

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225512	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER WAREHAM HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 50 INDIAN NECK ROAD WAREHAM, MA 02571	
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 observations and staff interviews, the facility failed to ensure a Hospice aide wore the appropriate personal Protective Equipment (PPE) when providing care to sampled Resident #1. The facility also failed to ensure staff completed the monthly infection control surveillance data for all infections for two months, by not determining Healthcare-Associated infections (HAI) or Community Acquired infections. Findings include: During the Covid-19 Focused survey, completed on August 05, 2020, the facility identified having no positive Covid-19 resident cases, but had nine residents identified as PUI (Person Under Investigation)/ Quarantine and on Transmission Based Precautions. During the entrance conference at 7:40 A.M. with the Director of Nurses (DON), she informed the surveyors she had a nurse who was the Infection Preventionist. 1. A review of the policy for Surveillance Infection Control, established 4/2018 and last reviewed and approved 4/28/20 by the facility's Governing Board, noted that the Infection Preventionist (IP) Nurse will conduct ongoing surveillance for Healthcare-Associated infections. The IP Nurse will conduct surveillance for other Epidemiology significant infections that have substantial impact on potential resident outcomes and may require transmission-based precautions and other preventative interventions. The policy indicated that the IP Nurse was to summarize monthly data for each nursing unit by site and by pathogen and using criteria for HAI to determine if the resident has a HAI. The monthly data surveillance record notes that this is required on the record form. A review of the May 2020 surveillance data, noted the data lists of infections were not separated by unit, but all on one report form. The May documentation totaling 17 infections had no final status determination of infections to guide appropriate interventions and to prevent future infections. The June 2020 surveillance data, noted the data lists of infections were not separated by unit, but all on one report form. The June documentation totaling 28 infections had no final status determination made of infections to guide appropriate interventions and to prevent future infections. There was no determination of the 17 infections being Healthcare-Acquired or Community-Acquired infections. During interview on 08/05/20 at 9:20 A.M., the IP Nurse said she was responsible for completing the monthly surveillance data records, but could not answer why the listed infections were not separated by the facility's three Units and/or why the listed surveillance infections had not been identified and/or determined, as required for being a Healthcare-Acquired or Community based infections. During review of the surveillance form with the DON and the Corporate Nurse Consultant, both agreed the monthly infections form had not been completed as outlined in the Infection Surveillance policy. 2. During interview on 8/5/20 at 7:40 A.M., the DON informed the survey team of the status of Covid-19 cases with residents and staff. She said there were no active Covid-19 cases for residents since 5/2020 but the facility had nine residents identified as PUI (Person Under Investigation)/ Quarantine and on Transmission Based Precautions due to being either a readmission or a new admission from the hospital. She added that all staff have tested negative. The DON was asked what the staff should be wearing for PPE (Personal Protective Equipment) and she said at this point the staff are wearing a facemask and face shield and/or goggles for care with residents and for the quarantined residents full PPE which is gowns, face mask, face shields/goggles and gloves for all care with for those identified residents. On Unit 4 from 8:05 A.M. - 9:00 A.M., the surveyor observed the staff to be wearing face mask and face shields/goggles but observed the Hospice aide while caring for Resident #1 to be wearing only a face mask and had on a resident johnnie over her uniform while feeding the Resident and than changing the Resident's brief. The Hospice aide left the room after care had been provided and walked into another resident's room. During interview with the Hospice aide at 8:50 A.M., she said she was told to wear the johnnie but could not identify whom had told her that. She was asked about wearing only the face mask and said, no one told her to wear a face shield/goggles and said we had before. Asked if she checked in with the nurse when she came in, to check status of residents on the units she replied no. The Hospice aide said she has goggles in her car. During interview on 8/5/20 at 9:20 A.M., the IP Nurse was asked what PPE the staff should be wearing on the units working with Covid-19 negative residents and she initially could not explain and than said no face shields but wear gowns. The surveyor explained that all the staff on the nursing units are wearing face masks and face shields/goggles with no gowns. The IP nurse could not explain and then showed the July 30, 2020 Memorandum for the July Update to Caring for Long-Term Care Residents during the Covid-19 Emergency from the State Department of Public Health. After reviewing the document the IP nurse said the staff should be wearing a face mask and face shield/goggles and could not explain the PPE worn by the Hospice aide. During interview with the Director of Nurses and the Corporate Nurse, the Director said they are following the July 30, 2020 Memoranda and the staff are aware of the PPE requirement.</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.