STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225774	A. BUILDING _____ B. WING _____	06/25/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NEWBRIDGE ON THE CHARLES SKILLED NURSING FACILITY	7000 GREAT MEADOW ROAD DEDHAM, MA 02026

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interview the facility failed to ensure that proper infection control practices were followed based on guidance from the Center for Disease Control and Prevention (CDC) for newly admitted residents to continue on precautions for 14 days for 5 out of 5 (Resident #1, #2, #3, #4, #5). Findings include: CDC guidance dated 4/30/20 indicated Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (personal protective equipment). During an interview on 6/25/20 at 10:00 A.M., the Director of Nurses (DON) said residents who are admitted from the hospital are admitted on transmission based precautions. She said all residents were tested at the hospital, prior to admission to the facility, and a resident with a negative test result would be admitted to the non-COVID units at the facility and then tested for COVID-19 upon admission to the facility. She said when the COVID-19 result come back negative the residents' order for precautions was discontinued. She said based on negative test results the facility discontinued the precautions for newly admitted residents prior to the 14th day. During an interview on 6/25/20 at 11:50 A.M. the infection Preventionist said an admission guideline policy was created and implemented. She said the policy was written based on the CDC guidelines for discontinuation of transmission based precautions with a test based strategy. She said the facility policy for new admissions indicated a negative COVID-19 test must be obtained prior to admission to the facility, the resident was admitted on transmission based precautions and then tested for COVID-19 within 24 hours of admission. The policy indicated once the results were negative the precautions could be discontinued. The policy does not include information regarding the continuance of transmission based precautions for the first 14 days of admission. 1. Resident #1 admitted to the facility on [DATE] from the hospital with a [DIAGNOSES REDACTED]. A review of the medical record indicated the resident was swabbed for COVID-19 on 6/23/20 and enhanced precautions were implemented. A review of the nursing progress notes indicated that on 6/24/20 the lung sounds of Resident #1 had faint crackles and the resident had an occasional dry cough. On 6/25/20 at 9:45 A.M. the room of Resident #1 was observed to have a sign that indicate the Resident was on droplet precautions. At 11:25 A.M. the room of Resident #1 no longer had a precaution sign. On 6/25/20 at 11:25 A.M., Nurse #1 said that the COVID-19 test results were received and were negative. She said due to this, Resident #1 was removed from precautions (2 days after admission). 2. Resident #2 was admitted to the facility on [DATE] from the hospital with [DIAGNOSES REDACTED]. A review of the medical record indicated the hospital admitting paperwork had conflicting results from COVID-19 tests. The nursing progress note indicated the most recent COVID-19 test was listed as positive on 6/21/20. The nurse indicated Resident #2 was placed on the facilities COVID positive unit on 6/23/20. The nursing progress note from 6/24/20 indicated Resident #2 was moved off of the COVID-19 positive unit due to a negative COVID-19 test result. On 6/25/20 at 11:20 A.M.,. Resident #2 was observed in his/her room. The surveyor observed a rehabilitation staff member come out of the room. The rehabilitation staff member said that Resident #2 was taken off of precautions (1 day after admission) on 6/24/20 due to a negative COVID-19 test result. 3. Resident #3 was admitted to the facility on [DATE] from the hospital status [REDACTED]. A review of the medical record indicated a COVID-19 swab was obtained on 6/23/20 at 4:37 P.M. A review of the nursing progress note indicated on 6/24/20 Resident #3 had a low grade temperature of 99.2 and a change in mental status. A nursing progress note on 6/25/20 at 9:45 A.M. indicated COVID-19 not detected and enhanced precautions were discontinued (2 days after admission). On 6/25/20 at 1:10 P.M. the dietician was observed in the room of Resident #3 with only a face mask on, no other PPE was observed. During an interview, on 6/25/20 at 11:27 A.M., Nurse #2 said Resident #3 was removed from precautions on this day due to a negative test result for COVID-19. 4. Resident #4 was admitted to the facility on [DATE] from the hospital following a right total hip revision. A review of the medical record indicated Resident #4 was placed on enhanced contact precautions upon admission. A review of the nursing progress notes indicated that on 6/25/20 a COVID-19 test result was negative and enhanced precautions were discontinued (2 days after admission). During an interview on 6/25/20 at 11:30 A.M. Nurse #3 said the enhanced precautions for Resident #4 were discontinued due to a negative test result. 5. Resident #5 was admitted to the facility on [DATE] from the hospital. On 6/25/20 at 11:00 A.M. the room of Resident #5 was observed to have a sign indicated the Resident was on Enhanced Droplet Precautions. The sign indicated staff were to don mask, gloves, gowns, face shield/goggles prior to entering the Resident room. On 6/25/20 at 1:15 P.M. the surveyor observed Certified Nursing Assistant (CNA) #1 in the room of Resident #5. The CNA was observed to be wearing a mask, no gown, no gloves, no eye protection. CNA #1 was observed to be touching (no gloves on) the open closet of Resident #5, then picked up an article of clothing off the bed, fold it against his body and place it in the closet. The CNA then moved a rolling walker with his bare hands. The CNA then exited the room of Resident #5 and saw the surveyor. The CNA reached for the cabinet outside of the Resident room (without performing hand hygiene), opened the cabinet, obtained a gown and started putting the gown on. When the surveyor inquired about the precaution sign for Resident #5, CNA #1 said he went in to the Residents room quick to help him/her. The CNA confirmed that the sign indicating Resident #5 was on Droplet Precautions was correct.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE