparing for COVID-19 in a Nursing Homes updated 6/25/2020 states in part; nursing home populations are at high risk of being affected by respiratory pathogen like COVID-19 and other pathogens. A strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP) . Implement Source Control Measures: -HCP should wear a facemask at all times while they are in the facility . as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others . Cloth face coverings should not be worn by HCP . Surveyor tour the facility in the presence of the Administrator and the Director of Nurses (DON) on 09/08/2020 between 5:00 PM and 7:00 PM revealed Staff A, B, E, F, G, H, and I wearing cloth face covering instead of a surgical mask. During a surveyor interview with the Administrator and the DON on 9/8/2020 at approximately 7:00 PM, they confirmed that some staff still wear cloth face covering while working in the facility instead of surgical mask. 2). The CDC, titled Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown dated 06/25/2020, states in part; Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents . Surveyor tour of the facility, in the presence of the Administrator and the DON on 09/08/2020 between 5:00 PM and 7:00 PM revealed rooms of Residents ID #'s 3, 4, 5 and 6 (these residents are on a 14 day quarantine as they are new admissions to the facility) with signage indicating these residents are on droplet precautions. The signs indicated for staff to only wear gown, gloves and a surgical mask. The signs failed to indicate that staff should be wearing gown, gloves, eye protection and an N95 mask. Surveyor observation, in the presence of the Administrator and the DON, revealed Resident ID #3 in his/her room. The resident's room had signage indicating the resident is on droplet precautions. The room had signage requiring staff to wear only gown, gloves and a surgical mask. The door was noted to be open, Staff C and Staff D were observed assisting Resident ID #3 in his/her room. Staff C and staff D were noted to be wearing a gown, gloves and each wearing 2 surgical masks. They failed to wear eye protection and an N95 mask. Interview with Staff C and Staff D, following the observation, they revealed that they were in Resident ID #3's room assisting the resident with toileting. Staff C and Staff D confirmed that they did not wear an N95 mask or eye protection when caring for Resident ID #3. During a surveyor interview with the Administrator and DON on 9/8/2020 at approximately 7:00 PM, they stated that staff do not wear N95 mask nor eye protection when caring for residents who are on quarantine.</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.