STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225313	A. BUILDING _____ B. WING _____	**07/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GOVERNORS CENTER	**66 BROAD STREET WESTFIELD, MA 01085**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to 1.) COVID-19 symptom screening of an employee and 2.) Proper donning of Personal Protective Equipment (PPE). Findings include: Review of the Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic, dated 06/30/20, indicated to: -Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection . 1.) During an observation on 7/08/20 at 8:30 A.M., a Unit Manager (UM) exited the facility. He was observed to be outside and then walked away and was not within view of the surveyor. He re-entered the facility after five minutes and walked down the hall. He did not stop at the screener's desk to be assessed for COVID-19 symptoms. During an interview on 7/08/20 at 9:00 A.M., the Director of Nurses (DON) said anytime a staff member leaves the facility, they must be rescreened upon reentry into facility. During an interview on 7/08/20 at 12:20 P.M., the Infection Preventionist said the UM did not stop to be rescreened when he reentered the facility, as required. 2.) Review of the Executive Office of Health and Human Services Memorandum, dated 07/06/20, indicated that Health Care Personnel (HCP) should wear eye protection for the care of all patients except those who are COVID-19 recovered. Even if COVID-19 is not suspected in a patient presenting for care, HCP may encounter asymptomatic patients with COVID-19. The Memorandum further indicated, if needed, extend the use of isolation gowns (disposable or cloth) to allow the same gown to be worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. If the gown becomes visibly soiled, it must be removed and discarded. A. During an observation on the First Floor Quarantine Unit on 7/08/20 at 8:15 A.M., two staff members were conversing with a resident that was seated in a wheelchair in the doorway of his/her room. One staff member was not wearing eye protection. The two staff members were less than six feet away from the resident. During an interview on 7/08/20 at 8:20 A.M., the IP said the staff member was not wearing eye protection, as required. B. During an observation on the First Floor Quarantine Unit on 7/08/20 at 9:15 A.M., the Physician Assistant (PA) was observed to be wearing an isolation gown and put on an additional isolation gown and entered a resident room. During an interview on 7/08/20 at 9:20 A.M., the PA said she was not aware that double gowning was not allowed. She further said she was told by facility staff to double gown when entering a resident room. C. During a tour of the First Floor Quarantine Unit on 7/08/20 at 9:10 A.M., the surveyor observed hanging hooks on the front top right of each resident door. There were isolation gowns hanging on these hooks. The surveyors observed a therapy assistant doffing an isolation gown in a resident's room and hang it on a hook on the resident's door. During an interview with the Therapy Aide, she said the gowns hanging on residents' doors were used by staff entering the rooms. She further said the isolation gowns were not specific to certain staff member and any staff member could use the isolation gown if needed when entering the room. During an interview on 7/08/20 at 11:30 A.M., Nurse #1 said the isolation gowns hanging on each resident's door were to be worn by staff entering the room. She further said the isolation gowns were not specific to any staff member and could be worn by any staff member entering the room.

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