

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTHBRIDGE REHABILITATION &amp; HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>84 CHAPIN STREET SOUTHBRIDGE, MA 01550</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, interviews and record review, the facility failed to ensure staff were adhering to the implementation of Standard and Transmission-based precautions to prevent the spread of infections while properly doffing (removing) contaminated Personal Protective Equipment (PPE) per Center for Disease Control Guidelines (CDC) and facility policy. Findings include: CDC guidance dated April 13, 2020 provides guidance to facilities regarding proper donning (putting on) and doffing (removing) PPE. During an interview on 6/30/2020 at 9:40 A.M. with Dietary Staff #1, he/she was observed wearing full PPE. He/she said that they were checking par levels for food to stock the kitchen on the dedicated Covid Positive Unit. The facility has a dedicated area to don clean PPE and doff PPE. The door was clearly marked for donning clean PPE. On 6/30/2020 at 9:58 A.M., on the dedicated Covid Positive Unit, the surveyor observed Dietary Staff #1 at the nurses' station and their gown was not tied in the back and it was falling off him/her. Thus not correctly donned. On 6/30/2020 at 10:02 A.M., the surveyor and Director of Nurses observed Dietary Staff#1 in the clean donning room removing contaminated PPE. Dietary Staff #1 had removed his/her entire gown first, then placed it in the rubbish and then he/she removed the gloves and exited the donning clean area to wash their hands, no hand sanitizer was used prior to leaving the clean donning room. Review of the facility's policy, Personal Protective Equipment Plan, dated 5/17/20, based on Centers for Disease Control Guidelines recommends removing gloves first and then the gown. The poster from CDC, titled How to safely remove personal protective equipment is included in the facility's policy, which outlines the steps to remove/doff PPE. The Dietary Staff person #1 did not follow the CDC guidelines from April 13, 2020 on how to safely remove PPE equipment without contaminating clothing, skin or mucous membranes with potentially infectious materials and potentially contaminated the clean donning room with infectious materials.		
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.