

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225404</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINGATE AT HAVERHILL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>190 NORTH AVENUE HAVERHILL, MA 01830</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review and interview the facility failed to follow their policy and perform hand hygiene to maintain infection control standards to prevent the further spread of COVID-19 in the facility. Findings include: 1. During inspection of the B Wing unit on 8/20/20, at 8:19 A.M., the surveyor observed Certified Nurse's Aide (CNA) #1 in room [ROOM NUMBER]. CNA #1 touched the over the bed table and other items in the room, of the COVID-19 recovered resident. CNA #1 then exited the room and without performing hand hygiene (HH), entered the room (B116) of a COVID-19 negative resident. CNA #1 opened the bathroom door, contaminating the door handle, exited the room without performing HH and entered the bathroom of a COVID-19 recovered resident in room [ROOM NUMBER] where CNA #1 donned a pair of gloves without performing HH, contaminating her gloves. CNA #1 then walked down the hall and attempted to re-enter room # 123 when the surveyor interrupted to interview her. During an interview on 8/20/20, at 8:21 A.M., CNA #1 said that she was supposed to perform HH before exiting a resident's room and before putting on gloves. During an interview on 8/20/20, at 8:22 A.M., the Clinical Supervisor said that all staff are to perform HH before exiting a resident's room and before putting on gloves. 2. During inspection of the B Wing unit on 8/20/20, at 8:28 A.M., the surveyor observed Nurse #1 in room [ROOM NUMBER], with gloves on, touching the COVID-19 negative resident's sheets, pillow and food tray. Nurse #1 then removed her gloves. The surveyor then observed Nurse #1 to exit the room without performing hand hygiene (HH) and carry a plate cover to the food cart in the hall way. Nurse #1 then opened and closed the food cart door with her contaminated hands. Nurse #1 then took the same plate cover down the hall to the unit dining room to discard the plate cover. During an interview on 8/20/20, at 8:30 A.M., Nurse #1 said that she was supposed to perform HH after removing gloves and before exiting a resident's room. Review of the facility policy titled Strategies for Use Of Personal Protective Equipment (PPE) and dated as revised April/2020 indicated that Staff must perform hand hygiene and change gloves before and after all patient contact, contact with potentially infectious materials, and before and after removing PPE, including gloves.</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.