

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER FAIRVIEW COMMONS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CHRISTIAN HILL ROAD GREAT BARRINGTON, MA 01230	
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 was found to be not in compliance with COVID-19 infection control guidelines relative to performing appropriate education, monitoring and screening of staff. Findings include: During an observation on 6/15/20 at 7:15 A.M., Housekeeper #1 entered the facility, took his own temperature reading and completed the COVID-19 Daily Employee/Visitor Screening Log. Housekeeper #1 then turned around to try to hand the thermometer to the surveyor. There was no screener present in the lobby. Review of the facility COVID-19 Prevention and Outbreak Management Policy, revised 6/11/20, indicated: - please note as of 3/14/20, all staff screening for respiratory infection, international travel, and possible exposure to COVID-19, now includes temperature check at beginning of each shift. Review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings, updated 5/1/20, indicated to actively assess all visitors for fever and COVID-19 symptoms upon entry to the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility. Review of completed COVID-19 Daily Employee/Visitor Screening Logs dated 6/12/20 thru 6/15/20 indicated incomplete entries for dates, times and names of screener on the logs. During an interview on 6/15/20 at 11:00 A.M., the Director of Nurses said Housekeeper #1 was not screened appropriately, as required. She further said the COVID-19 Daily Employee/Visitor Screening logs dated 6/12/20 thru 6/15/20 had missing documentation and were incomplete.		

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.