

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAPLEWOOD REHAB AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6 MORRILL PLACE AMESBURY, MA 01913</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview, the facility failed to follow infection control protocols to prevent the possible spread of COVID-19 by failing to appropriately utilize personal protective equipment (PPE). Findings include: Review of the Centers for Disease and Control and Prevention guidance titled, Preparing for COVID-19 in Nursing Homes, last updated 6/25/20, indicated the following: *If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile) On 7/29/20 at 8:15 A.M., the surveyor entered the second floor unit. All staff were observed to be wearing re-usable isolation gowns at all times. During an interview on 7/29/20 at 8:20 A.M., Nurse #1 said that all residents on the second floor had never tested positive for COVID-19 and it was an all negative unit. On 7/29/20 at 8:45 A.M., two CNAs were observed entering a room to assist a resident with bed mobility. They both entered the room wearing isolation gowns and did not change their PPE prior to coming into contact with the resident. After providing the assistance needed, the two CNAs left the room, did not change PPE, and continued to pass out breakfast trays. One of the CNAs then went to another resident's room and assisted that resident with bed mobility. At no point was the CNA's gown changed. During an interview on 7/29/20 at 8:25 A.M., CNA #1 said that the staff wear isolation gowns at all times and that the gowns are not changed throughout the day unless visibly soiled. CNA #1 said that the staff was educated that gowns do not have to be changed between resident care. During an interview on 7/29/20 at approximately 9:15 A.M., the Administrator was unable to state the most recent guidance from the Massachusetts Department of Public Health and was unaware that gowns needed to be changed between residents who had never tested positive for COVID-19.		

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.