STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225229	A. BUILDING _____ B. WING _____	10/06/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MAPLEWOOD REHAB AND NURSING	**6 MORRILL PLACE AMESBURY, MA 01913**

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility staff failed to ensure the implementation of infection control procedures to prevent the potential spread of Covid-19 by 1. failing to utilize appropriate cleaning products during routine housekeeping services on 1 of 2 resident units 2. failing to perform hand hygiene and 3. failing to ensure Covid-19 test results were obtained and documented as required for 1 (Resident #2) of 3 sampled residents and staff. Findings include: 1. Review of the facility's document; Manual Title: Environmental Services, policy title: Resident Bathroom Cleaning, dated 8/15/13 and a revision date of 11/28/17 indicated the following: This procedure applies to all bathroom, restrooms, shower areas, tub room, both resident area and general use, for daily routine maintenance. Steps: point: 4. damp wipe all fixtures with cloth and Green detergent. Review of the facility's document titled: Subject: Standard Precaution guidelines, dated 4/17 indicated the following: Standard precautions will be used in the care of all residents regardless of their [DIAGNOSES REDACTED]. Under heading: 6. Environmental control a. Ensure that all environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces are appropriately cleaned. During an observation on the Main 1 unit on 10/6/2020 at 11:45 A.M., Housekeeper #1 (HK#1) was observed entering room [ROOM NUMBER] with a spray bottle filled with blue fluid and using the bottle to clean the resident bathroom. Upon returning the bottle to the housekeeping cart the surveyor reviewed the label of the bottle which indicated the following: Denim, spray buff shine maintainer. During an interview on 10/6/2020 at 11:55 A.M., HK#1 said (with help for interpretation by CNA #1) she used the spray bottle from the cart for cleaning the resident's bathrooms. HK#1 demonstrated in the bathroom how she used the spray bottle to wipe down the sink, area around the sink and the surfaces on the toilet and the back of the toilet. At this time the Housekeeping Manager arrived, and he said the contents of the spray bottle was blue which is for window cleaning, he said that the blue fluid in the bottle was not what was on the label. Review of the manufacture's label for the product Blue, indicated the product is a vinegar-based glass and surface cleaner. Review of the manufacturers label for Green, identified by the policy to be used for cleaning the bathroom, revealed the product is a power bathroom cleaner, effectively removes 99.9 percent of viruses and bacteria. HK #1 failed to use an effective cleaning product when cleaning resident bathrooms. 2. Review of the facility's document titled: Subject: Standard Precaution guidelines, dated 4/17 indicated the following: Standard precautions include the following practices: d. Wash hands after removing gloves. Gloves: g. remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before going to another resident and wash hands immediately to avoid the transfer of microorganisms to other residents or environments. During an observation on 10/6/2020 on the Main 1 resident unit from 11:45 A.M. through 11:55 A.M., the following was observed: HK #1 exited room [ROOM NUMBER] wearing gloves on both hands. HK #1 picked up a spray bottle from the housekeeping cart and re-entered the room. HK#1 exited room [ROOM NUMBER] and with gloved hands, placed a trash bag in the cart, picked up a roll of bags and re-entered the room. HK#1 came out of room [ROOM NUMBER], removed the gloves and placed them in the trash and proceeded to room [ROOM NUMBER] HK#1 put on gloves outside of room [ROOM NUMBER] without performing hand hygiene. HK#1 came out of room [ROOM NUMBER] removed the gloves and placed new gloves on without performing hand hygiene. Upon exiting room [ROOM NUMBER], HK #1 with gloved hands, emptied a dust pan into the trash, removed the gloves put them in the trash and proceeded to room [ROOM NUMBER] and put new gloves on without performing hand hygiene. Observation of the area on the cart, failed to reveal hand sanitizer was present. On 10/6/2020 at 11:55 A.M., HK #1 said sanitizer was in the resident bathrooms and was used. This conflicts with the observations made. On 10/6/2020 at 12:28 P.M., the Administrator and Director of Nursing were made aware that HK#1 did not perform hand hygiene. 3. Review of the facility's policy titled: Serial testing Long Term Care Health Care Personnel (HCP) and Residents, dated 6/2020 indicated the following: Serial testing of HCP in nursing homes is indicated in two situations: when there is a Covid-19 outbreak in the facility and as part of the reopening process. Under the heading of Guidance, it indicated: the facility should document dates of testing and results. Review of the facility's Policy titled: Infection Surveillance, dated 3/2020 indicated the Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated infections and other Epidemiology significant infections that have substantial impact on potential resident outcome and that may require transmission based precautions and other preventative interventions. Review of CMS document QSO 20-38 rev. dated 8-27-20 indicated: 483.80(h) COVID-19 Testing. (2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests; (3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident ' s testing status), and the results of each test. During the entrance conference on 10/6/2020 at 9:11 A.M., the Director of Nursing said there have been no positive Covid-19 cases since 7/2020 and currently the facility is conducting surveillance testing of 100 percent of staff monthly. The DON said all residents had baseline testing July 2020. A. On 10/6/2020 review of Resident #2's medical record indicated the following physician's orders [REDACTED]. Further review of the medical record failed to indicate the laboratory report and result for Covid-19 testing was present. Review of the facility's spread sheet indicated Resident #2 had a Covid-19 test, dated 5/12/20 and 7/15/2020. The Staff Developer Nurse (SDC) provided the laboratory report and result from the 5/12/20 Covid-19 test and it was negative. On 10/6/2020 at 11:06 A.M., the Administrator said the facility has a system that gives them access to the contracted laboratory. The Administrator said Resident #2 did have a Covid-19 test in July and when she checked for the result today, over two months since the test was sent, the result page was blank. The Administrator said she called the contracted laboratory and was told the Covid -19 test was not conducted due an issue with the vial. The Administrator said she was not aware that the Covid-19 test was never completed. The facility failed to ensure Resident #2's Covid-19 test, dated as collected on 5/12/20 and 7/15/2020 was completed, documented and tracked as part of the facility's surveillance program. B. Review of 3 sampled staff testing indicated the following: Review of Staff #1's laboratory report dated 10/6/2020 indicated the Covid 19 test specimen was collected on 9/24/2020, received by the laboratory on 9/25/2020 and first reported on 9/29/2020. The test was negative. Review of Staff #2's laboratory report dated 10/6/2020 indicated the Covid 19 test specimen was collected on 9/23/2020, received by the laboratory on 9/24/2020 and first reported on 9/29/2020. The test was negative. Review of Staff #3's laboratory report dated 10/6/2020 indicated the Covid 19 test specimen was collected on 9/15/2020, received by the laboratory on 9/17/2020 and first reported on 10/6/2020. During an interview on 10/6/2020 at 10:32 A.M., with the SDC nurse she said the report date on the laboratory reports is the date they were printed. She said she believed the date first reported was the date of the test result but was not sure. During an interview on 10/6/2020 at 11:13 P.M., with the Director of Nursing, and the SDC, the surveyor asked how the facility tracked and documented the results of the staff's Covid 19 tests. The Administrator said the laboratory reports are available on the system. The Administrator was unable to provide any evidence to support that the facility reviewed or tracked the results of the Covid 19 test for staff. Further interview on 10/6/2020 at 2:55 P.M., the SDC nurse said the laboratory would call the facility if the Covid 19 tests resulted in a positive Covid 19 test. The SDC nurse said they had a system before but could not identify what the facility

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) was doing to track and record the results of the September 2020 surveillance testing.