STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225748	A. BUILDING _____ B. WING _____	**06/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PHILLIPS MANOR NURSING HOME	**28 LINWOOD ROAD LYNN, MA 01905**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to ensure staff donned full personal protective equipment (gown, glove, eye shield and face mask) while caring for COVID-19 negative residents (COVID-19 negative residents are at risk for exposure to COVID-19 from staff and/or visitors to the facility). Findings include: On 6/16/20 at 12:20 P.M., during the entrance conference with the Administrator and Director of Nursing (DON), the DON said that all the residents, with the exception of two residents that were COVID-19 recovered, on the first floor were all negative for COVID-19. She said that all the residents on the second floor were residents that had recovered from COVID-19. The census was 18 and 5 of the 18 residents were COVID-19 negative. On 6/16/20 at 12:30 P.M., during a tour of the first floor revealed the following: * room [ROOM NUMBER] Bed A - A Certified nursing Assistant (CNA) was assisting a resident with his/her lunch. The staff member was only wearing a mask. The resident was COVID-19 negative. * room [ROOM NUMBER] Bed B- A occupational therapist was sitting on the side of the residents bed. The occupational therapist was only wearing a mask and personal eyeglasses. The resident was COVID-19 negative. * room [ROOM NUMBER] - A Licensed Nurse entered the room with only a mask and personal eyeglasses. The 2 residents in this room were COVID-19 negative. On 6/16/20 at 1:30 P.M., during interview the administrator said that he spoke with someone at the local board of health who said staff only needed to wear masks and goggles. He said it was a verbal call and did not have documentation to support the guidance.

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