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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225257 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/26/2020 |
| NAME OF PROVIDER OF SUPPLIER CARE ONE AT NORTHAMPTON | | STREET ADDRESS, CITY, STATE, ZIP 548 ELM STREET NORTHAMPTON, MA 01060 | |
| 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 F 0880 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and policy review, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to adherence to proper donning and disposing of Personal Protective Equipment (PPE). Findings include: Review of the CDC, Sequence for Putting on PPE indicated that a gown must fully cover torso from neck to knees, arms at end of wrists and wrap around the back and must be fastened in back of neck and waist. During a tour of the Montauk Unit on 6/26/20 at 8:45 A.M. with the Director of Nurses (DON), a resident in his/her room was overheard requesting assistance. Outside the resident's room was a green symbol and the DON said that indicated the resident was asymptomatic and never tested positive for COVID-19 and that full PPE was required when entering the room. The DON was wearing a facemask and gloves. She donned a gown and hair covering. She did not secure the gown at the neck or waist. She did not wear goggles. The DON went into the room to assist the resident. She was observed touching the resident's overbed table and breakfast tray. The gown on the DON was very loose and falling down her arms and her backside was fully exposed and uncovered. The DON was observed readjusting the gown to keep it on her shoulders. Upon exiting the room, the DON hung the gown on a hook in the back of the resident's door. During an interview on 6/26/20 at 8:50 A.M., the DON said her gown was not secured and she did not don on goggles, as required. She further said the hooks on the back of the doors were for assigned dedicated staff to hang gowns for that shift. The DON said she should not have hung the gown on the hook because she was not the dedicated assigned staff member for the shift for the resident.</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.