

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225736	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER GREENWOOD NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 90 GREENWOOD STREET WAKEFIELD, MA 01880	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, document review and observation, the facility failed to follow infection control procedures to contain the COVID-19 infection. 1) a Rehabilitation Staff did not wear a gown or eye protection while providing treatment to a quarantined resident (Resident #1) in their bedroom; 2) an Activity Aide did not wear eye protection while interacting with Resident #2 and Resident #3, both of whom had a COVID-19 negative status and 3) Certified Nurse Aide (CNA) #1 failed to wash or sanitize her hands after touching a bathroom door or before donning gloves and then touched a coffee carafe and cups, creating a risk for possible spread of infections. Findings included: Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, published by the Centers for Disease Control, dated 7/15/20, indicated: 1) when caring for a resident with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection personnel should keep the bedroom door closed, and health care personnel (HCP) entering the bedroom should use a facemask, gown, gloves and eye protection; 2) HCP working in areas with minimal to no community transmission should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. If [DIAGNOSES REDACTED]-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters; 3) HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE (personal protective equipment), including gloves. 1) The Facility's COVID-19 listing, dated 10/20/20, indicated Resident #1 had not tested positive to [MEDICAL CONDITION]. During observations on 10/20/20 at 10:30 A.M. and at 10:50 A.M., a Rehab Staff Member provided treatment to Resident #1 in his/her bedroom. During both observations Resident #1's bedroom door was fully open and the Rehab Staff Member sat in a chair approximately three feet from Resident #1. The Rehab Staff Member wore a mask, but did not wear eye protection or gown. Resident #1's bedroom door had a sign affixed indicating full personal protective equipment was required on entry. During an interview with the Administrator on 10/20/20 at 11:30 A.M., she said that Resident #1 was in quarantine at this time because he/she recently transferred from the hospital. 2) The Facility's COVID-19 listing, dated 10/20/20, indicated Resident #2 and Resident #3 had not tested positive for [MEDICAL CONDITION]. During observations on 10/20/20 at 10:25 A.M. and 10:39 A.M., the Activity Aide sat with Resident #2 and Resident #3 in their bedroom, approximately three feet apart from each other. The Activity Aide wore a mask but did not wear eye protection. The Activity Aide wore prescription eye glasses. During an interview with the Activity Aide on 10/20/20 at 10:40 A.M., she said she was not wearing eye protection, but that she could obtain goggles if needed. 3) The Facility's COVID-19 listing, dated 10/20/20, indicated Resident #3 and Resident #4 had not tested positive for [MEDICAL CONDITION]. During an observation on 10/20/20 at 10:30 A.M., CNA #1 entered Resident #3's and Resident #4's bedroom, which was occupied by both residents. CNA #1 carried a pair of gloves in a hand, but did not don these. CNA #1 did not wash or disinfect her hands before entering the bedroom, or after leaving the bedroom. CNA #1 did not appear to touch any surfaces or either of these residents with her bare hands. A filled alcohol-based hand sanitizer dispenser was located in the hallway outside Resident #3's and Resident #4's bedroom. CNA #1 then knocked on a hallway bathroom door with her bare hands, contaminating her hands. CNA #1 then walked over to a cart which held a coffee carafe and disposable cups. CNA #1 then donned gloves but did not wash her hands before donning the gloves, and in doing so contaminated the gloves. CNA #1 then picked up the carafe and a sleeve of wrapped disposable cups with her dirty gloves, and contaminated these items. During an interview with CNA #1 on 10/20/20 at 10:34 A.M., she said that she had not washed or disinfected her hands before donning gloves.</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.