

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225762	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER BERKSHIRE PLACE		STREET ADDRESS, CITY, STATE, ZIP 290 SOUTH STREET PITTSFIELD, MA 01201	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to ensure Transmission Based Precautions were implemented for seven residents on 14 day quarantine monitoring for COVID-19. The facility also failed to ensure all staff wore facemasks while in the facility. Findings include: Review of the facility policy entitled Admission Policy Related to COVID-19, undated, indicated the following: -upon arrival the resident will be placed on a Short Term Rehab in a single room -the resident will be quarantined to their room for 14 days Review of the Centers for Disease Control (CDC) guidance entitled Coronavirus Disease 2019 (COVID-19), updated 6/19/20, indicated the following: -HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. -Re-evaluate admitted patients for signs and symptoms of COVID-19 -Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Health Care Personnel (HCP) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Review of the facility census information provided to the surveyor on entrance on 6/18/20 at 9:00 A.M., indicated 7 residents were admitted to the facility on or after 6/4/20 and who were within the 14 day quarantine window. 6 of the residents admitted during this time were on the Short Term Rehabilitation Unit (STR), while 1 resident was admitted to the Secured Unit. During an observation on 6/18/20 from 9:30 A.M.-10:00 A.M. with the Director of Nurses (DON), the surveyor observed the following: -tour of the second floor STR unit did not indicate signage to differentiate between residents on quarantine and those who were not. -During an observation at this time of the STR unit, Nurse #1 was observed in a room that the DON indicated was a re-admission to the facility on [DATE] and was on a 14 day quarantine. The resident was seated in a wheelchair and had a facemask in place. Nurse #1 was observed to be near this resident, and had a face mask in place. There was no other PPE being utilized by Nurse #1 during the observed interaction. During an interview with the DON at this time, she said facility staff only has to utilize face masks when entering the rooms of residents on quarantine and don gloves if providing direct care. She further said residents on quarantine are not able to leave their rooms during this period of time, and that there are no other precautions that needed to be in place. -During a tour of the second floor secured unit, the surveyor did not observe any signage or indication of residents who were on a 14 day quarantine. Numerous residents were out of their rooms, most were observed wearing masks and were socially distant from one another (6 feet or greater distance from each other). -At 9:30 A.M., 10:00 A.M. and at 10:40 A.M., the surveyor observed the facility receptionist seated in the lobby area with a face mask around her neck, not appropriately covering her mouth/nose. During an interview on 6/18/20 at 10:40 A.M., the DON said that all staff is required to wear facemasks while in the building. During an interview on 6/18/20 at 11:00 A.M., the Infection Preventionist (IP) provided the surveyor with a sheet of paper indicating the current list of residents on quarantine. The list included the resident name, room number and a date indicating when specific residents can exit their rooms. The paper did not indicate any specific Personal Protective Equipment (PPE) requirements for the residents on COVID-19 quarantine monitoring, but did indicate that masks were required for all staff at all times while in the facility. Review of the list included residents on the STR unit, but did not include the resident admitted on the secured unit. The IP said that residents require COVID-19 testing prior to admission/readmission to the facility and, once admitted, are placed on the 14 day quarantine on the STR for monitoring. She further said they are not placed on any additional precautions. When the surveyor asked about the new resident admitted to the secured unit on 6/8/20, the IP said this resident was not on the 14 day quarantine monitoring as per the facility policy. She said that this resident was admitted to the secured unit because of his/her cognitive impairment. She further said that this resident would not adhere to wearing a face mask and needed to be out of his/her room for safety monitoring, so he/she was not placed on the 14 day quarantine.</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.