STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225232	A. BUILDING _____ B. WING _____	**06/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HOLYOKE HEALTHCARE CENTER	**282 CABOT STREET HOLYOKE, MA 01040**

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, document review and interview, the facility failed to maintain an infection prevention and control program relative to visitor screening, designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Findings include: Review of Centers for Disease Control and Prevention (CDC) Website, Preparing for COVID-19 in Nursing Homes, indicated the following: Have a Plan for Visitor Restrictions. -Facilitate and encourage alternative methods for visitation and communication with the resident -Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever or symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Review of the facility's Screening Partners/Visitors during COVID-19 Policy, dated 6/5/20, the following were indicated; -Upon entering the center all partners/visitors will wash their hands and then apply a mask. -Partners and visitors will be actively screened upon entering (screening for COVID-19 symptoms and temperature check). On 6/22/20 at 7:30 A.M., the surveyor approached the facility's front entrance. The door was locked and the surveyor rang the doorbell. The surveyor was allowed into the facility by the Director of Maintenance. The surveyor announced the purpose of the survey and was then directly escorted into a conference room by the Director of Maintenance. The surveyor was not screened for COVID-19 symptoms and did not have a temperature check, but was wearing a mask. During an entrance conference at 7:45 A.M., the Administrator was informed by the surveyor that she had not been screened for COVID-19 symptoms when allowed into the facility by the Director of Maintenance. He said the surveyor should have been screened; however no attempt was made to screen the surveyor. During an interview on 6/22/20 at 10:30 A.M., the Administrator and Director said the surveyor should have been screened immediately after entering the building at 7:30 A.M. as per their policy.

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