STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225688	A. BUILDING _____ B. WING _____	06/18/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SEA VIEW CONVALESCENT AND NURSING HOME	50 MANSION DRIVE ROWLEY, MA 01969

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 -** Many	**Provide and implement an infection prevention and control program.** Based on records reviewed, observations and interviews, the Facility failed to implement and follow their policy on preventative measures to mitigate the spread of COVID-19 through screening of every individual immediately upon entry to the Facility for signs and symptoms and potential exposure to COVID-19. Additionally, for one of three sampled residents (Resident #1), the Facility failed to establish and implement a surveillance plan for identifying, tracking, monitoring, and/or reporting a fever, when Resident #1's temperature was not taken at least once per shift for a period of 11 days. Findings include: 1. The Facility's Policy, titled Coronavirus/COVID-19, dated 4/27/20, indicated: -All persons entering the Facility would be screened for signs and symptoms of COVID-19. -Screening would include taking the temperature of each person as they arrived at the community. -A temperature that warranted not being permitted into the Facility was 100 degrees Fahrenheit or higher. -All visitors would be screened at the point of entry to the Facility, that being the front Main Lobby. -Screening of staff would be done at the point of entry to the Facility, if personnel were not available at that location for off shifts, staff would call the first floor nursing station and staff would arrive to do the screening. On 6/18/20 at 8:00 A.M., Surveyor #1 and Surveyor #2 attempted to enter the Facility through the Front Main Door, however the door was locked. An employee outside directed Surveyor #1 and Surveyor #2 to the employee entrance. Surveyor #1 and Surveyor #2 entered through the employee entrance, walked down a hallway, passed the Kitchen, a conference room, and a resident room, and proceeded to the Front Main Lobby. There were no staff members present at the employee entrance or in the Front Main Lobby screening employees and/or visitors entering the Facility. An individual was observed seated in the conference room (later identified as Rapid Response Nurse #1), and he was asked by Surveyor #1 and Surveyor #2 to perform the COVID-19 screening for entrance into the Facility. During an interview on 6/18/20 at 8:10 A.M., Rapid Response Nurse #1 said the Administrator was usually in the Front Main Lobby to screen anyone entering the Facility. Rapid Response Nurse #1 said he was not aware of who was responsible for screening staff for COVID-19 in the absence of the Administrator. During an interview on 6/18/20 at 9:00 A.M., Certified Nurse Aide (CNA) #1 said that on some days if no one was in the Front Main Lobby to check her temperature she checked her own temperature and filled out the screening questionnaire for COVID-19 signs and symptoms when she reported for work. During an interview on 6/18/20 at 9:15 A.M., the Administrator said he does all the screening for COVID-19 in the lobby for anyone entering the Facility. The Administrator said staff were instructed to enter the Facility through the employee entrance, walk down the hallway past the kitchen, resident room, and conference room, and into the Main Lobby where COVID screening was performed. The Administrator said that anyone entering the Facility during evening and night shifts were instructed to call the nurse assigned to the second floor for screening, and said staff should not screen themselves. 2. The Facility's Policy, titled Coronavirus/COVID-19, dated 4/27/20, indicated a resident who develops symptoms should be monitored for signs and symptoms of respiratory infection on a daily basis. The Policy indicated if a resident displays symptoms of respiratory illness, frequency of temperature and symptoms checks need to be assessed at least once per shift (three times a day). The Facility's Policy was not consistent with current national standards including Center for Disease Control and Prevention (CDC) guidance to screen residents daily for fever or symptoms of COVID 19. Review of Resident #1's medical record indicated on 6/7/20, he/she had a temperature of 102.0 degree Fahrenheit, body aches and a headache. Further review of Resident #1's medical record, dated 6/7/20 through 6/18/20 (11 days), indicated Resident #1's temperature was not assessed and documented per shift. Resident #1's medical recorded indicated on 6/14/20 he/she was tested positive for COVID-19. During an interview on 06/18/20 at 8:55 A.M., Nurse #2 said vital signs (blood pressure, heart rate, respirations, temperature and oxygen level) are to be documented on each COVID-19 resident every shift and documented in resident's progress note. During an interview on 06/22/20 at 11:05 A.M., The Director of Nurses (DON) said on the COVID-19 Unit, residents' vital signs were being completed twice a day which was started a week ago, even though their Facility policy indicated each resident's vital signs should be completed and documented every shift. The DON said vital signs were not completed every shift consistently in the Facility.

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