

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER COURTYARD NURSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 200 GOVERNORS AVENUE MEDFORD, MA 02155	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and policy review, the facility failed to ensure that staff on 3 of 5 units observed 1.) properly donned face masks and goggles in a resident care area, 2.) maintained social distancing of 6 feet apart for residents during communal dining and 3.) properly handled soiled linens which would aid in preventing the spread of infection during the COVID-19 pandemic. Findings include: Review of the Centers for Disease Control (CDC) guidance entitled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, included the following: * CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. * 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. * Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent [DIAGNOSES REDACTED]-CoV-2 transmission. 1. The facility failed to ensure that Unit Manager (UM) #1 properly wore her face mask and goggles in a resident care area. Review of the facility policy, entitled, IC 405 Covid-19, dated 7/8/20, indicated that staff must implement universal use of facemasks/respirator and eye protection while in the center. On 9/22/20 at 9:00 A.M., during observation in the Cherry Blossom Unit resident dining area, the surveyor observed UM #1 with her mask positioned at her chin, leaving her mouth and nose exposed, while preparing food for a resident. UM #1 carried the food over to the resident with her mask still positioned at her chin and she was only wearing personal glasses. UM #1 cued the resident to eat the cereal with her facemask still positioned at her chin. During an interview, on 9/22/20 at 9:10 A.M., UM #1 said that she usually does have her mask up, but did not at this time. She said she can't wear the goggles because they fog up and she can't see. She said she has not looked into alternatives. 2. The facility staff failed to ensure that residents on the Evergreen Unit maintained social distancing of 6 feet apart during communal dining, increasing the risk of spread of infection. Review of the facility policy, dated 7/22/20, entitled Communal Dining during Covid 19, included the following: * Social distancing must be maintained (6 feet apart) during entry/exit and while seated for dining. On 9/22/20 at 9:25 A.M., during observation on the Evergreen Unit, the surveyor observed six-4 x 4 foot tables in the main area of the unit. Four out of six of the tables had two residents (a total of 8 residents) seated at the tables, with masks down below their chin. The residents were not maintaining social distancing of 6 feet apart. During interview, on 9/22/20 at 9:25 A.M., UM #2 said the tables are only 4 feet and she knows that the residents need to be 6 feet apart. She said she had recent admissions and she was having difficulty fitting all of the residents in to maintain social distancing of 6 feet apart during dining. 3. The facility failed to ensure that Laundry Assistant (L.A.) #1 properly removed soiled linens from the Beechwood Unit, the facility's Admission Observation Unit (a unit where new admissions and readmissions reside for their 14 day quarantine period, due to potential Covid-19 exposure while hospitalized). Review of the facility policy, entitled Linen Handling, dated 11/15/19, included the following: * Purpose: To provide effective containment and reduce potential for cross-contamination from soiled linen. * Do not hold contaminated linen and laundry bags close to the body or squeeze when transporting. * Do not place any loose linen in the laundry/chute. During observation, on 9/22/20 at 11:20 A.M., on the Beechwood Unit, the surveyor observed L.A. #1 (who was wearing a short sleeve shirt and gloves) as she was reaching with her bare arm and upper torso into a black bucket, where contaminated isolation gowns were discarded, and pulling out loose contaminated isolation gowns, increasing the risk of spread of infection. During interview, on 9/22/20 at 11:30 A.M., UM #3 said that there are small buckets in each resident's room and that's where staff should discard the gowns after use. She said that once the bag is full, staff should tie the bag in a knot and then place the bag in the black covered bins in the halls. She said that LA #1 should not have been pulling loose isolation gowns from the black bucket.</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.