

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225687	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER HILLCREST COMMONS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 169 VALENTINE ROAD 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.</p> <p>Based on observations and interviews, the facility failed to adhere to infection control practices relative to Transmission Based Precautions for two residents on quarantine. The facility also failed to ensure infection control practices were followed relative to wearing face masks, conducting hand hygiene and disinfection of shared equipment. Findings include: Review of the facility policy entitled Use of Facemask's in BHCS Affiliates During the COVID-19 Pandemic, revised 4/6/20, indicated the following: -all long-term care facility personnel should wear a facemask while in the facility, -full Personal Protective Equipment (PPE) should be worn per Centers for Disease Control and Prevention (CDC) guidelines for the care of any resident with known or suspected COVID-19 . -new admits are placed on quarantine in a room for 14 days on Special Droplet Precautions . Review of the facility form entitled Special Droplet/Contact Precautions undated, indicated the following PPE must be worn by everyone, including visitors, doctors and staff: -mask -eye protection -gown and glove at the door The form also indicated that any shared equipment needed to be cleaned and disinfected including but not limited to: -cellphones -pagers (if used in room) -other electronics, supplies and other equipment prior to removing from patient's room During a tour of the facility with the Director of Nursing (DON) and Assistant Administrator on 7/9/20 at 9:00 A.M., the following was observed: -On Unit 4 at 10:23 A.M., Rehabilitation Staff #1 was observed in Resident #1's room. The surveyor observed Special Droplet/Contact Precaution Signage on the entrance to the room. Rehabilitation Staff #1 was ambulating with Resident #1 in his/her room opposite the entrance to the room entrance. Rehabilitation Staff #1 did not have eye protection donned and had direct contact with Resident #1 while assisting with ambulation. During an interview with Rehabilitation Staff #1 at this time, she said that the goggles were getting fogged up so she took them off. She further said she knew she was supposed to have them on. The surveyor observed the goggles on a small table at the entrance to the room. During a follow-up visit on Unit 2 on 7/9/20 at 11:10 A.M., the surveyor observed the following: -Resident #2 was lying in bed with a staff member in the room at his/her bedside, utilizing an electronic device (tablet) for a virtual visit. Resident #2 had signage outside his/her door entrance indicating Special Droplet/Contact Precautions were in place. Resident #2 did not have a facemask in place, and the Unit Secretary #1 did not have eye protection donned. The surveyor observed Unit Secretary #1 exit Resident #2's room without cleaning or disinfecting the tablet. During an interview on 7/9/20 at 11:15 A.M., Unit Secretary #1 said that she knew she should have had eye protection on upon entering Resident #2's room, but didn't. She said that she had been conducting visits with residents and has had to suit up numerous times between resident rooms and did not don the eye protection this time. During a continued observation on 7/9/20 at 11:21 A.M., the surveyor followed Unit Secretary #1 and saw her enter Resident #3's room with the same electronic device (tablet) to conduct a virtual visit. Resident #3 did not have a face mask on. Unit Secretary #1 was observed to hand the tablet to Resident #3 and stand near the entrance to the resident's room. During an interview at 11:21 A.M., Unit Secretary #1 said she usually cleans the tablet between resident uses, but did not this time. She further said that she should have disinfected the device prior to entering Resident #3's room. During a follow-up visit on Unit 4 on 7/9/20, the surveyor observed the following: -at 11:34 A.M., Certified Nurse Aide (CNA) #1 was at the nurse's station with her mask on her chin (not covering her mouth and nose), on the telephone. CNA #1 made eye contact with this surveyor and was observed to place the mask over her mouth and nose without conducting hand hygiene. During an observation on Unit 4 at 11:36 A.M., Housekeeper #1 was observed in a room that indicated Special Droplet/Standard Precautions. The surveyor observed Housekeeper #1 in the room with no eye protection on. Upon exit from the room, Housekeeper #1 doffed the gown and gloves but did not doff mask, nor was hand hygiene conducted upon room exit.</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.