

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER MOUNT ST JOSEPH NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 7 HIGHWOOD ST WATERVILLE, ME 04901	
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 observations, interview and record review, the facility failed to follow professional standards of practice with usage of Personal Protective Equipment (PPE) and to provide a sanitary environment to help prevent the development and transmission of disease and infection related to proper mask use and doffing (remove/take off) of PPE. Findings: 1. A review of the facility policy titled Universal Masking Policy and Badge Cleaning - Effective April 6, 2020, states, all long-term care personnel should wear a mask while in the building. A review of CDC (Centers of Disease Control) recommendations titled Interim Infection Prevention and Control Recommendation for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic-updated May 22, 2020, recommends the following for Long-Term Care Facilities: Implement Universal source Control Measures-source control refers to the use of cloth face coverings or face masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. On 6/24/2020 at 12:00 p.m., a surveyor observed a staff member on Harbor Unit passing lunch trays with his/her face mask not covering his/her nose. On 6/24/2020 at 12:05 p.m., a surveyor observed a staff member #2 on Harbor Unit preparing resident medications with his/her face mask not covering his/her nose in a resident area. On 6/24/2020 at 12:11 p.m., the above was confirmed with the Director of Nursing. 2. On 6/24/2020 at 10:51 a.m., a surveyor observed a Certified Nurses Aide (CNA), don (put on/apply) appropriate PPE (mask, face shield, gown, gloves) and enter a droplet precaution room. Several minutes later, the surveyor and Clinical Care Coordinator observed the CNA exit the room with the full PPE still on. Without removing his dirty gloves and performing hand hygiene, he removed his face shield walked over to the plastic cabinet in the hallway, unlocked the cabinet and retrieved a disinfectant wipe and preceded to wipe the face shield down and place it on a hook in the hallway. He then walked over to the trash bin, removed his dirty gloves then removed the gown and placed the gown on the same hook with his face shield. At this time the surveyor intervened, the CNA stated he should have removed his gloves and performed hand hygiene prior to removing his face mask and touching the lock. He then stated he will wipe down the lock. On 6/24/2020 at the time of the observation, the surveyor confirmed the infection control concerns with the Clinical Care Coordinator.		
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.