

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225451</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KATZMAN FAMILY CENTER FOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>17 LAFAYETTE AVENUE CHELSEA, MA 02150</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interview and policy review, the facility failed to ensure that staff and visitors self-temperatures and self screening questionnaires were reviewed in regard to COVID-19. Findings included: Review of Centers for Disease Control and Prevention (CDC) guidance, last reviewed 6/12/20, included the following: Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs) COVID-19 cases have been reported in all 50 states, the District of Columbia, and multiple U.S. territories; many having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. 1. Keep COVID-19 from entering your facility: * Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home. On 6/18/20 at 8:10 A.M., during observation of the screening process, across from the reception desk, revealed the following: * Staff person #1 proceeded to the screening station and filled out a COVID-19 Screening Questionnaire form and took her temperature. Staff person #1 documented her temperature on the COVID-19 Screening Questionnaire form and placed it in a folder at the reception desk. The receptionist did not verify Staff person #1's temperature or the answers to the screening questions. * Staff person #2 proceeded to the screening station and filled out a COVID-19 Screening Questionnaire form and took his temperature. Staff person #2 documented his temperature on the COVID-19 Screening Questionnaire form and placed it in a folder at the reception desk. The receptionist did not verify Staff person #2's temperature or the answers to the screening questions. * Lab staff #1 proceeded to the screening station and filled out a COVID-19 Screening Questionnaire form and took his temperature. Lab staff #1 documented his temperature on the COVID-19 Screening Questionnaire form and placed it in a folder at the reception desk. The receptionist did not verify Lab staff #1's temperature or the answers to the screening questions. Review of the facility policy entitled COVID-19 Infection Control Policies and Protocol, dated 4/28/20, included the following: * The facility screens every individual entering the facility (including staff) for COVID-19 symptoms. This screening includes temperature checks and can include assessment of COVID-19 symptoms. During an interview on 6/18/20 at 8:20 A.M., the Director of Nursing said that there is usually a nurse stationed at the screening area and she/he would verify the staff temperature and review the screening questionnaire. He said he wasn't sure why the nurse wasn't there. During interview on 6/18/20 at 10:30 A.M., the receptionist said she was just filling in and didn't know she should be checking to be sure the staff and visitors temperature was within the normal range (less than 100 degrees). She said she makes sure the staff place their questionnaires in the file folder at the desk and she said she will look at them later to be sure there aren't any problems on the forms.</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.