

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER REVOLUTION CHARLWELL		STREET ADDRESS, CITY, STATE, ZIP 305 WALPOLE STREET NORWOOD, MA 02062	
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>Based on observation, staff interviews, and Center for Disease Control and Prevention (CDC) Guidelines for COVID-19 dated April 13, 2020, the facility failed to ensure the availability and proper use of approved personal protective equipment (PPE) for staff who enter the facility to prevent possible spread of infection, and use of full PPE for direct care of residents that have never tested positive for COVID-19. Findings include: 1. On 06/24/20 at 7:00 A.M., the surveyor entered the building behind a facility staff member. The screener greeted the staff member, took their temperature, and completed a questionnaire. The employee was observed to not wear a mask upon entry into the building, and did not put a mask on while being screened. The employee conducting the screening did not inform the staff member that he needed to wear a mask, and did not provide one. The staff member was observed to leave the screening area and proceed down the hallway without wearing a mask. When the screener was asked by the surveyor why she did not instruct the employee to wear a mask, or provide him one, the screener said that she saw that he had a mask in his pants pocket. The screener said that there were no masks readily available to provide the employee as they were kept on the unit. 2. During the entrance conference with the Director of Nursing at 7:05 A.M., she said that staff wear full PPE (mask, gown, gloves, facemask/goggles) for quarantined residents who have been admitted from the hospital (suspected COVID-19). She said that for all other residents, including 4 residents that she identified as never having tested positive for COVID-19, staff wear a mask only for direct care. CDC guidance indicates that full PPE should be worn for the care of any resident with known or suspected COVID-19. 3. At 7:13 A.M., a housekeeper was observed at the entrance of a resident's room wearing a mask, however the mask was not positioned properly on the housekeeping staff's face, and did not cover her nose. 3. At 8:00 A.M. and 8:34 A.M., a resident was observed seated in a wheelchair in the Unit A dining room with a surgical loop mask draped across his/her left shoulder, and not covering his/her mouth as required. The Resident said that staff would have to put the mask on because he/she is unable to do it on his/herself. 4. At 8:34 A.M., CNA #2 was observed in the A unit hallway carrying a food tray with a colorful cloth mask, and not appropriate PPE according to CDC guidance. The face covering was pulled down, resting on her chin and not covering her mouth and nose. 5. At 10:21 A.M., activity assistant #1 was observed wearing a cloth mask, and not appropriate PPE according to CDC guidance. She said that she ordered the cloth mask online. CDC guidelines dated April 13, 2020 clearly indicate cloth face coverings are not PPE. During interview with the Administrator, DON, and the Infection Control nurse at 11:45 A.M., the surveyor informed them of multiple observations of staff not wearing appropriate PPE while in the facility</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.