

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT HOLYOKE		STREET ADDRESS, CITY, STATE, ZIP 260 EASTHAMPTON ROAD HOLYOKE, MA 01040	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based observations and interviews, the facility failed to adhere to infection control practices relative to hand hygiene and adhering to Transmission Based Precautions for management of COVID-19. Findings include: Review of the facility policy entitled Handwashing/Hand Hygiene, reviewed 2/28/20, indicated to use an alcohol-based hand rub .or, alternatively, soap and water for the following situations: -before and after direct contact with residents, -before and after preparing or handling medications, -before donning and doffing gloves, -before and after entering isolation precaution settings Review of the facility census/information sheet, provided to the surveyor on entrance to the facility on [DATE] at 7:30 A.M., indicated there were 20 residents who were COVID-19 negative. Of the 20 COVID-19 negative residents, 10 of the residents were co-horted in rooms with COVID-19 positive and recovered residents. Review of the facility Personal Protective Equipment (PPE) information sheet, undated, indicated for facility staff to don full PPE on room entry for residents who have never tested positive and are asymptomatic for COVID-19. The form indicated full PPE to include mask, goggles, gown and gloves. Review of the guidance provided by the assigned Department of Public Health (DPH) Epidemiologist, undated, indicated for the facility to maintain full PPE for COVID-19 negative residents until otherwise notified by the DPH. During the facility tour with the Director of Nurses (DON) conducted on 6/16/20 from 8:45 A.M. through 9:15 A.M., the surveyor observed the following: -Housekeeper #1 in a room that housed a COVID-19 negative resident cleaning the floor and side tables. A COVID-19 negative resident and a COVID-19 positive recovered resident were in the room and neither had on face masks. Housekeeper #1 was observed to have a face mask and gloves only on. Signage on the door to enter the room indicated full PPE required. The surveyor observed Housekeeper #1 exit the room without doffing gloves and face mask, and wheel cleaning bucket to the housekeeping closet down a separate hallway. -Nurse #1 in hallway near the nursing station observed providing medications to a resident who was seated in the hallway. Nurse #1 administered medications to this resident, then got a tissue to assist with wiping his/her nose, doffed gloves and donned new gloves without conducting hand hygiene. During an interview on 6/16/20 at 10:00 A.M., the DON said that Housekeeper #1 should have doffed gloves and conducted hand hygiene upon exiting the precaution room indicating full PPE. She further said that she did not think that Housekeeper#1 had to don full PPE when entering that room because she was not providing patient care. When the surveyor asked why full PPE was in place for COVID-19 negative residents, the DON said it was to protect the residents from possible exposure to COVID-19. She further said that the facility did have community spread and had direction from DPH epidemiology for guidance for PPE use. The DON said that Nurse #1 should have conducted hand hygiene after doffing gloves with direct patient care/administration of medications.</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.