

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER LINDA MANOR EXTENDED CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 349 HAYDENVILLE ROAD LEEDS, MA 01053	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff adhered to 1) Standard Precautions and 2) Transmission-Based Precautions to prevent the spread of COVID-19 related to hand hygiene, linen management, and proper use of personal protective equipment (PPE) on one out of three units. Findings include: 1) The facility failed to ensure that staff adhered to Standard Precautions related to hand hygiene and linen management on the Meadow View Unit. Review of the Centers for Disease Control and Prevention (CDC), Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated that Healthcare Personnel (HCP) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Review of the facility's policy titled Hand Hygiene/Handwashing, updated 6/2009, indicated that it was the facility's policy to provide a safe, hygienic environment for the residents and staff by adhering to the guidelines set forth by the CDC and Infection Control Standards of Practice. Review of the facility's policy titled Linen Handling, updated December of 2016, indicated that soiled linen is bagged at the point of care (in the resident's room). During an observation on 9/16/20 at 10:53 A.M., the surveyor observed Nurse #1 provide direct care to a resident's lower leg with gloved hands. She removed her gloves and exited the room without performing hand hygiene. She carried an unbagged contaminated towel between her arm and her body across the hall and touched the keypad to enter the treatment room. During an interview on 9/16/20 at 10:55 A.M., Nurse #1 said that she should have performed hand hygiene after she completed the resident's treatment, before she exited the room. She also said that she should have placed the contaminated linen in a bag before she exited the resident's room.</p> <p>2) The facility failed to ensure that staff adhered to Transmission-Based Precautions related to proper use of PPE on the Meadow View Unit. Review of the CDC Infection Control Basics for Transmission-Based Droplet Precautions, last reviewed 1/07/16, indicated that everyone must make sure their eyes, nose and mouth are fully covered before room entry. Review of the facility's Cohorting Policy for Admissions, revised 5/21/20, indicated that new admissions were placed in quarantine in a room for 14 days on Special Droplet Precautions. Review of the facility's PPE Grid, undated, on 9/16/20 indicated that eye protection was always required for use with quarantined residents. Resident #1 was admitted to the Meadow View Unit at the facility in September of 2020. Review of the resident's record indicated a physician order, dated 9/08/20, for Special Droplet/Contact Precautions per policy. Resident #2 was admitted to the Meadow View Unit at the facility in September of 2020. Review of the resident's record indicated a physician order, dated 9/10/20, for Special Droplet/Contact Precautions per policy. Signage observed on the entry door to the Meadow View Unit on 9/16/20 at 10:35 A.M. indicated that the use of eye protection (goggles or a face shield) was required to enter the unit. During an observation on 9/16/20 at 10:38 A.M., Certified Nursing Assistant (CNA) #1 did not wear eye protection in the hallway while she completed documentation. The surveyor observed CNA #1 enter the room of Resident #1 and Resident #2 on 9/16/20 at 10:41 A.M. She exited the room at 10:46 A.M. holding a bag of contaminated linen. She did not wear eye protection when she entered or exited the room. Signage observed on the door for the room of Resident #1 and Resident #2 on 9/16/20 at 10:41 A.M. indicated quarantine status for Droplet/Contact Precautions and indicated that everyone who entered the room was required to wear eye protection. During an interview on 9/16/20 at 10:46 A.M., CNA #1 said that staff were always required to wear eye protection when on the Meadow View Unit and when providing resident care on the unit. She said that she removed her goggles while she documented in the hallway. CNA #1 further said that she did not wear eye protection while she provided resident care in the room of Resident #1 and Resident #2, but that she should have, according to the facility policy and door signage. During an interview on 9/16/20 at 10:53 A.M., Unit Manager #1 said that eye protection was always required for staff when on the Meadow View Unit. She also said that CNA #1 should have worn eye protection when she provided resident care in the room of Resident #1 and Resident #2. During interviews on 9/16/20 at 8:45 A.M. and 1:40 P.M., the Infection Preventionist (IP) said that Nurse #1 should have placed the contaminated linen in a bag and performed hand hygiene before she exited the resident's room, according to CDC guidelines and the facility's policy. He also said that staff are always required to wear eye protection on the Meadow View Unit and that staff were required to adhere to Special Droplet Precautions when they provided care to quarantined residents on that unit, according to CDC guidelines and the facility's policy. The IP said that CNA #1 should have worn eye protection while on the Meadow View Unit and when she provided resident care in the room of Resident #1 and Resident #2.</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.