STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225268	A. BUILDING _____ B. WING _____	**10/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CARE ONE AT NEWTON	**2101 WASHINGTON STREET NEWTON, MA 02462**

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** - Some	**Provide and implement an infection prevention and control program.** Based on observation, interview and policy review, the facility failed to ensure staff members were wearing appropriate Personal Protective Equipment (PPE) while in resident care areas on 2 of 4 resident care units during an outbreak of COVID-19 in the facility. Findings include: Review of the facility document titled 'CareOne Strategies for Contingent Capacity Use of PPE (CDC) and Use by Cohort Group'; revised 10/11/20 indicated the following PPE use by Resident type: -Negative/ Naive: simple mask & eye protection in all patient care areas; if there's an outbreak: add a gown for all care activities -Recovered: simple mask & eye protection in all patient care areas; if there's an outbreak: add a gown for all care activities Review of the Centers for Disease Control and Prevention (CDC) guidance titled Preparing for COVID-19 in Nursing Homes; updated 6/25/20 indicated: -Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or Health Care Personnel (HCP) is newly identified in the facility. During an interview on 10/22/20 at 8:15 A.M. the Director of Nursing (DON) said that the facility was currently experiencing an outbreak of COVID-19 and had 30 COVID-19 positive residents and 7 COVID-19 positive staff members. The DON said that since the building was experiencing an outbreak, the PPE requirement for staff was facemasks and eye protection at all times while on each resident care unit and in resident rooms. The DON said that gowns and gloves were also required while performing resident care. On 10/22/20 at 9:18 A.M. on the Paloma Unit (a unit with COVID recovered residents), the surveyor observed Certified Nursing Assistant (CNA) #1 feeding a resident who had recovered from COVID-19 in the resident's room. CNA #1 was not wearing a gown. During an interview on 10/22/20 at 9:25 A.M., Unit Manager #1 said that staff should be wearing gowns while feeding residents. During an interview on 10/22/20 at 9:30 A.M., CNA #1 said she forgot to put a gown on while feeding the resident. CNA #1 said she is supposed to wear a gown while feeding the resident. On 10/22/20 at 10:20 A.M. on the Cabot Unit (a unit with COVID recovered and COVID naive residents), Nurse #1 was observed in the hallway outside of a resident's room with her face shield up on top of her head, not covering her eyes. On 10/22/20 at 10:30 A.M., Nurse #1 was observed inside of an occupied resident's room with her face shield up on top of her head and not covering her eyes. During an interview on 10/22/20 at 10:32 A.M., Nurse #1 said she puts her face shield up and down. She said it should be kept down and covering her eyes while on the unit. During an interview on 10/22/20 at 10:35 A.M., the Assistant Director of Nursing said the expectation for staff is to wear eye protection at all times while on the unit, including the hallway of the unit. On 10/22/20 at 12:25 P.M. on the Paloma unit, CNA #2 was observed in the hallway of the resident care unit wearing her face shield up and not covering her eyes. On 10/22/20 at 12:27 P.M. on the Paloma unit, CNA #3 was observed in the hallway of the resident care unit wearing her face shield up and not covering her eyes. During an interview on 10/22/20 at 12:35 P.M., Unit Manager #1 said that staff should be wearing their face shields to cover their eyes. During an interview on 10/22/20 at 1:25 P.M., the Director of Nursing said that staff should be wearing eye protection at all times while on the unit to keep residents safe. The Director of Nursing further said that a facemask, eye protection, gown and gloves are required while giving care, which includes feeding residents.

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.