STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225408	A. BUILDING _____ B. WING _____	**10/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MARISTHILL NURSING & REHABILITATION CENTER	**66 NEWTON STREET WALTHAM, MA 02453**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, the facility staff failed to implement appropriate infection control practices related to glove use and the use of personal protective equipment (PPE). Findings include: At 9:15 A.M., during breakfast, a dietary aide, that was serving the breakfast meal, touched ready-to-eat toast with used, gloved hands, potentially contaminating the toast that was served. At 9:17 A.M., the dietary aide that was serving breakfast removed the used gloves and put on another pair of clean gloves without washing his/her hands in between. At 9:20 A.M., the dietary aide touched the handle of the serving utensil that was used for scrambled eggs and then proceed to grab ready-to-eat toast with the same contaminated, gloved hands. At 9:25 A.M., two certified nursing aides (CNA's) were preparing resident meal trays and touched four coffee mugs, around the lip of the mug, with ungloved hands, which contaminated the lip of the mugs. At 9:30 A.M., a certified nursing aide exited room [ROOM NUMBER], a room of a quarantined resident, with a used, contaminated gown and used gloves on while carrying a bag of dirty linen down the hall.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE