STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225366	A. BUILDING _____ B. WING _____	**07/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HATHAWAY MANOR EXTENDED CARE	**863 HATHAWAY ROAD NEW BEDFORD, MA 02740**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, the facility failed during the Covid-19 pandemic, to ensure Transmission-Based precautions were followed, for sampled Resident #1, who was 1 of 13 residents identified as being on Transmission-Based precautions. The facility failed to ensure the screening practice was followed for two employees starting their work shift. Additionally, the facility completed Covid-19 surveillance data for residents and staff but did not monitor for other resident infections, for over two months, by not collecting infection data and completing monthly infection control surveillance for all infections in the facility. Findings include: During the Covid-19 Focused survey completed on July 22, 2020, the facility identified having no positive Covid-19 resident cases, but had 13 residents identified as PUI (Person Under Investigation)/ Quarantine and on transmission based precautions During the entrance meeting at 8:15 A.M. with the Administrator, Director of Nurses and the Clinical Consultant, the Director of Nursing said she was in charge of the Infection Control program. The Director said she has had the program since 7/20/20 and several others had been in place as the Infection Preventionist since January 2020. A review of the facility's policy for Covid-19 Prevention and Outbreak Management last revised 7/6/20, indicated that the facility follows guidelines from the CDC (Center for Disease Control), Massachusetts Department of Public Health (DPH) and the American Health Care Association (AHCA). For Transmission precautions the policy indicated [MEDICAL CONDITION] is spread person-to person through respiratory droplets and these droplets can land in the mouth and nose of people nearby or possibly be inhaled into the lungs. The policy also indicated that all employees providing direct care are required to wear eye protection and maintain special droplet precautions for residents with suspected or known Covid infection. During an observation on 7/22/20 on Unit 1 at 9:00 A.M., the surveyor observed CNA (Certified Nursing Assistant) #1, inside of a resident room that had signage posted outside the room for special droplet precautions. The sign posted outside the room noted anyone entering the room must wear a face mask, wear eye protection (face shield or goggles), gown and gloves. The CNA #1 had a face mask and gloves on only, with no eye protection or gown. CNA #1 helped the resident transfer from the bed to the chair. Resident #1 was a new admission to the facility on [DATE], and due to being a new admission was designated as PUI (Person Under Investigation)/ Quarantine and placed on special droplet precautions. CNA #1, after exiting the resident's room, was questioned by the surveyor about the special droplet precautions and he/she stated, I know I should of, the resident just came in yesterday. The CNA said, I should have put the gown and goggles on. During interview with the Director of Nurses (DON) after the CNA interview and she said the Resident was a new admission, on droplet precautions and the staff person should had been wearing full PPE (Personal Protective Equipment) when providing any care. Screening staff: When the surveyor entered the facility on 7/22/20 at 7:55 A.M. with two employees there was no designated staff person at the screening area in the main entrance area. The surveyor observed a Social Worker and a CNA take their own temperatures and then walk through the doors. The surveyor waited and then walked through the doors and when the surveyor stopped at the Director of Nurses office to identify herself, the other person in the office said let me screen you and than walked over the the area to be screened. The surveyor informed the screener that no one was here when entering and he said he had stepped away to speak to the Director of Nurses. A review of the Covid-19 Prevention and Outbreak Management last revised 7/6/20, indicated that all staff screening includes temperature check at the beginning of the shift. Screening is also done for respiratory infection and possible exposure to Covid-19 and the staff screening tool was to be used. Review of the screening logs for the last month indicated that the column identified for the screeners name was not filled out. During interview with Social Worker #1 at 11:10 A.M., she said there is someone there to take the temperatures and screen but it was just today that no one was at the screening area. During interview with the Administrator he said that he also had seen the screener log missing signatures of the person screening staff and visitors. Infection Control Surveillance: A review of the Covid-19 surveillance records for staff and residents were complete and ongoing but the monitoring of other infections had not been done for over two months. A review of the policy for Infection Prevention and Control Surveillance indicates that the facility closely monitors all residents who exhibit signs and symptoms of infections. The nurse will notify the Infection Control Preventionist of suspected infections and record the information on the control surveillance report. The Infection Preventionist will gather further data for infection tracking and reporting and will provide consultation and education as needed. The completed reports are than presented at the quarterly Quality Improvement meetings. The Director of Nurses, when asked for the monthly infection surveillance data records, said they were in her office. When she located the records the Director starting completing the forms for June 2020. A review of the documentation for May 2020 showed only two infections related to gastrointestinal issues and the tracking and investigations of those two infections were incomplete. The Director documented on the May record, one infection for June 2020 for a wound infection. The 3 infections for May and June had no information of determination for Health Care or Community acquired. the record for July 2020 had no documentation on the surveillance records. The facility has three nursing units with a resident census of 106 on 7/22/20 and the monitoring of residents with other infections has not been documented, tracked and evaluated as outlined in the facility policy. During interview on 7/22/20 while reviewing the information with the Director of Nurses, she said the managers were to complete and could not answer why the ongoing monthly surveillance had not been completed.

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