

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225455	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER CRANEVILLE PLACE REHABILITATION & SKILLED CARE CT		STREET ADDRESS, CITY, STATE, ZIP 265 MAIN STREET DALTON, MA 01226	
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, interview and policy review, the facility staff failed to ensure infection control practices were maintained to help prevent the development and transmission of communicable diseases and infections. Certified Nurse Aide (CNA) #1 picked and object up from the floor and then proceeded to assist a resident with dining prior without washing her hands. Findings include: Review of the facility Hand Washing/Hand Hygiene Policy, undated, indicated to use alcohol based hand rub or wash hands soap and water after contact with objects in the immediate vicinity of the resident and before and after assisting a resident with meals. During an observation of the breakfast meal on August 4, 2020 at 8:35 A.M., the surveyor observed a telephone fall from a window sill. The surveyor observed CNA #1, who was feeding a resident, pick the telephone up from the floor and place the telephone back onto the window sill. CNA #1 proceeded to assist the resident with the breakfast meal without washing her hands. During an interview with CNA #1 at 8:36 A.M., she said that she should have washed her hands after picking the telephone up from the floor and prior to continuing to assist the resident with the breakfast meal. During an interview with the Director of Nursing and the Infection Preventionist on August 4, 2020 at 10:00 A.M., they said that CNA #1 should have sanitized her hands after picking up the telephone and before continuing to assist the resident with dining.		

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.