

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER MEDWAY COUNTRY MANOR SKILLED NURSING & REHABILITAT		STREET ADDRESS, CITY, STATE, ZIP 115 HOLLISTON STREET MEDWAY, MA 02053	
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 observations, staff interviews and review of facility documentation, the facility failed to maintain standard precautions for residents on 14 day quarantine to include droplet precautions, have a dedicated infection prevention nurse, and provide ongoing infection control education to all staff members. Finding include: On April 2, 2020 the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) released new recommendations to state and local governments to help mitigate spread of the Novel Coronavirus (Covid-19). In response, the Massachusetts Department of Public Health has issued, and continues to issue, guidance to facilities to help mitigate spread of Covid-19. On April 6, 2020 the Department of Public Health (DPH) issued guidance related to posting of signage (including a copy of the appropriate sign) in response to CMS and CDC guidance. The signage instructs staff and visitors, including visitors, doctors, and staff to: *clean hands when entering and leaving the room *Wear mask *wear eye protection *keep the door closed * use dedicated or disposable equipment. If shared equipment is used clean and disinfect the shared equipment 1. The facility failed to maintain transmission based precautions for new admissions, admitted in the last 14 days. The facility failed to: a. post droplet precaution signs outside the new admission rooms, b. provide accessible personal protective equipment (PPE) for staff entering the rooms, CDC guidance for Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated April 13, 2020 indicates: -A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission -All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. -Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. A review of the facility COVID-19 policy, last revised 4/3/2020, indicated the following: Admissions-New admits will be isolated for 14 days in a private room or as ordered by MD. On June 25, 2020 at 8:30 A.M., the Director of Nursing (DON) said residents in rooms #165, 170, 174 (A and B), 177 (A and B), 178 were new admissions currently on a 14 day quarantine on the West Unit. On June 25, 2020 at 8:45 A.M., the surveyor observed West Unit rooms 165, 170, 174 and 178. There was no signage on the door indicating the residents were on precautions, no personal protective equipment (PPE) available outside the room, no trash can at the exit of the room. The surveyor observed room [ROOM NUMBER] and there no signage indicating the resident was on precautions, but there was a precaution cart full of PPE outside the room. On June 25, at 8:55 A.M., the surveyor observed Certified Nursing Assistant (CNA) # 1 exiting room [ROOM NUMBER], wearing a short sleeve johnnie for a protective gown and walking down the hallway carrying soiled linen to the laundry cart. CNA #1 failed to remove her johnnie when exiting the Resident's room. On June 25, at 9:00 A.M., CNA # 1 was still wearing the same short sleeve johnnie and was interviewed. CNA # 1 said the Residents in room [ROOM NUMBER] are not on precautions and she can keep the same johnnie as long as it is not soiled during her shift. On June 25, 2020 at 9:05 A.M., Nurse #1 on the West Unit was interviewed and said she only has one resident on the West Unit on precautions. Nurse #1 said, room [ROOM NUMBER] is on contact precautions for clostridioides difficile ([MEDICAL CONDITION]) and both residents in room [ROOM NUMBER] and the resident in room [ROOM NUMBER] are new admissions on 14 day quarantine. Nurse #1 said she is required to wear mask, face shield and gown on the West Unit because all residents on this floor are COVID-19 negative. Nurse #1 said when she starts her shift, she puts on a short sleeve johnnie and keeps it on for the day unless it gets soiled. Nurse #1 said she can go into any resident rooms on the West Unit, including the quarantine resident rooms without changing her johnnie. Nurse #1 said the only exception is if she enters room [ROOM NUMBER], she must put on new PPE because that Resident is on specific precautions for [MEDICAL CONDITION]. Nurse #1 said the quarantine residents are not on precautions, they are just monitoring them for signs and symptoms of COVID-19. On June 25, 2020 at 9:20 A.M., Nurse #2 was interviewed and said the Resident in room [ROOM NUMBER] was a new admission on 14 day quarantine but was not on any precautions. Nurse #2 said they monitor all quarantine residents for signs and symptoms of COVID-19. Nurse #2 said her PPE requirements for the floor are face shield, mask and gown. Nurse #2 was observed wearing a short sleeve johnnie for her gown PPE. Nurse #2 said she wears the same gown from room to room because all Residents on this floor are COVID-19 negative. On June 25, 2020 at 9:45 A.M., Rehabilitation Staff (Rehab Staff) #1 was observed working with Resident in room [ROOM NUMBER] A bed wearing a short sleeve johnnie, mask, eye protection and gloves. On June 25, 2020 at 10:00 A.M., Rehab Staff #1 was interviewed and said when she works on the West Unit, all the residents are negative for COVID-19 so she does not have to change PPE working with different residents on the floor, including the new admissions on 14 day quarantine. On June 25, 2020 at 10:15 A.M., the Administrator, and the DON were interviewed. The DON said the quarantine residents are admitted to West Unit, a negative COVID-19 floor because all the new admissions have had negative tests before being admitted to the facility. The DON said, all new admissions were quarantined for 14 days and can be co-horted because they have the same level of infection being COVID-19 negative. The DON said rooms #174 and #177 have 2 new admissions in them. The DON said quarantine residents are monitored for COVID-19 signs and symptoms but they are not on precautions of any kind. 2. The facility failed to have a dedicated infection control staff member over-seeing the Infection Control Program and they did not have a current line listing monitoring residents for respiratory infections including the new admissions on 14 day quarantine. CDC guidance for Preparing for COVID-19 in Nursing Homes: Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices. On June 25, 2020 at 10:15 A.M., the Administrator and the DON were interviewed. The DON said she was the acting infection control nurse, because the previous staff member left in May. The Administrator said the previous infection control nurse left May 21, 2020. The Administrator said she has another staff member that passed the Nursing Home Infection Preventionist Training Course 5/28/2020 and would be transitioning into the role of the facility infection preventive nurse but has not that as of this date. The DON said she has not completed the infection preventive course. 3. The facility failed to document ongoing education to the staff with updated PPE requirements for Residents on 14 day quarantine, droplet precautions, N95 mask use and storage for extended use and COVID-Screening tool for entrance to the facility. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings Last update: July 2019 Provide job-or task-specific education and training on preventing transmission of infectious agents associated with healthcare during orientation to the healthcare facility; update information periodically during ongoing education programs. Target all healthcare personnel for education and training, including but not limited to medical, nursing, clinical technicians, laboratory staff; property service</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>(housekeeping), laundry, maintenance and dietary workers; students, contract staff and volunteers. Document competency initially and repeatedly, as appropriate, for the specific staff positions. A review of the facility's staff education topics and sign in sheets indicated there was no documentation of education provided to the staff for precaution requirements for new admissions on 14 day quarantine and N95 mask use and storage for extended use. The following education topics had limited signatures thus not representing the entire staff: - Droplet precautions, goggles, mask, gown, gloves and hand washing- had 19 signatures -Covid Screening Tool to enter the building- had 29 signatures -PPE use, appropriate donning and doffing, signs and symptoms of COVID and social distancing- had 23 signatures. On June 25, 2020 at 11:30 A.M. the DON/Infection Control Nurse was interviewed and said the previous Infection Control Nurse performed the initial education to the staff. The interim DON/Infection Control Nurse said there was no formal education for the HCP staff in providing care for the new admissions on 14 day quarantine because they were COVID-19 negative and the floor nurses were aware to monitor for signs and symptoms of respiratory illness.</p>		