

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225584	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER PARK AVENUE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 146 PARK AVENUE ARLINGTON, MA 02174	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and Centers for Disease Control Policy review, the facility failed to ensure that full personal protection equipment was worn during care to protect negative Covid-19 residents from infection on 2 of 2 nursing units. Findings include: According to the Centers for Disease Control, Health Care Persons (HCP) working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions and Transmission-Based Precautions (gloves, gown and facemask). They should also wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others. During the entrance interview with the Infection Preventionist on 6/23/20 at 9:15 A.M., she said that the facility was caring for residents that were negative for Covid-19 and residents that had recovered from Covid-19. She said that the state epidemiologist informed her to continue to care for Covid-19 residents wearing full personal protective equipment. She said that staff had been educated to wear personal protective equipment including a mask, gloves and a gown when caring for residents that were negative for Covid-19. She said they did not need to wear eye protection. During a tour of the facility on 6/23/20 at approximately 9:30 A.M. the surveyor observed staff caring for Covid-19 negative residents wearing gloves, facemask and a gown. Staff was not wearing eye protection. During an interview with Nurse #1, on 6/23/20 at 9:45 A.M., she said that when caring for residents that were negative for Covid-19 they wear gloves, gown and facemask, but not eye protection. She said they would wear eye protection if a resident started showing symptoms of Covid-19 such as coughing. Review of an email dated June 17, 2020 from the epidemiologist to the facility indicated that the recommendation was to continue wearing full personal protective equipment when caring for Covid-19 negative patients. The Director of Nursing called the epidemiologist on 6/23/20 and said it was clarified that they should be wearing full PPE including eye protection when caring for residents that are Covid-19 negative.</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.