

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER BERKSHIRE REHABILITATION & SKILLED CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7 SANDISFIELD ROAD BOX 216 SANDISFIELD, MA 01255	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to follow its policy for screening visitors for respiratory symptoms and travel to high risk areas prior to entering the facility as part of a plan to prevent the spread of COVID 19. Findings include: Review of the facility policy for Coronavirus Surveillance, dated 7/31/20, indicated the following: Heightened surveillance activities will be implemented to limit the transmission of COVID 19, these include but are not limited to; -Screening for visitors and staff a. Signs or symptoms of a respiratory infection such as fever, cough, shortness of breath or sore throat or other symptoms of coronavirus (chills, muscle pain, headache, loss of taste or smell) b. Had any recent travel to high risk areas. Review of the Covid 19 Employee Surveillance Tool, undated, observed at the entrance of the facility, indicated a yes/no checklist related to symptoms, high risk travel, travel by airplane, contact with anyone known/suspected to have Covid 19 or attendance at a particular conference. On 8/5/20 at 10:00 A.M. the surveyor entered the facility. A strip of yellow tape was placed across the entrance to prevent entry prior to being screened. Certified Nurses' Aide (CNA) #1 took the surveyor's temperature and oxygen saturation, both of which were normal. CNA #1 then told the surveyor to fill out the screening form before entering, and then proceeded to walk away. On 8/5/20 at 12:15 P.M. during an interview with CNA #1, she said she doesn't usually screen visitors coming into the facility, it's usually a nurse, but if the nurse isn't available someone else does it. The surveyor asked if CNA #1 knew whether or not the surveyor had symptoms or had traveled to any high risk areas. CNA #1 said she had not reviewed the screening form prior to allowing the surveyor to enter the facility, so did not know.</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.