

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER WINCHESTER NURSING CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP 223 SWANTON STREET WINCHESTER, MA 01890	
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 - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to follow infection control practices to prevent the possible spread of COVID-19 by failing to 1) follow guidance on use of Person Protective Equipment, 2) follow infection control practices throughout meal pass to avoid potential spread of infection. Findings include: Review of the facility policy titled, COVID-19 Infection Prevention Policy, dated 5/1/20, indicated the following: *All HCP will always be required to wear a facemask when they are in clinical areas of the building. Extending use of the facemasks will be permitted under the following conditions: *Hand hygiene must be performed immediately if HCP touches or adjusts their facemask. 1. The facility failed to appropriately use personal protective equipment. On 7/9/20 at 7:45 A.M., the surveyor observed the Nurses and Certified Nursing Assistants from the B and C units during meal pass. On 14 different occasions, Nurse #1 was observed reaching under her face shield to pull her mask away from her mouth and nose to speak with other staff members. After each time Nurse #1 touched her mask, she did not complete hand hygiene and continued to assist with meal pass, reaching into full containers of condiment packages, as well as touching the handles of coffee mugs and utensils on resident trays. During an interview on 7/9/20 at 8:10 A.M., Nurse #1 said that she pulls her mask away from her face because at times she feels she cannot breathe and gets hot. Nurse #1 also said that she should be performing hand hygiene immediately after touching her mask. During an interview on 7/9/20 at 8:35 A.M., the Infection Control Nurse confirmed that masks should not be pulled away from the face to expose the mouth and nose and that if a staff member were to touch their mask, they would immediately need to complete hand hygiene. 2. The facility failed to follow infection control practices during meal pass On 7/9/20 at 7:45 A.M., the following was observed during the C Unit meal pass: *Diet Aid #1 was observed wearing gloves while preparing meals. She touched the utensils, food packaging, toaster, counter top and lids to the food containers all while wearing her gloves. Diet Aid #1, with the same gloves on, touched 8 muffins, 10 pieces of bread and eggs that were falling of the serving spoon to place them on a plate. *On 14 different occasions, Nurse #1 was observed reaching under her face shield to pull her mask away from her mouth and nose to speak with other staff members. After each time Nurse #1 touched her mask, she did not complete hand hygiene and continued to assist with meal pass, reaching into full containers of condiment packages, as well as touching the handles of coffee mugs and utensils on resident trays. * Diet Aid #2 was observed wearing gloves while preparing meals. She touched the utensils, food packaging, toaster, counter top and lids to the food containers all while wearing her gloves. Diet Aid #1, with the same gloves on, touched 6 muffins and 8 pieces of bread.		
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.