

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER HOLDEN REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 32 MAYO ROAD HOLDEN, MA 01520	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review and interview the facility failed to to properly prevent the spread of Covid-19 when Housekeeper #1 failed to perform hand hygiene. Findings include: Review of the facility's policy titled Covid-19 pandemic infection control and prevention plan, dated 3/9/2020 indicated at - Hand Hygiene: team members will perform hand hygiene frequently, including before and after resident contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment including gloves. During and observation on 7/1/2020 at 10:00 A.M., on the(NAME)Unit, Housekeeper #1 was observed pushing the housekeeping cart, wearing gloves and enter room [ROOM NUMBER], without changing gloves or performing hand hygiene. A sign outside of the room indicated the following: soft isolation; Stop, staff to monitor resident for 14 days, resident will remain in room (14 day quarantine). Housekeeper #1 looked around the room went back to the housekeeping cart, changed her gloves without performing hand hygiene and then proceeded to remove the trash and place a new trash bag in the trash receptacle. Housekeeper #1 then left the room wearing the same gloves and pushed the housekeeping cart through the unit to the janitor's closet. On 7/1/2020 at approximately 10:15 A.M., the Housekeeping Supervisor came to the janitor's closet when the surveyor attempted to interview the housekeeper. The Housekeeper Supervisor was told of the observation made by the surveyor. Housekeeper #1 said through interpretation that she had gone to check on the room after the floor was buffed and did not change her gloves or perform hand hygiene prior to putting on new gloves and when leaving the room to push the cart to the janitor's closet. The Housekeeping Supervisor said the housekeeper #1 should not have pushed the housekeeping cart with gloves on and should have performed hand hygiene between changing gloves.		
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.