

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225656	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER CAMPION HEALTH & WELLNESS, INC		STREET ADDRESS, CITY, STATE, ZIP 319 CONCORD ROAD WESTON, MA 02493	
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	Provide and implement an infection prevention and control program. Based on observation, interview and policy review, the facility failed to ensure that dietary staff health care personal (HCP) wore a mask while in the facility to reduce the potential for asymptomatic spread of Covid 19 on 2 of 2 nursing units. Findings include: Review of the document provided by the facility, titled Personal Protective Equipment Guidance update, dated 8/23/20 indicated face masks should always be worn. Do not use homemade or cloth masks while in clinical area. Review of the Centers for Disease Control website (www.cdc.gov), page titled, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020 indicated the following: - Healthcare Personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). - HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. On 8/25/20 at 9:40 A.M., the surveyor observed Dietary Staff #1 in the 1st floor dining/activity room. She was wearing a cloth face covering. During an interview at that time she said that she had brought the cloth face covering from home and had not been told she should wear a face mask and not a cloth mask in a clinical area. On 8/25/20 at 10:01 A.M., the surveyor observed Dietary Staff #1 in the 2nd floor dining/activity room. She was wearing a cloth face covering. On 8/25/20 at 10:10 A.M., the surveyor observed Dietary Staff #1 exit the elevator on the 2nd floor nursing unit and walk through the clinical area towards the dining/activity room. During an interview with the Director of Nursing, on 8/25/20 at 10:30 A.M., she said that all staff, including dietary should be wearing a face mask, not a cloth face covering.		
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.