

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER ST PATRICK'S MANOR		STREET ADDRESS, CITY, STATE, ZIP 863 CENTRAL STREET FRAMINGHAM, MA 01701	
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 and interview, the facility failed to implement the proper use of Personal Protective Equipment (PPE) according to Centers for Disease Control and Prevention (CDC) guidance to prevent the spread of COVID-19, on a cohorted unit of quarantined new admissions. Findings include: CDC guidance for Core Practices in Preparing for COVID-19: If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections. The CDC recommends these practices remain in place even as nursing homes resume normal activities. 1. The facility failed to utilize precaution gowns in accordance with CDC guidelines by not ensuring each staff member changed their precaution gown between quarantined residents. During an entrance interview on 7/16/20 at 9:45 A.M., the Infection Control Nurse said all residents in the Rosarie Center are new admissions and all new admissions are quarantined for 14 days. She said all staff should be in full PPE on this unit. On 7/16/20 at 10:44 A.M., the surveyor observed Certified Occupational Therapist Assistant (COTA) #1 as he walked out of a quarantine room with his gown on. COTA #1 did not change his gown and entered another quarantine room. During an interview on 7/16/20 at 10:47 A.M., COTA #1 said he wore the same gown for all quarantined residents and did not need to change his gown between residents. On 7/16/20 at 11:05 A.M., the surveyor observed Nurse #1 as she walked out of a quarantine room with her gown on. She did not remove her gown and entered the hallway. During an interview on 7/16/20 at 11:07 A.M., Nurse #1 said staff did not need to change their gowns between residents unless the resident was a person under investigation (PUI) for COVID-19 related symptoms. She said if residents on the quarantine unit did not have symptoms, staff wore the same gown in and out of quarantined residents' rooms. During an interview on 7/16/20 at 1 P.M., the Administrator and Infection Control Nurse said they were unaware that each staff member must change their gown between quarantined residents in order to be in compliance with the CDC guidance.		
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.