

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER MARIAN MANOR OF TAUNTON		STREET ADDRESS, CITY, STATE, ZIP 33 SUMMER STREET TAUNTON, MA 02780	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, review of the facility's infection control policies based on Centers for Disease Control (CDC) and Department of Public Health (DPH) guidance, the facility failed to implement proper infection control and prevention practices. The facility also failed to ensure that PPE was available to staff for the care of a residents who required transmission based precautions to prevent the potential for transmission of the COVID-19 virus. Findings include: The facility had one COVID-19 positive resident on the day of survey. Review of the facility's policy, Policies & Procedures during the COVID-19 Outbreak, dated 4/2020, included the following: Policy: Diocesan Health Facilities follows the guidelines that the Department of Public Health (DPH), Centers for Disease Control (CDC), and Centers for Medicare and Medicaid Services (CMS) regarding COVID-19. The following websites must be monitored on a daily basis to have up-to-date information: CMS, CDC, and DPH. Review of the CDC's Using Personal Protective Equipment (updated July 14, 2020), and DPH's Comprehensive Personal Protective Equipment Guidance (July 6, 2020), indicated the following: - DPH has adopted a universal facemask use policy for all healthcare personnel (HCP), and they should wear a facemask when they are in a clinical area at all times. - HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including bodily substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. - Put on NIOSH-approved N95 filtering face piece respirator or higher - Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). Findings include: On 08/11/20 at 7:01 A.M., the surveyor walked into the front entrance of the building and approached the reception desk to be screened. Nurse #3 said that everyone in the facility is to wear an N95 mask and eye protection while in the facility. The surveyor observed a sign posted on the threshold of the doorway to Unit 1 which indicated that an N95 facemask was required to be worn prior to entry onto the unit. A staff member was observed standing at the elevator on Unit 1 wearing an N95 mask. She was observed to have the top strap of the mask placed on the crown of her head, and the bottom strap was hanging loosely underneath her chin and not secured to the base of her neck to ensure a tight fit. A gap between the lower part of the mask and her chin and cheeks was observed. At 9:45 A.M., a maintenance staff member was observed at the Unit 2 elevator wearing an N95 mask with the top strap of the mask placed on the crown of his head, and the bottom strap was hanging loosely underneath his chin, and not secured to the base of his neck to ensure a tight fit. A gap between the lower part of the mask and his chin was observed. At 11:46 A.M., a dietary staff member was observed standing at the Unit 1 elevator wearing a surgical mask bunched up around her neck, and an N95 mask with the top strap of the mask placed on the crown of her head, and the bottom strap was hanging loosely underneath her chin, and not secured to the base of her neck to ensure a tight fit. A gap between the lower part of the mask and her chin was observed. During interview on 8/26/20 at 8:20 A.M., the Administrator said that following positive COVID-19 tests for two contracted HCP, close contact residents were tested on [DATE]. One resident tested positive for COVID-19 on 8/20/20. The Administrator said that she consulted with the DPH Epidemiologist because this resident had tested positive for COVID-19 in May, 2020. Review of the Epidemiologist's recommendations on August 21, 2020, indicated that although they did not think the resident was re-infected, the resident should remain in a private room and on full precautions for 10 days following the test date to be on the safe side. The Administrator said that they were treating the resident as if he/she had a new [DIAGNOSES REDACTED]. During interview with the Infection Control Preventionist (ICP) at 8:45 A.M., she said that residents that are on precautions for COVID-19 have a red sticker applied to the nameplate outside their room, have a private room, and HCP wear full PPE for care, including a gown, gloves, mask, and eye protection. At 9:15 A.M., a red dot was observed on the nameplate outside of a resident's room on Unit 2. A sign was posted outside of the resident's room which indicated that droplet precautions were in place for this resident and identified required PPE such as a mask, eye protection, gown, and gloves. On the wall to the left of the resident's the door was a hanging [MEDICATION NAME] with pockets. One of the pockets held an empty disposable glove box. Another pocket contained a disposable stethoscope. The bottom pocket contained 1 blue plastic bag, and a small roll of clear plastic bags. The remaining pockets were empty. During interview with Nurse #1 outside of the resident's room at 9:28 A.M., she identified the type of PPE that was required to be worn while caring for the resident, and noted that the hanging [MEDICATION NAME] did not contain the required PPE. She said that all staff are responsible for refilling PPE, and it should have been done. During interview with the ICP at 11:20 A.M., she said that she developed a procedure for precaution equipment based on the facility's policy, Droplet Precautions (dated 4/2000) and educated staff on the new procedure on 4/21/20 and 4/22/20. The procedure for precaution equipment included the following: Precaution Set-up - Green precaution caddy with wall hangers for clean items; hang in hall near resident room - Nurse, certified nursing assistant (CNA) or ward secretary can fill the necessary items for the caddy - The infection control nurse will double check to ensure all correct protective equipment is in place and the ward secretary will check each morning for refills etc. and the CNAs on evenings will restock as well Review of the procedure for precaution equipment in-service attendance sheet, and the 8/26/20 staffing schedule indicated that five of seven staff scheduled on the 7:00 A.M.-3:00 P.M. shift on Unit 2 attended the in-service, and therefore should have implemented the procedure to ensure all correct PPE was in place and available for staff to utilize in caring for a resident on transmission based precautions for COVID-19. The IPC said that staff should have followed procedure and refilled the precaution caddy.</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.