STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225223	A. BUILDING _____ B. WING _____	**06/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BRENTWOOD REHABILITATION AND HEALTHCARE CTR (THE)	**56 LIBERTY STREET DANVERS, MA 01923**

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 staff donned full Personal Protective Equipment (PPE) when caring for COVID-19 positive residents. Findings include: Review of the facility policy entitled, Personal Protective Equipment Use, MA Specific, not dated, included the following: COVID-19 Positive Unit, Community Spread (when any resident develops COVID-19 and has not left the facility at all), Full PPE is the standard for that unit (Full PPE consists of gloves, gown, mask, and eye shield/goggles). On 6/17/20 at 10:00 A.M., on the 2 East unit, which cares for COVID-19 positive and recovered residents, the surveyor observed as Certified Nursing Assistant (CNA) #1 entered the room of a resident known to be COVID-19 positive. The staff member did not don gloves or place her goggles over her eyes, she left them resting on her head. On 6/17/20 at 10:15 A.M., during an interview, CNA #1 said that she was aware of the resident's status and that she was only in the room for a few minutes and that is why she didn't put on gloves. She said she didn't put on the eye goggles because they make it difficult to see. The surveyor asked if she requested a change in eye protection from the facility, CNA #1 said she had not.

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