

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225412</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDWAY COUNTRY MANOR SKILLED NURSING &amp; REHABILITAT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>115 HOLLISTON STREET MEDWAY, MA 02053</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview, the facility failed to ensure that staff wore appropriate Personal Protective Equipment while in a COVID-19 negative resident room. Findings include: On 7/1/20 at 10:05 A.M., the surveyor observed Housekeeper #1 in a COVID-19 negative resident room with the resident present in the room. Housekeeper #1 was only wearing a mask and gloves while mopping the floor of the negative room. Housekeeper #1 was not wearing any eye protection. During an interview on 7/1/20 at 10:10 A.M., Housekeeper #1 said she only wears eye protection while working in infected rooms. During an interview on 7/1/20 at 11:42 A.M., the Housekeeping Supervisor said that proper Personal Protective Equipment (PPE) that should be worn by housekeeping staff while in COVID-19 negative rooms includes a mask, eye protection, and gloves. The Housekeeping Supervisor said that all of her staff had been trained on what PPE to wear in each type of room and that Housekeeper #1 should have been wearing eye protection. During an interview on 7/1/20 at 12:10 P.M., the Nursing Director of Clinical Operations acknowledged that Housekeeper #1 should have been wearing eye protection while inside of a COVID-19 negative resident room. Review of facility provided document titled Using PPE, undated, indicated the following PPE should be used in a COVID-19 negative room: mask, eye protection (face shield) and gloves.		

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.